Public Document Pack

Joint Commissioning Board

Thursday, 8th November, 2018 at 9.30 am

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Dr Kelsey (Chair)
June Bridle
John Richards
Councillor Hammond (Vice-Chair)
Councillor Fielker
Councillor Shields

Please send apologies to:

Emily Chapman, Board Administrator,

Tel: 02380 296029

Email: emilychapman1@nhs.net

PUBLIC INFORMATION

Role of the Joint Commissioning Board

The Board has been established by the City Council and Clinical Commissioning Group to commission health and social care in the City of Southampton. It will encourage collaborative planning, ensure achievement of strategic objectives and provide assurance to the governing bodies of the partners of the integrated commissioning fund on the progress and outcomes of the work of the integrated commissioning function

Public Representations

Save where an Item has been resolved to be confidential in accordance with the Council's Constitution or the Freedom of Information Act 2000, at the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Benefits from Integrated Commissioning

- Using integrated commissioning to drive provider integration and service innovation.
- Improving the efficiency of commissioned services
- Increasing the effectiveness of commissioning – across the whole of the commissioning cycle.

Smoking policy – the Council and Clinical Commissioning Group operates a no-smoking policy in all of its buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency an alarm will sound and you will be advised by lofficers what action to take.

Access – access is available for the disabled. Please contact the Support Officer who will help to make any necessary arrangements.

Dates of Meetings: Municipal Year 20181/19

2018	2019
12th April	10th January
14th June	14th February
12th July	14th March
9th August	
13th September	
11th October	
8th November	
13th December	

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the Board are contained in the Council's Constitution and the Clinical Commissioning Group Governance Arrangements.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 4 with a minimum of 2 from the City Council and the Clinical Commissioning Group.

Disclosure of Interests

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

AGENDA

Agendas and papers are now available online at
www.southampton.gov.uk/council/meeting-papers

1 WELCOME AND APOLOGIES

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Dr Mark Kelsey	Information	None

2 DECLARATIONS OF INTEREST

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

Lead	**Item For: Discussion Decision Information**	**Attachment**
Dr Mark Kelsey	Information	None

3 MINUTES OF THE PREVIOUS MEETING/ACTION TRACKER (Pages 1 - 6)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Dr Mark Kelsey	Decision	Attached

4 JCB BETTER CARE REPORT QUARTER 2 (Pages 7 - 34)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Donna Chapman	Information	Attached

5 PERFORMANCE REPORT (Pages 35 - 40)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Stephanie Ramsey	Information	Attached

6 EXCLUSION OF THE PRESS AND THE PUBLIC

Chair to move that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of the appendix to the following item based on Category 7A of Paragraph 10.4 of the Access to Information Procedure Rules.

The information contained therein is potentially exempt as it relates to information that would be commercially sensitive and challenge the Authority's ability to achieve best value should a procurement process be advised. Having applied the public interest test it is not appropriate to disclose this information.

Lead	**Item For: Discussion Decision Information**	**Attachment**
Dr Mark Kelsey	Information	Verbal (to be read out)

7 **COMMUNITY DEVELOPMENT INFRASTRUCTURE AND NAVIGATION** (Pages 41 - 84)

Report seeking approval to procure a contract for an integrated offer for Community Development and Navigation.

Note: Confidential Appendix 2 is presented as a general exception item in accordance with the Access to Information Procedure Rules of Part 4 of the Council's Constitution, notice having been given to the Chair of Overview and Scrutiny Management Committee and the Public. Amendments to the Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 require 28 days' notice to be given prior to determining all Key Decisions. Whilst the report did have the required 28 days' notice, the requirement to indicate potential elements of confidentiality was not complied with as notification of the decision was published on the 10th October, 2018. The information contained within the appendix is urgent, cannot be deferred and must be considered in private session.

Lead	**Item For: Discussion Decision Information**	**Attachment**
Cllr Hammond	Decision	Attached

8 **EXCLUSION OF THE PRESS AND THE PUBLIC**

Chair to move that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of the appendix to the following item based on Category 2 of Paragraph 10.4 of the Access to Information Procedure Rules.

The information contained therein is potentially exempt as it relates to information which is likely to reveal the identity of an individual. Having applied the public interest test it is not appropriate to disclose this information.

Lead	**Item For: Discussion Decision Information**	**Attachment**
Dr Mark Kelsey	Information	Verbal (to be read out)

9 VOID AND NOMINATION AGREEMENTS IN RESPECT OF SUPPORTED LIVING PROPERTIES (Pages 85 - 100)

Report seeking approval to enter into a void and nomination agreement in relation to a supported living property for the purpose of supporting vulnerable individuals in a community setting.

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Cllr Hammond	Decision	Attached

10 EXCLUSION OF THE PRESS AND THE PUBLIC

Chair to move that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of the appendix to the following item based on Category 2 of Paragraph 10.4 of the Access to Information Procedure Rules.

The information contained therein is potentially exempt as it relates to information which is likely to reveal the identity of an individual. Having applied the public interest test it is not appropriate to disclose this information.

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Dr Mark Kelsey	Information	Verbal (to be read out)

11 VOID AND NOMINATION AGREEMENTS IN RELATION TO SUPPORTED LIVING PROPERTIES (Pages 101 - 116)

Report seeking approval to enter into a void and nomination agreement in relation to a supported living property for the purpose of supporting vulnerable individuals in a community setting.

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Cllr Hammond	Decision	Attached

Meeting Minutes

Joint Commissioning Board - Public

The meeting was held on 11th October 2018, 09:30 – 10:30
Conference Room, NHS Southampton HQ, Oakley Road, SO16 4GX

	NAME	INITIAL	TITLE	ORG
Present:	Dr Mark Kelsey	MK	CCG Chair	SCCCG
	John Richards	JRich	Chief Executive Officer	SCCCG
	June Bridle	JB	Lay Member (Governance)	SCCCG
	Councillor Chris Hammond	CH	Leader of the Council	SCC
	Councillor Dave Shields	Cllr Shields	Cabinet Member - Health and Sustainable Living	SCC
	Councillor Lorna Fielker	Cllr Fielker	Cabinet Member – Adult Social Care	SCC
In attendance:	Stephanie Ramsey	SR	Director of Quality & Integration	SCCCG / SCC
	James Rimmer	JRim	Chief Financial Officer	SCCCG
	Beccy Willis	BW	Head of Business	SCCCG
	Jo Knight	JK	Service Lead – Finance Business Partnering (Deputy S151)	SCC
	Jason Horsley	JH	Director of Public Health	SCC/ PCC
	Moraig Forrest-Charde	MFC	Senior Commissioning Manager	SCCCG
	Carol Alstrom	CA	Associate Director of Quality	SCCCG
	Judy Cordell	JC	Democratic Services	SCC
	Emily Chapman (minutes)	EC	Business Manager	SCCCG
Apologies:	Richard Crouch	RC	Interim Chief Executive Officer	SCC
	Mel Creighton	MC	Chief Financial Officer	SCC
	Claire Heather	CH	Senior Democratic Support Officer	SCC

		Action:
1.	**Welcome and Apologies**	
	Members were welcomed to the meeting.	

	Apologies were noted and accepted	
2.	**Declarations of Interest**	
	A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship No declarations were made above those already on the Conflict of Interest register.	
3.	**Previous Minutes/Matters Arising & Action Tracker**	
	The minutes from the previous meeting dated 13th September 2018 were agreed as an accurate reflection of the meeting. **Matters Arising** Woman at Risk of Repeat Removals Business Case will be brought to the November meeting. LGA Green Paper – there is a CCG formal response and also a Health and Wellbeing Board response, both responses to be re-circulated. **Action Tracker** The outstanding actions were reviewed and the action tracker updated.	**JH** **EC**
4.	**Home Care Winter Pressures Capacity Plan**	
	MFC attended the meeting to present the Home Care Winter Pressures Capacity Plan papers. MFC talked through the highlights that is requesting to invest additional home care hours as part of a retainer contract with one provider. JH queried if the requirement for home care changes seasonally. MFC responded that it does change, but not significantly. This year we have seen an increase in the level of complexity and other factors than just seasonal need. It was noted that a proportion of increase in Home Care is funded by the Better Care Fund. It was suggested it would be useful to see both the improved Better Care Fund (IBCF) and general investment together at a future meeting. JH left the meeting. JRich raised the concern regarding the pressures relating to Delayed Transfers of Care (DTOC). There is a detailed DTOC action plan being implemented but availability of Homecare and nursing homes remain a	

	challenge. Recruitment of staff is an ongoing challenge for providers. JB raised that the lessons learnt can be transferred to the other workforce issues that are within the system. JH re-joined the meeting. It was noted that the Department of Work and Pensions (DWP) have offered some assistance with recruitment of carers. JH raised the potential impact of Brexit in relation to the proportion of workforce. MFC responded that this is being looked at and have requested the DWP to assist with this. Cllr Fielker agreed the following recommendations: (i) Having complied with paragraph 15 of the Council's Access to Information Procedure Rules, the Cabinet Member for Adult Social Care authorises additional expenditure, in this financial year, to provide sustainability and responsiveness across our Home Care commissioning. (ii) The Cabinet Member for Adult Social Care delegates authority to the Director of Quality & Integration to carry the necessary commissioning arrangements for Home Care as set out in this report and to enter into contracts in accordance with contract procedure rules. This will result in one provider having their contract value increased for a period of November 2018 to March 2019. (iii) This report is presented as a general exception item in accordance with Rule 15 of the Access to Information Procedure Rules of Part 4 of the Council's Constitution. Amendments to the Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 require 28 days' notice to be given prior to determining all Key Decisions. MFC left the meeting.	
5.	**Quality report**	
	CA joined the meeting to present the Quality Report to the Board. CA talked through the highlights of the report. Cllr Shields queried the how the current position compares to last year. CA responded it continues to improve and between 2016/17 and 2017/18 CQC reported a 131% improvement. A number of providers are at either good or outstanding. SRamsey raised that the Enhanced Health in Care Homes work is going well, one outcome is that and there is a reduction of admissions into hospital.	

	ACTION: EHCH pilot evaluation to be shared with JCB Cllr Hammond raised the closure of Glen Lee and Holcroft Care Homes and how this will impact the wider health system, JH left the meeting. SR responded that a lot of work has been put into supporting those two care homes. There is more capacity in the residential home market than is required. There will not be a significant impact for health. CA left the meeting.	**EC**
Date of next meeting: 8th November 2018, 09:30 – 10:30, Conference Room 3, Civic Centre		

Joint Commisioning Board - Action Tracker (Public)					
Date of meeting	**Subject**	**Action**	**Lead**	**Deadline**	**Progress**
11/06/2018	Integrated Commissioning Plan	Staffing structures and savings impact to be a future agenda item	SR	Dec-18	This will be on the agenda for a future meeting
11/06/2018	Integrated Commissioning Plan	Evaluation of 17/18 Integrated Commissioning Plan to be brought to a future meeting	SR	Dec-18	Work in progress - this will be on the agenda for a future meeting
11/06/2018	Quality Update on Social Care Providers	SR to provide a detailed briefing at a future meeting on workforce	SR	Nov-18	In development
13/09/2018	Women at risk of repeat removals	Business Case to be brough to the October Meeting	December	Oct-18	This has been deferred to December for further work to be undertaken

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DECISION-MAKER:		Joint Commissioning Board		
SUBJECT:		Better Care Quarter 2 2018/19 Report		
DATE OF DECISION:		8 November 2018		
REPORT OF:		Director of Quality and Integration		
CONTACT DETAILS				
AUTHOR:	Name:	Donna Chapman	Tel:	023 80296004
	E-mail:	d.chapman1@nhs.net		
Director	Name:	Stephanie Ramsey	Tel:	023 80296941
	E-mail:	Stephanie.Ramsey@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE

BRIEF SUMMARY

This report provides a review of performance for Quarter Two 2018/19 against Southampton's Better Care programme and pooled fund.

An overview of each of the individual schemes can be found at Appendix 1.

RECOMMENDATIONS:

	(i)	To note Quarter Two performance for Better Care.

REASONS FOR REPORT RECOMMENDATIONS

1.	The Joint Commissioning Board (JCB) is responsible for oversight of the Better Care pooled fund. This responsibility has been delegated to JCB from the Health and Wellbeing Board (HWBB).
2.	National Better Care Fund Operating guidance was published on 19 July 2018 for 2018/19 along with revised targets for delayed transfers of care (DTOC). The guidance reiterates the previous guidance published for 2017-19 and does not require local areas to revise their plans for 2018-19. The DTOC metric set for Southampton in 2018/19 has been reset based on the Quarter 3 2017/18 position and requires Southampton to reduce average daily delays to 26.6 (comprising 11.3 NHS delays, 11 Adult Social Care delays and 4.4 Joint delays) by September 2018 and then to maintain this position to year end. The Quarter 3 position was 38.8 average daily delays (16.2 NHS delays, 18.3 Adult Social Care delays and 4.4 joint delays). The new 18/19 target represents a slightly less ambitious trajectory than that of 2017/18 and a much more equal split of NHS and Adult Social Care delays. The targets in Southampton's Better Care performance report have been updated to reflect this revised trajectory.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3.	**NOT APPLICABLE**

DETAIL (Including consultation carried out)

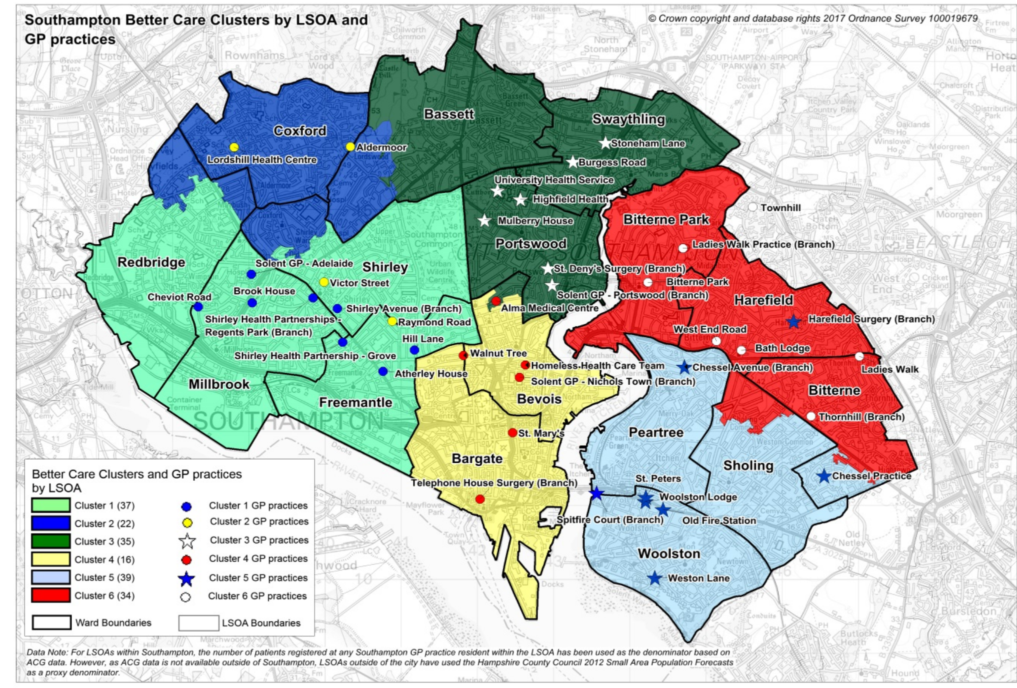
4.	**Overview**

Southampton's Better Care Plan aims to achieve the following vision:

- To put **individuals and families at the centre of their care and support**, meeting needs in a holistic way
- To provide the **right care and support, in the right place, at the right time**
- To make **optimum use of the health and care resources** available in the community
- To **intervene earlier** and build resilience in order to secure better outcomes by providing more coordinated, proactive services.
- To **focus on prevention and early intervention** to support people to retain and regain their independence

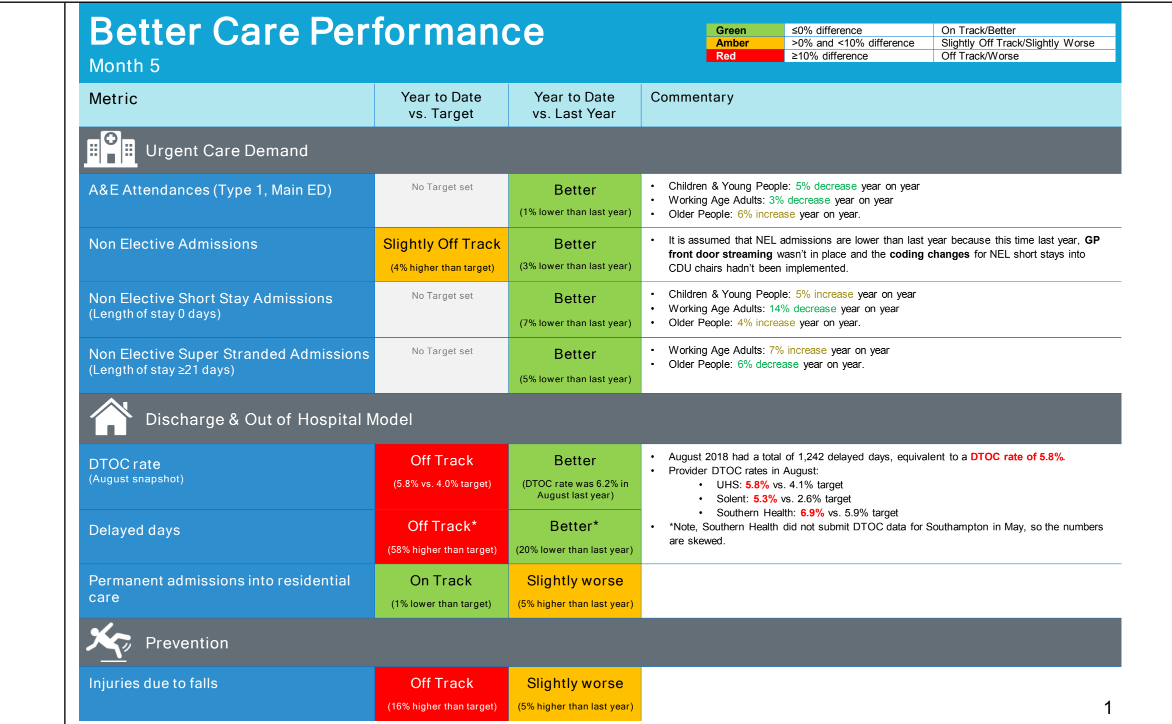
It is a programme of whole system transformational change which is based around 3 key building blocks:

- **Implementing person centred, local, integrated health and social care through the city's six cluster teams** (shown in the map below). This includes harnessing the assets within communities and the power of individuals in improving their own health and wellbeing. It also includes health, social care, housing and voluntary sector teams in each cluster coming together to proactively identify those people most in need in the local area and plan and deliver care and support in a more joined up and personalised way.



- **Joining up Rehabilitation and Reablement, hospital discharge teams and other city wide services into integrated health and social care teams** that in turn link with each of the six clusters.
- **Building capacity** across the system to promote and support people to maintain their independence for as long as possible. This includes promoting self management approaches and supporting the role of carers. It also includes developing the capacity of the voluntary and community sector to meet lower level needs in local communities, as well as investing

	in the home care sector to enable more people to continue living in their own homes. Southampton's 6 key priorities as identified in the 2017-19 Better Care Plan are set out below: • Further expansion of the integration agenda across the full life-course • Continue to strengthen prevention and early intervention • Further shift the balance of care out of hospital and other bed based settings into the community • Development of the community and voluntary sector • Development of new organisational models which better support the delivery of integrated care and support • New contractual and commissioning models which enable and incentivise the new ways of working The **Better Care Fund** pools resources from both the CCG and Local Authority to support the delivery of the Better Care Programme. In 2018/19 this totals £110.5M (£73.4M from the CCG and £37.1M from the Council), making Southampton one of the country's top ten authorities for pooling an amount way beyond its national requirement which is £16.2M, demonstrating its commitment to integrating health and social care at scale. Southampton's Better Care Fund is made up of the following schemes: 1. Supporting Carers 2. Cluster working 3. Integrated Rehabilitation and Reablement and Hospital Discharge 4. Promoting Care Technology 5. Prevention and Early Intervention 6. Learning Disability Integration 7. Promoting uptake of Direct Payments 8. Transforming Long Term Care 9. Integrated provision for children with SEND 10. Integrated health and social care provision for children with complex behavioural & emotional needs
5.	**Performance as at Q2 2018/19** The table below provides the Performance against the key Better Care national indicators. Owing to monthly reporting time lags, it is only possible to provide activity data up to Month 5, i.e. 31 August 2018 (September 2018 activity data will be available in November 2018).



Better Care Performance

Month 5

Legend		
Green	≤0% difference	On Track/Better
Amber	>0% and <10% difference	Slightly Off Track/Slightly Worse
Red	≥10% difference	Off Track/Worse

Metric	Year to Date vs. Target	Year to Date vs. Last Year	Commentary
Urgent Care Demand			
A&E Attendances (Type 1, Main ED)	No Target set	Better (1% lower than last year)	• Children & Young People: 5% decrease year on year • Working Age Adults: 3% decrease year on year • Older People: 6% increase year on year.
Non Elective Admissions	Slightly Off Track (4% higher than target)	Better (3% lower than last year)	• It is assumed that NEL admissions are lower than last year because this time last year, **GP front door streaming** wasn't in place and the **coding changes** for NEL short stays into CDU chairs hadn't been implemented.
Non Elective Short Stay Admissions (Length of stay 0 days)	No Target set	Better (7% lower than last year)	• Children & Young People: 5% increase year on year • Working Age Adults: 14% decrease year on year • Older People: 4% increase year on year.
Non Elective Super Stranded Admissions (Length of stay ≥21 days)	No Target set	Better (5% lower than last year)	• Working Age Adults: 7% increase year on year • Older People: 6% decrease year on year.
Discharge & Out of Hospital Model			

DTOC rate (August snapshot)	Off Track (5.8% vs. 4.0% target)	Better (DTOC rate was 6.2% in August last year)	• August 2018 had a total of 1,242 delayed days, equivalent to a **DTOC rate of 5.8%.**
			• Provider DTOC rates in August:
			  • UHS: **5.8%** vs. 4.1% target
			  • Solent: **5.3%** vs. 2.6% target
			  • Southern Health: **6.9%** vs. 5.9% target
			• *Note, Southern Health did not submit DTOC data for Southampton in May, so the numbers are skewed.

Delayed days	Off Track* (58% higher than target)	Better* (20% lower than last year)	
Permanent admissions into residential care	On Track (1% lower than target)	Slightly worse (5% higher than last year)	
Prevention			
Injuries due to falls	Off Track (16% higher than target)	Slightly worse (5% higher than last year)	

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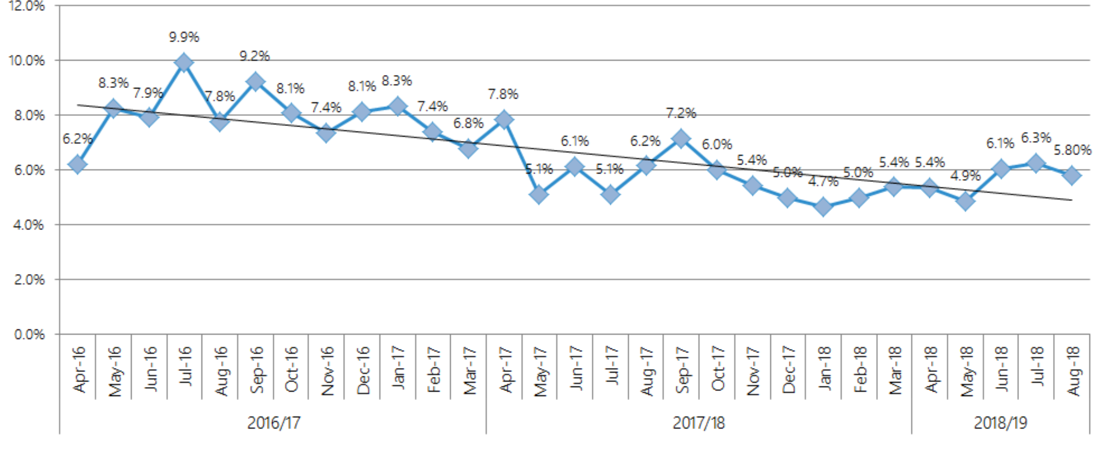
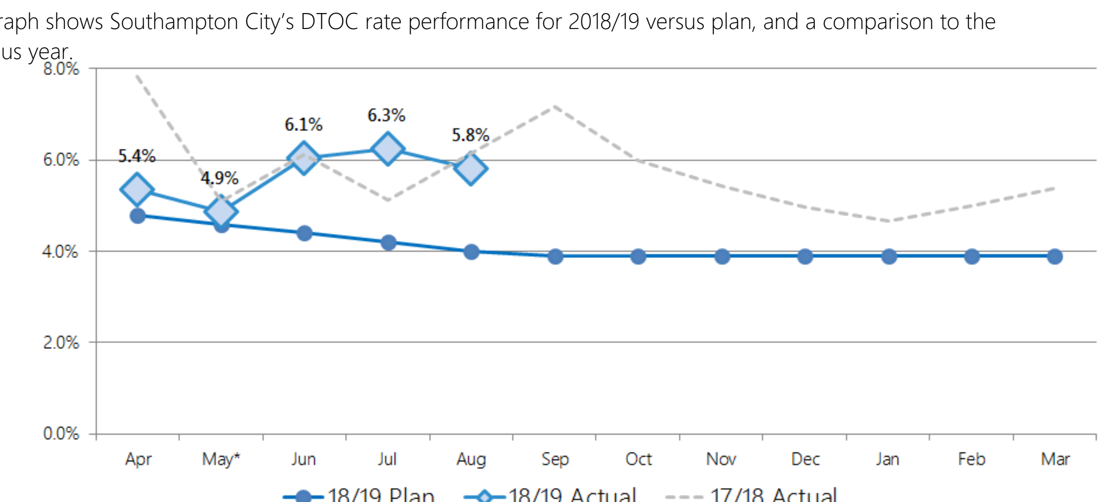
6. **Performance Headlines**

- **Permanent admissions to residential and nursing homes:** After an apparent worsening of the position in Quarter 1which was caused by a higher than usual number of admissions in April 2018, the Q2 position is showing this metric to be on target, 1% below the plan for Month 5.
- **Delayed transfers of care** Whilst significantly improved from last year (Apr - August 18 data showing 20% reduction in Delayed days compared to the same 5 months in the previous year) and a continued steady reduction over the last 2 years, a number of key challenges continue to make the target difficult to achieve.

The graph shows Southampton City's DTOC rate from April 2016 to the most recently available data, August 2018.



The graph shows Southampton City's DTOC rate performance for 2018/19 versus plan, and a comparison to the previous year.



The first 5 months of this year, whilst the number of discharges have been high, have seen high rates of delay, the main challenges being:

- increasing levels of complexity amongst patients being discharged. There has been a strong push within the hospital (through initiatives like SAFER and Red to Green days) to discharge patients earlier which is evidenced through reduced lengths of stay. However patients coming out of hospital tend to be more complex with higher levels of need which are more difficult to meet. One way that the ICU is looking to address this is by asking the Community Independence Team to target patients who have been discharged with large home care packages to see if, several weeks after discharge, this level of care could be reduced through re-ablement or different types of equipment. The Community Independence Team is also aiming to allocate therapists to in-reach into the hospital to assess patients alongside the hospital team. The Community Independence Team therapists will have a greater knowledge of what is available in the community.
- workforce capacity in the domiciliary care market particularly to support higher levels of need for more complex clients e.g. requiring calls at specific times or double up calls 3 or 4 times a day. To address this pressure, additional investment was made in the Home Care retainer to bring on line additional hours over the Summer holidays and further investment is being made this winter. In addition the ICU and Adult Social Care are exploring whether double up packages could be converted to single hand packages through different types of equipment. The ICU has also made links with the Department of Work and Pensions to explore ways of better attracting staff into the home care workforce.
- nursing home capacity to take more complex clients. To address this, the ICU is working with a number of providers to increase capacity for dementia clients, including investment of capital, although this is reliant on building work and so benefits will not be seen until next year.
- increased requirement for housing adaptations and equipment to enable people to return home, which is resulting in increased spend on the Joint Equipment Service budget (£170k cost pressure forecast for this year). There have also been some problems with hospital based therapists following the correct processes for requesting equipment

which have resulted in delays but these have now been resolved.

- increased delays related to public funding decisions as increasing complexity is driving more bespoke requests which do not necessarily meet continuing health care criteria. Whilst these requests have been addressed on a case by case basis, there may be some merit going forward in considering a pooled budget, perhaps linked to the pooled budget proposed for Pathway 3 Discharge to Assess placements.
- people with low level health needs which are not specialist but require care staff to administer basic clinical tasks e.g. PEG feeds, collar care, eye drops. Finding home care providers able to take on such clients has proven a challenge. In response, the ICU is working with a small number of providers on the home care framework to enable them to access training to undertake this work. The ICU is also working with Solent NHS Trust to commission the Urgent Response Service to provide low level health care on an interim basis to enable people to leave hospital and be supported whilst they are waiting for a home care package to be sourced.

For the remainder of this year, the following system wide priorities have been agreed:

I. Continue to mainstream discharge to assess which for the majority of patients will be in their own home.
II. Improve planning at the hospital front door to assess needs, direct people to the most appropriate setting, avoid admission where possible, commence early discharge planning and early conversations about discharge.
III. Strengthen community services to provide person centred, proactive, coordinated care and support, 7 days a week capable of managing greater levels of acuity outside of hospital.
IV. Increase the supply of home care to meet greater levels of complexity and address gaps e.g. people with low level health needs.
V. Improve hospital processes for organising discharge – e.g. timely and reliable transport and provision of medication and equipment, timely transfer of patient notes and consistent application of the Complex Discharge policy, particularly in relation to early discharge planning.
VI. Work towards 7 day discharge.

At an individual organisational level the following areas of focus have been identified:

For Commissioners (CCG and SCC)

- Commission a pathway for people with low level health needs to leave hospital in a timely way and be supported at home.
- Continuously review demand and capacity to target additional resource in the right place and work with Care Homes and Home Care providers towards making 7 day discharge a reality.

For UHS and Southern Health

- Improve the quality of discharge processes with a particular focus on timely provision of transport, medications, equipment, patient records and 7 day working.

	• Embed the message that "discharge is everyone's business", ensuring that all staff receive regular updates on discharge processes and that this is evidenced through auditing practice, with a particular focus on having early conversations with patients about their discharge arrangements. **For Solent** • Continue to develop the Urgent Response Service to respond to need by supporting people with increased levels of acuity in the community. • Strengthen the palliative care support worker offer to enable more people to die at home as opposed to in hospital or in a care home. **For Southampton City Council** • To ensure robust provision to prevent delay for pathway 3 and ensure statutory responsibility under safeguarding and mental capacity are adhered to. • Continue to support 7 day working across the system to help maintain timely patient flow. • To support community hospitals and Urgent response to prevent delays and maintain flow. • **Non Elective admissions:** at month 5, whilst NEL admissions are 4% higher than plan, they are 3% lower compared to this time last year (9% lower amongst the working age adult population) against a backdrop of population growth. Particular schemes believed to be impacting on reducing non elective admissions include: o Extension of the Adult Mental Health Crisis Lounge opening hours - now open 24 hours a day, 7 days a week. o Primary Care Streaming in the Emergency Department. o Changes to the pathway for low risk chest pain patients. o Reductions in admissions amongst high intensity users - this has included the ambulance demand practitioner scheme which targets cohorts of patients with frequent urgent care activity and is demonstrating reductions in ambulance call outs as well as the implementation of an intensive support scheme focussed on people in the inner city with high end health and social care needs.
7.	**Key highlights for Quarter Two 2018/19** • **Priority 1: More rapid expansion of the integration agenda across the full life-course, building on the city's model of person centred integrated care based around 6 geographical clusters** ➢ Work has continued on the development of our 6 clusters. At the end of Q2, all clusters have dedicated clinical and professional leadership, have arrangements in place to facilitate local decision making and planning and have begun to agree priorities informed by cluster level population data aligned to city wide priorities. Performance reports are now being presented at cluster level. A number have also begun to map cluster assets to understand the opportunities for social prescribing and work is commencing on the utilisation of risk stratification tools to support better targeting of need. ➢ Work is progressing between commissioners and managers across the

Council, Southern Health and Solent to explore a more integrated model of delivery encompassing the following services: Community Independence Team, Community Nursing, Older Person's Mental Health teams and Social Care locality teams.

- In addition, we have been reviewing our Early Help offer to children and families in Q2 and have plans in place which we will be rolling out over Quarters 3 and 4 to strengthen prevention and early intervention in localities. This includes deploying more specialist resource into our locality teams, e.g. social workers and CAMHS, as well as working with adult services to improve access to support for Adult Mental Health and Substance Misuse. This is being supported through a bid for additional investment to the "What Works for Children's Social Care Centre", the outcome of which will be known in mid November 2018.

- **Priority 2: A much stronger focus on prevention and early intervention**
  - A pilot to reduce frequent ED attendances and emergency admissions amongst some of the most vulnerable people in the city centre working with a voluntary sector provider went live in June 2018 and during Q2 we have successfully recruited our first 8 clients to the scheme and are already seeing positive results in reducing pressure on health services.
- **Priority 3: A more radical shift in the balance of care away from bed based provisions and into the community**
  - Work has continued to embed the High Impact Change Model for hospital discharge. D2A for Pathway 2 is now mainstreamed for all patients and the D2A pilot for Pathway 3 has been extended to year end. Further evaluation is taking place to support the case for mainstreaming this in 2019/2020. A report will be brought back to JCB in January 2019.
  - The Enhanced Health in Care Home pilot focussing on 15 residential care homes in the city came to an end in Quarter 1 and the evaluation has shown a significant impact on reducing Emergency Dept attendances and Non elective admissions. It has also helped to build positive relations between commissioners, health services and these homes. Agreement has been given by the CCG (who funds this pilot) in Q2 to roll this approach out city wide from April 2019, whilst continuing the existing pilot to year end.
  - During Q2, the ICU has signed a number of agreements with care homes to reduce access fees for some clients in line with a strategy agreed by the Joint Commissioning Board. Work is continuing to add to these and to enter into long-term arrangements to secure cost reductions for many new care placements. This will support our overall strategy of strengthening community provision. We are also encouraging care homes to increase complexity of care by identifying current capabilities, and the training and skills development required to meet future needs.
  - Planning permission has been granted this Quarter for a new 44-bed nursing home in Rownhams, on the outskirts of the city. The home has secured a majority of funding, but requires additional investment. The Council has been reviewing options to contract for capital investment in the home. This is subject to budget pressures generally and the council is looking at short-term funding against long-term return. The home would help to expand the supply of nursing home placements available to the

Council for patients with more complex needs who are more difficult to place. If the home progresses, regardless of council investment or not, the council would look to contract for bed spaces at guaranteed rates.

- ➢ We have also completed our tender this quarter for the new home care framework and sourced additional home care hours over the summer to respond to the seasonal reduction we see in supply linked to the school holidays.

- **Priority 4: Significant growth in the community and voluntary sector**
  - ➢ Work has progressed in Q2 to develop our model for Community Development and a decision has been taken to commission a single service including Community Navigation. During Q3 we will be further engaging with the voluntary and community sector on the design of the model and it is hoped to begin to source this in Quarter 3/4.

- **Priority 5: Develop new models of care which better support the delivery of integrated care and support, joined up patient/client record systems, joint use of estates and greater use of technology solutions to drive efficiencies**
  - ➢ During Q2, we have continued to see improved uptake of care technology (332 referrals compared to 281 in Q1) and have opened up referrals to the Council's Life Skills team for adults with learning disabilities and Homegroup, a supported housing provider, to enable more clients with learning disabilities to access care technology solutions. The overall conversion rate (from referral to installation) in Q2 has held at 60%. During this quarter we have also continued to develop our business case for vital signs monitoring in care homes, develop a digital app that will allow better coordination of client’s care resources, develop an activity monitoring system for use in assessment of high cost supported living clients and scope potential uses for video conferencing in clinical pathways.
  - ➢ During Q2, we have also progressed with the development of an integrated Adult with LD service bringing together Council, Southern Health and CCG staff. An integrated Service Manager commenced in post in September. Other developments have included sourcing accommodation to co-locate staff in two bases and establishing an integrated administrative support.

Highlight reports for each of the Better Care Fund schemes can be found at Appendix 1.

RESOURCE IMPLICATIONS

Capital/Revenue

8. The total value of the pooled fund for 2018/19 is just over £110m.

As at Month 5, overall performance against the pooled fund was a projected year end overspend of £0.06M, which represents a percentage variance against budget of 0.05%. This is made up of a £0.39M overspend for the CCG and a £0.33M underspend for the Council.

The two main areas of overspend relate to the Clusters and Learning Disabilities Schemes where there is a projected year end overspend of £0.14M and £0.20M respectively. For clusters, this is due to additional costs of £0.05M for locums covering vacant posts in the long term social care teams and additional

investment in the home oxygen and orthotics service of £0.09M to match need on the CCG contracts included in this scheme. For the Learning Disabilities Scheme, this is due to an increase in complexity of client care, particularly impacting on the CCG which is showing an overspend of £0.30M whilst the Council is projecting an underspend of £0.10M.

These overspends are currently being offset by projected underspends on other schemes, primarily:

- Integrated Rehab and Reablement and Hospital Discharge where there is a projected underspend of £0.20M on the Council budget, mainly related to staff vacancies (that are now being recruited to).
- Prevention and Early Intervention (housing related support schemes) where there is a projected underspend of £0.10M on the Council budget due to a contract saving.

Financial performance against each Scheme is monitored on a monthly basis by the Better Care Finance and Performance Group.

Appendix 2 details the Better Care Fund finances for month 5.

Property/Other

9. There are no specific property implications arising from the Better Care pooled fund.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The legal framework for the Better Care Pooled Fund derives from the amended NHS Act 2006, which requires that in each Local Authority area the Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with DH and DCLG. The Act also gives NHS England powers to attach additional conditions to the payment of the Better Care Fund to ensure that the policy framework is delivered through local plans. In 2017-19, NHS England set the following conditions:

- Agreement of a joint plan between the CCG and Local Authority
- NHS contribution to social care is maintained in line with inflation
- Agreement to invest in NHS-commissioned out-of-hospital services
- Implementation of the High Impact Change Model for Managing Transfers of Care.

Southampton is compliant with all four of these conditions.

Other Legal Implications:

11. None

CONFLICT OF INTEREST IMPLICATIOINS

12. None

RISK MANAGEMENT IMPLICATIONS

13. Risks on specific Better Care Fund Schemes are monitored on a monthly basis. Key risks and issues for the Better Care Programme overall are summarised below:

- **Capacity of the care market** to meet increasing needs and support additional schemes to improve discharge - To mitigate this, the ICU is working

	proactively with the care market and utilising alternative mechanisms such as retainers and block contracts to provide increased stability. As mentioned above, it is also working with the Department of Work and Pensions to explore ways of attracting staff to the homecare workforce. • **Resilience in the voluntary sector** and ability to respond to new ways of working - A number of mitigating actions are being taken including: various procurement options being considered to make best use of local market and encourage innovation; support to local agencies also being considered as part of the developments; proactive review of any bidding opportunities.
POLICY FRAMEWORK IMPLICATIONS	
14.	Southampton's Better Care Programme supports the delivery of outcomes in the Council Strategy (particularly the priority outcomes that "People in Southampton live safe, healthy and independent lives" and "Children get a good start in life") and CCG Operating Plan 2017-19, which in turn complement the delivery of the local HIOW STP, NHS 5 Year Forward View, Care Act 2014 and Local System Plan.
15.	Southampton's Better Care Plan also supports the delivery of Southampton's Health and Wellbeing Strategy 2017 - 2025 which sets out the following 4 priorities: • People in Southampton live active, safe and independent lives and manage their own health and wellbeing • Inequalities in health outcomes and access to health and care services are reduced. • Southampton is a healthy place to live and work with strong, active communities • People in Southampton have improved health experiences as a result of high quality, integrated services

KEY DECISION?	**Not Applicable - No decision required**
WARDS/COMMUNITIES AFFECTED:	**All**

SUPPORTING DOCUMENTATION

Appendices

1.	Quarter 2 Individual Scheme Highlight Reports
2.	Better Care Fund Finances – Month 5

Documents In Members' Rooms

1.	**None**
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No - Update only**

Privacy Impact Assessment			
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.			**No - update only**
Other Background Documents **Other Background documents available for inspection at:**			
Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**	
1.	**None**		

Southampton City Better Care Partnership Agreement 2018/19

Scheme Highlight Reports – Quarter 2

Name of Scheme:	**Carers Support Services**
Lead Commissioner:	**Sandy Jerrim/ Kirsten Killander**

Progress this Quarter	
Highlights/Achievements:	• The contract for both young and adult carers is progressing well and provides a seamless pathway when young carers transition into adult support services. • Carer Aware E-learning course written and available online. Promotion of the E-learning will coincide with the promotion of Carers Right day and a forthcoming Carer event. • Version 8 of the on-line tool is now being used by Carers in Southampton.
Pressures/Blocks: (including cost pressures	• "All pay" have charged carers a fee to withdraw money when it was agreed SCC would pay these fees. It has been agreed to refund carers but progress remains slow and awaiting confirmation of refunds. • There is a risk of future carers not using "All Pay" if the situation is not resolved soon.
Risks: **What Mitigation is in place?**	1. The delayed refund of charges to carers may result in carers not using the "All Pay" option when taking a direct payment. Mitigation: ICU is monitoring progress. 2. Despite trying to resolve issues with Version 8 of the online tool, it continues to present problems which is now presenting reputational risks to the agency undertaking the assessments, which in turn presents risks to SCC. Mitigation: Meeting with Carers in Southampton and ongoing work with provider of Version 8.

Looking Ahead	
Priorities for next Quarter:	• Memorandum of Understanding (MoU) between Adult Social care (ASC) and Children's Services to be signed and whole family approach to be embedded in working practice. • Emergency plan document to be refined and a procedure to be established so that they are accessible to ASC/Children's Services when appropriate/needed. A Task and Finish group will oversee the work. • A technology event to be arranged for September with carers the target audience to inform them of appropriate telehealth and telecare applications that can support them in their caring role and give them more independence.
Any issues for escalation to Joint Commissioning Board:	None this Quarter.

Name of Scheme:	Cluster Working
Lead Commissioner:	Adrian Littlemore

Progress this Quarter	
Highlights/Achievements:	• Local Solutions Groups have been established in every cluster area with a major theme being the development of Social Prescribing. A workshop involving voluntary, faith groups and integrated cluster teams has taken place, with a further session planned. • Community Wellbeing Team has worked with primary care and other providers to coordinate the administration of flu vaccines to all housebound patients. • Planned reductions for inappropriate permanent admissions of older people into residential care are being achieved. • Health & Wellbeing profiles have been developed to help cluster teams and local solutions groups prioritise service development. • Adult Social Care has been aligned to clusters
Pressures/Blocks: (including cost pressures)	• Adult Social Care - £48k adverse due to additional cost of Locums who are covering vacant posts, which are yet to be filled.
Risks: **What Mitigation is in place?**	• Variation in how risk stratification and virtual wards are operated across clusters • Lack of resources and capacity to undertake valuation of specific service improvements, changes in practice, hinders the ability to spread best practice. • Opportunities for co-location and rationalisation of estate limiting opportunities for integrated working at a practical level • Lack of integrated care record. • Review stratification processes and how virtual wards operate across clusters and share/embed best practice - underway • Work with Academic Health Science Network and CLARHC to engage in evaluation of initiatives, work with STP to share best practice initiatives. • Development of multi-agency estates plan which includes primary care - underway • Work to promote the use and development of CHIE (Hampshire Health Record).

Looking Ahead	
Priorities for next Quarter:	• Review of Virtual Wards and improve Continuing Healthcare coordination • Aligning community nursing development with GP Local Incentive Scheme initiatives **Cluster 1** Holistic Housebound **Cluster 2** Frailty and Polypharmacy **Cluster 3** Frailty **Cluster 4** Frail/Fallers/Housebound

	Cluster 5 Social Prescribing/Co-morbid LTCs Case Management **Cluster 6** Care Home Connect/High Intensity Users/Social Prescribing • Work with community nursing to develop a new model for wound care • Work with Solent and other community providers in developing a Single Point of Access • Work up outline specification for an integrated locality based health and social care service incorporating Community Nursing, the Community Independence Service, Older Person's Mental Health teams and Social Care teams
Any issues for escalation to Joint Commissioning Board:	None this quarter

Name of Scheme:	**Integrated Rehabilitation and Reablement (**comprising Urgent Response Service, Community Independence Teams and supported discharge)
Lead Commissioner:	**Jamie Schofield**

Progress this Quarter	
Highlights/Achievements:	• The service received an "Outstanding" CQC rating during Quarter 2 which is particularly impressive as they are currently supporting a number of schemes mainly designed to support the development of Hospital Discharge Pathway 2 (supported). The key schemes that it is working on include: o Undertaking activity previously commissioned under Lot 5 of the Homecare Framework o The development of a Home IV Service o The development of a "turn-around" frailty service out of Emergency Department o The development of a bridging service for discharge patients with "low level health needs" o Investment into increasing the overall reablement capacity
Pressures/Blocks: (including cost pressures) **How are these being addressed?**	• The key pressure is related to "patient flow" and the numbers of "extensions" held within the service due to difficulties in sourcing home care packages to support people to move on from the service. • The overall complexity of patients leaving hospital has increased which does place extra pressure on the resources in terms of the size of the reablement care packages (reduced capacity), increased likelihood of "move on" care being required and pressures on the Community Independence teams to support increased complexity from a therapy perspective. • As highlighted above the service is involved in a range of schemes therefore recruitment is a constant challenge for the service. • The Home IV Scheme has been a particular challenge in terms of the identification of suitable patients within UHS. • A new homecare framework has been developed; one of the aims of which is to improve patient flow through an increased targeted offer. • The highlighted schemes reflect the need for increased flexibility and capacity to manage higher levels of complexity. The Urgent Response Service (URS) and Community Independence teams seek to mobilise resources across a range of functions as required. • The service has an established rolling recruitment programme in place designed to respond to the increased demand. • URS are actively working with UHS Clinicians to raise the profile of the Home IV activity.

Risks: What Mitigation is in place?	• Winter pressures and raised demand • Recruitment of staff for the schemes. • Accommodation for the expanding service. The current base is becoming too small - dispersing the service across several bases carries the risk of fragmentation. • Winter Pressure plans are in place with good communication links between providers to support flexibility in response. • As highlighted above the service is actively undertaking recruitment activity. • Consideration of alternative estate along with mobile working approaches.

Looking Ahead	
Priorities for next Quarter:	• To “roll out” the current schemes within a timely fashion particularly the “low level health needs” and replacement of Lot 5.
Any issues for escalation to Joint Commissioning Board:	None this quarter

Name of Scheme:	Promoting Care Technology
Lead Commissioner:	Sandy Jerrim/Lee Tillyer

Progress this Quarter	
Highlights/Achievements:	Total referral numbers for Q2 (332) are an overall improvement on Q1 (281). An average of 110 per month in this Quarter compared to 94 per month in Q1. Overall quarterly conversion rate in Q2 holding at 60%. *Support to existing initiatives and new developments:* • We are supporting business case development for vital signs monitoring in care homes. • We are helping to develop a digital app that will allow better coordination of client's care resources (Care Team). • New initiatives include developing an activity monitoring system for use in assessment of high cost supported living clients and scoping potential uses for video conferencing in clinical pathways. • Referral route has been opened up to SCC Lifeskills team and Homegroup to allow for more LD clients to be referred for Connected Care assessment. *Evidence from analysis and benefits tracking:* • SCC Benefits tracking process has been established and reporting mechanisms are being developed. • Health system benefits still tracked on a project by project or pathway basis. *Procurement of a new service model (health technology):* • Extensive work on the capabilities required of a Health technology offer are being worked up alongside PA consulting. Proposal for delivery will be delivered in the coming quarter. *Communications:* • Communications plan and associated support from internal/external communications in place within SCC with some activity already underway. Full roll out awaiting appointment within SCC communications team. • Health trusts and other providers engaged in workshops as part of the health technology offer development.
Pressures/Blocks: (including cost pressures) How are these being addressed?	• Currently a lack of clarity on the status of vital signs monitoring within the care home sector. Paper to be taken to CCG Senior Management Team to allow for decision to be taken on the future development.
Risks:	• Adult Social Care unable to achieve 140 referrals per month – Referral numbers and conversions are fairly stable and rising steadily. Communications plan for continued engagement with staff

What Mitigation is in place?	in place awaiting resources to become available within SCC Communications team. • Uncertainty about future health technology direction. We are currently working through potential options with PA Consulting with proposal publishing due for November 18. • New initiatives fail to roll out at a level that will affect a measurable change. There is a challenge in adequately resourcing new initiatives and establishing required culture change, often leading to initiatives petering out or failing to scale up as envisioned. We are attempting to develop robust business cases for each technology and seek appropriate organisational support to move forward with projects. We will also need to establish an ongoing organisational and system-wide commitment to supporting the embedding of health technology through the development of the health technology service capabilities.

Looking Ahead	
Priorities for next Quarter:	• Finalising commissioning journey for health technology service development, building on stakeholder engagement and capabilities mapping. • Establishing commitment to vital signs monitoring in care homes at SMT. • Beginning sensor package development project with Barter 4 Things. • Culture change work to continue and expanded to include health. • Supporting development of video conferencing in clinical pathways. • Supporting new referral pathways as they bed in.
Any issues for escalation to Joint Commissioning Board:	None this quarter

Name of Scheme:	**Prevention and Early Intervention – Community Development and Navigation**
Lead Commissioner:	Moraig Forrest-Charde

Progress this Quarter	
Highlights/Achievements:	• Integrated approach – following completion of the design process for both Community Development Infrastructure Support and Community Navigation a proposal to integrate these two models was presented to Joint Commissioning Board in September 2018. The board provided authorisation to progress with one final engagement exercise with the plan to return a fully formed proposal to JCB in November. • JCB also agreed the funding envelope which is available for this piece of work, noting that a shortfall in funding of £61k was resolved by the CCG.
Pressures/Blocks: (including cost pressures)	• Approach with the market for what is a complex area. There are a number of ways in which this could be progressed, should authorisation to proceed be given. In particular any procurement exercise will need to be simple, clear and have sufficient time allowed for the market to work together.
Risks: **What Mitigation is in place?**	• There is a risk that the potential for key players who currently deliver small elements of the model may not succeed during any bidding process and as such have an impact on their sustainability. This is being addressed by ensuring a sufficient period during the bidding process to allow the necessary negotiations to occur. In addition the council will continue to hold a grants responsibility for Community Development delivery areas which will give some providers an additional opportunity. • There is risk that the period of procurement/implementation necessitates a significant extension to the current grant offer provided for the elements in scope for this development. This will affect both CCG and SCC grant provision and clear communication is required to mitigate this risk.

Looking Ahead	
Priorities for next Quarter:	• Complete engagement exercise and present final proposal to Joint Commissioning Board in November. • Implementation/procurement supporting documentation to be drafted following this meeting and presented to ICU MT in December.
Any issues for escalation to Joint Commissioning Board:	This item is on the forward plan for the November meeting of the Joint Commissioning Board.

Name of Scheme:	Learning Disabilities Integration
Lead Commissioner:	Vicky Thew (Integrated manager)

Progress this Quarter	
Highlights/Achievements:	Amongst the other key tasks in the projects there were three significant issues identified as blocks when the project commenced, these issues have all successfully been resolved with a successful outcome; • I.T systems – staff from the three partner organisations are able to access each I.T system from both locations. • Location/Base – whilst the optimum goal is a single location/base there is not currently a feasible option for a single site. Two locations have been sourced and are close to being ready for the team to relocate. • Administrative support – all partners have agreed to contribute administrative support to the team. This has either been allocated or is in the recruitment pipeline. Integrated Service Manager commenced in post part time September 2018, full time from November 2018.
Pressures/Blocks: (including cost pressures)	• SCC Adult Social care (ASC) staffing: there has been a fairly high turnover of staff in the ASC team with vacancies currently. Whilst the team has successfully recruited to most of the vacancies (and continues to recruit) a significant proportion of the team are ASYE (in their assessed and supported in employment first year); whilst this brings energy and enthusiasm to the team it is acknowledged that this puts the more experienced members of the team under additional pressure through inducting new starters and supporting the ASYE programme. Whilst this is positive investment in the staff team the impact of turnover, vacancies, new and newly qualified starters and capacity of the team has impacted on the SCC savings targets. • CHC Staffing: The LD CHC team have been carrying a staff vacancy. A restructure of the LD CHC team has been agreed and is being recruited to. The skill mix of the team and training needs are being identified so that an action plan can be implemented to maximise the team's effectiveness within the Integrated LD Team.
Risks: **What Mitigation is in place?**	Savings target for SCC team at risk due to staff turnover. Options on approaching the reviews are going to be appraised.

Looking Ahead	
Priorities for next Quarter:	• Recruitment of staff to vacancies. • Commence programme of reviews for SCC LD ASC clients; aim to

	achieve targeted savings. • Continue to progress with Integration of the learning disability teams.
Any issues for escalation to Joint Commissioning Board:	None this quarter.

<table>
<tr><td>Name of Scheme:</td><td>Transforming long term care</td></tr>
<tr><td>Lead Commissioner:</td><td>Matthew Waters</td></tr>
<tr><td colspan="2">Progress this Quarter</td></tr>
<tr><td>Highlights/Achievements:</td><td>• A number of agreements have been reached with homes to reduce access fees for some clients, in line with a strategy agreed by the JCB. Work is continuing to add to these and to enter into long-term arrangements to secure cost reductions for many new care placements.
• Tender for future home care services has been completed, including the care delivery in housing with care schemes.
• Encouraging care homes to increase complexity of care by identifying current capabilities, and the training and skills development required to meet future needs.
• Planning permission granted for a new 44-bed nursing home in Rownhams. SCC is looking into options to contract for capital investment in the home. This would be repaid at a commercial rate – and the home could offer bed spaces at a reduced rate as part of the repayment.</td></tr>
<tr><td>Pressures/Blocks:
(including cost pressures)

How are these being addressed?</td><td>Training for care homes to develop necessary skills – homes are often at different levels of competence so agreeing and arranging training for staff can be expensive, as the capacity required to make cost-effective is not always achievable.
We are utilising funding through the iBCF to look at more training to increase skills in homes for the future.</td></tr>
<tr><td>Risks:

What Mitigation is in place?</td><td>The arrangement with the home in Rownhams will be a complex agreement, and must include securing the full return of resources. The timescales for agreement are very tight, as work is due to commence shortly.
The council’s solicitors are advising on the best route to secure the return of the investment.</td></tr>
<tr><td colspan="2">Looking Ahead</td></tr>
<tr><td>Priorities for next Quarter:</td><td>• Continuing work with homes to identify capacity for the council to access, and to secure longer term arrangements.
• Continuing to identify training requirements in homes to increase complexity levels.
• Land options work reported initial findings for future developments of housing with care, and now moving to stages of refinement.</td></tr>
<tr><td>Any issues for escalation to Joint Commissioning Board:</td><td>None this quarter.</td></tr>
</table>

Name of Scheme:	Jigsaw (Integrated Children's SEN and disability team)
Lead Commissioner:	**Donna Chapman**

Progress this Quarter	
Highlights/Achievements:	• 24 Hour decision making for contacts stands at 90% • Health Waiting lists stands at 100% allocated and seen within 8 weeks. • Nursing Assessments completed in 8 weeks stands at 100% • The waiting list for OT is now down to 24 from 40 at its recent peak • Additional funding from DFG secured for additional OT hours to tackle the backlog / waiting list, and strengthen the resource in the longer-term. • Over half of all the first Virtual Duty Cases have been subject to full reassessment, short breaks review and are in a regular cycle of 3 monthly visiting, 6 monthly Child in Need (CiN) planning and annual reassessment. • In spite of the pressure on the LD Nursing resource, through the use of reviews of previous interventions by community workers with parents and students on placement, all nursing assessments have been allocated and completed within timescales. • Positive feedback received in relation to the improvements in the quality of the statutory assessments completed within the team. • Three service-wide whole day compulsory training courses on Disability Awareness, Statutory Duties and responsibilities towards Children with Disabilities have been held for wider children's social work teams. Excellent feedback has been given. There has been good take up from the MASH and Assessment Service. A further 3 dates are being identified and offered. • Significant improvement to the Short Breaks auditing and returns, confirming Jigsaw is going in the right direction in accordance with the improvement planning.
Pressures/Blocks: (including cost pressures)	• There continues to be difficulty in recruiting to posts. In particular, the expansion of the social work establishment has proved difficult to resource. The team is at capacity in terms of inexperience, and will take significant investment and support from management, in order to ensure that workers are supported, developed and upskilled to ensure a responsive, high quality, timely delivery of social work assessments, interventions, internal service requests and discharges. • There has been high turnover of established social work staff, most of which is situational – people having been in post for a while and needing a change. • Capacity within Management to provide case supervision at the required levels for social care is tight – partly owing to 0.4 Assistant Team Manager vacancy and partly because of the level of

	inexperience within the team, requiring more than that which would reasonably be expected if the caseholders had more experience and were able to be more self-determining. • There is pressure within the short breaks budget aligned to the increased complexity and severity of disability that is being responded to, and the costs of provision. • Reporting issues in both health and social care parts of the service and interoperability of systems. This is requiring managers to maintain their own spreadsheets for analysis. Further work by data team and also Paris Team to ensure accurate system-driven reporting for key areas is underway. • Issues with business support – no Solent Business Support since 1/11/2017. SCC Business Support continues to change, causing issues in terms of capacity and delegation of further responsibilities to the BSOs. This has been escalated.
Risks:	Introduction of the new eligibility criteria for Disabled Children is likely to result in an increased caseload by approximately 30 children, placing further pressure on ability to allocate and meet timescales.

Looking Ahead	
Priorities for next Quarter:	• Supporting and developing staff as individuals and as a team, to equip them to be competent, effective, timely and compliant. • Recruitment of staff to vacancies to ensure the breadth of knowledge required within the team and increased capacity to manage the demands for social care, OT and Solent Health Offer. • Designation of one social worker to take the lead for Transitional Cases, to ensure that all children have had a transitional assessment and are referred in a timely manner / supported through transition. • Review of the Pathways to ensure that these continue to be effective and in light of the new disciplines starting in Jigsaw. Completion of Psychology / Mental Health Pathway, Transitional Pathway. • Building the back office for Systm One to obtain accurate data. • Building the back office for Health and Occupational Therapy in relation to Care Works to ensure that this is fit for purpose and can also be used for accurate data reporting and analysis. • Maintain and strengthen the Virtual Duty System to include the remaining cases for which there is no need for active social work involvement and cases remain open because they are receiving Short Breaks funding from S. 17. • Continuation of the broader Improvement Planning process at a manageable rate.
Any issues for escalation to Joint Commissioning Board:	None this quarter

Name of Scheme:	BRS (Building Resilience Service)
Lead Commissioner:	Phil Lovegrove

Progress this Quarter	
Highlights/Achievements:	• The BRS commissioning review has been completed and the recommendations were accepted by the Multiagency Children's Board. Since this time the management team have been auditing caseloads and planning for transitioning to a new service specification, ready for go live in December. • Preparation for the new service specification has enabled the BRS to begin to consider appropriate referrals at this stage, ensuring that the most complex cases are accepted and prioritised. As a result the service has in the past month been able to step in and respond swiftly – without a waiting period, ensuring that an intensive package of care for the child is coordinated, assessment and intervention provided with a view to maintaining the child in the home and not in an inappropriate UHS bed or residential placement. • 100% of closures (based on those with scores recorded) had an improvement within their Children's Global Assessment Scale (CGAS) – the average improvement was 13.3 points (max score is 100)
Pressures/Blocks: (including cost pressures) **How are these being addressed?**	Internally there is a staffing pressure with health staff and BRS are under capacity with Clinical Psychology (Band 7) due to maternity leave. BRS are planning to recruit to 1.6 RMN band 6 posts and staffing for clinical Psychology is being reviewed to maximise capacity.
Risks:	Potential Impact on CAMHS and Social Care from the redesign of BRS – hence the need to undertake a caseload audit.

Looking Ahead	
Priorities for next Quarter:	Caseload audits to assess the number of cases who should be managed within CAMHS and/or Social Care according to BRS criteria. Development of BRS model and new service specification
Any issues for escalation to Joint Commissioning Board:	None this quarter

Carers	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG	1,240	1,208	(32)	
Southampton City Council	353	353	0	
Total	**1,593**	**1,561**	**(32)**	

Clusters	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	£48k adverse due to additional cost of Locums who are covering vacant posts, which are yet to be filled. CCG variance on HoTs and Orthotics.
NHS Southampton City CCG	48,496	48,585	89	
Southampton City Council	1,175	1,223	48	
Total	**49,671**	**49,808**	**137**	

Rehab & Reablement	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	£101k Saving on Brownhill House reprovision and the balance is due to staffing savings
NHS Southampton City CCG	11,309	11,309	0	
Southampton City Council	5,240	5,036	(204)	
Total	**16,549**	**16,345**	**(204)**	

Capital	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG			0	
Southampton City Council	2,053	2,053	0	
Total	**2,053**	**2,053**	**0**	

JES	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG	755	790	35	
Southampton City Council	737	757	20	
Total	**1,492**	**1,547**	**55**	

Telecare	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG			0	
Southampton City Council	46	46	0	
Total	**46**	**46**	**0**	

Direct Payments	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG			0	
Southampton City Council	326	326	0	
Total	**326**	**326**	**0**	

Long Term Care	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG			0	
Southampton City Council	1,158	1,158	0	
Total	**1,158**	**1,158**	**0**	

LD Packages	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	£98k Saving on LD packages, client numbers are down but package costs are up. The forecast has an assumption that a large proportion of the saving target will be achieved, which relates to the latter end of the year. £300k adverse position for the CCG due to the cost of increased complexity of care.
NHS Southampton City CCG	10,474	10,774	300	
Southampton City Council	16,228	16,130	(98)	
Total	**26,702**	**26,904**	**203**	

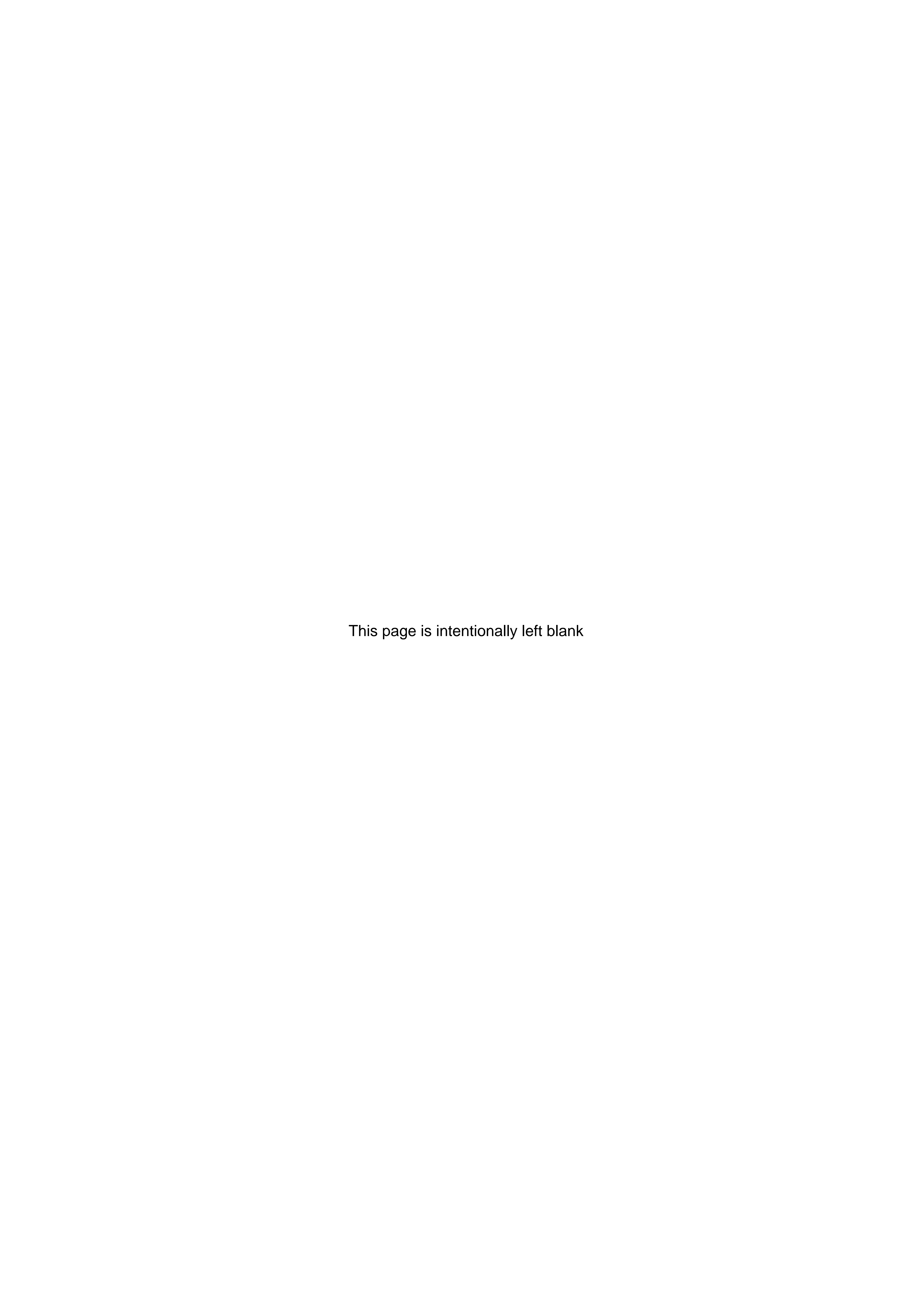
Prevention & Early Intervention	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	£101k Saving of Housing Related Support budgets relating to the Family Mosaic contract.
NHS Southampton City CCG			0	
Southampton City Council	7,986	7,885	(101)	
Total	**7,986**	**7,885**	**(101)**	

SEND/Jigsaw	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG	521	521	0	
Southampton City Council	681	681	0	
Total	**1,202**	**1,202**	**0**	

BRS	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG	660	660	0	
Southampton City Council	518	520	2	
Total	**1,178**	**1,180**	**2**	

Additional Social Worker Capacity	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG			0	
Southampton City Council	564	564	0	
Total	**564**	**564**	**0**	

Total	Outturn			Commentary:
	Budget £'000	Actual £'000	Variance £'000	
NHS Southampton City CCG	73,455	73,847	392	
Southampton City Council	37,065	36,733	(332)	
Total	**110,520**	**110,580**	**60**	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1. Integrated Commissioning Unit (ICU) Summary Performance Report — October 2018/19

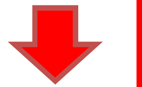
Achieving Transformation Change

86.7% Target ≥ 93% — % Care leavers in suitable accommodation

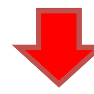
113 Target ≤ 114 — Number of Permanent admissions to residential & nursing homes (65+)

5.7% Target ≤ 4.4% — Number of Delayed Transfers of Care (DTOC) days

11,735 Target ≤ 11,305 — Number of Non-Elective Admissions


481 Target ≤ 415 — Number of Injuries due to falls in people (aged 65+)

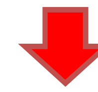
Quality


80% Target ≥ 80% — % Continuing Healthcare Assessments completed ≤28 days

83% Target ≥ 85% — % Continuing Healthcare Assessments taking place in community

84.1% Target ≥ 90% — % of placements that are sourced through the Care Placement Team

8.4% Target ≥ 8.3% — % people with common mental health conditions accessing IAPT (YTD - local reporting)


51.7% Target ≥ 50% — % of people who complete IAPT moving to recovery (local reporting)

KEY

Compared to Previous Year

Better than previous year

Worse than previous year

Same as previous year

Compared to Target

Within 10% of Target	Target Achieved	<10% below target

Agenda Item 5

2. ICU Workstream Progress

a. Achieving Transformation Change

Supporting timely discharge and out of hospital model (Better Care): embedding Pathways 1 and 2, so that the Integrated Discharge Bureau (IDB) can focus solely on Pathway 3. Implementation plan for this being developed jointly with Hampshire . Home IV commenced early July but there continues to be a very low pick up on this scheme. Clusters implementing priorities they have identified, OD plan for cluster leadership in development. Integration of 0-19 now established and developing; exploring the feasibility of integrating health and social care teams at scale operating in localities (SCC, Solent and Southern Health). URS to increase capacity to manage packages of care for patients with "low level health needs" as well as expanding the supply of reablement care packages. Project board formed (led by UHS in conjunction with the new charity and commissioners) to take the hospice to independence over the next 3 years. Discussions with NHS Solent to progress the Hospice at Home service are underway.
High Intensity users – pilots underway with Two Saints and with Community Navigators . SCAS Demand Management Practitioner role evidencing after initial year a reduction in use of urgent care services for those being supported (high intensity users).
Mental health and wellbeing: Coproduction of peer support model underway . Additional IAPT investment to focus on people with Long term conditions, commencing with diabetes. CAMHS local Transformation Plan about to be finalised. BRS Review has been completed and recommendations accepted to re-focus BRS to most vulnerable young people (not Looked After Children only).
LD integration (SCC, CCG and Southern) developing. Supported living schemes have continued to progress. The LD Market Position Statement published. The life skills team are now fully staffed (7 staff) and have taken on 143 referrals with 89 people being supported during September. Transforming Care workforce strategy and action plan is in development with Southampton hosting a post to take this forward over the next year.

b. Procurement & Performance

Autism support service contract awarded to Autism Hampshire and the Counselling tender awarded to No Limits. Regional Children’s residential procurement is complete and Framework coordination has commenced.
Home Care Tender now complete and framework providers notified. Mobilisation plan in place and being implemented Living Well Service mobilisation commenced - increase in the number and range of activities offered out of the current day care settings.
Delayed Transfers of Care (DToC) remains off target, although better compared to the previous year. Issues with sourcing complex packages of care. Actual numbers of discharges remains above target
Number of Falls Related Admissions in those over 65 above target. Public Health fellow has commenced to research reasons
CAMHS Access: Demand is currently high and complexity increasing for the service. Vacancies are being recruited to within the service, the early intervention team is now at staffing establishment and will relieve pressure on the core CAMHS team

c. Quality

Overall position for quality is positive. Main areas of risk to the work plan are antimicrobial prescribing, antidepressant prescribing and establishing monitoring systems for quality of Children's social care commissioned services.
Good work continues across a range of other aspects of team activity including moving continuing healthcare assessments out of the acute hospital setting with 80-85% of assessments now being completed in the community. All health providers have in place systems for monitoring , investigating and learning from deaths. Recently published report into deaths at Gosport War Memorial Hospital will need to be considered and any actions that may impact on Southampton reviewed
Care UK Southampton NHS Treatment Centre and South Central Ambulance Service have recently undergone CQC inspections, the results are awaited. Solent NHS Trust is being inspected during October and November and UHSFT is currently submitting their provider information return indicating that an inspection will take place in the next few months. Southern Health CQC
Workforce - ongoing concerns in relation to the recruitment and retention of staff across most providers.
85% of nursing & residential homes in the city are rated good or outstanding

3. Key Performance Indicators

a. Achieving Transformation Change

	RAG Summary	
	Target	Last Yr
Green	2	4
Amber	2	2
Red	4	1
n/a	1	2

Period	Indicator	Actual	Target	Variance Compared to Target	Variance Compared to Last Yr
M5	Delayed Transfers of Care (DTOC) rate	5.7	4.4	1.3	-0.4
M5	Number of Non-Elective Admissions	11,735	11,305	430	-407
M5	Number of Falls Related Admissions aged 65+	481	415	66	25
M6	Care leavers - % in contact and suitable accommodation	86.7	93	-6.3	3.6
M5	LARC - % of women who take up LARC within Sexual Health service	46.7	35.0	11.7	3.7
M5	CAMHS - % of routine referrals receive contact within 16 week	46	95	-49.0	-
M5	CAMHS - % of urgent referrals receive contact within 1 weeks	85	95	-10.0	-
M5	Alcohol - % of all clients completing and not re-presenting	24.3	0.0	-	-2.9
M5	Permanent admissions to residential homes aged 65+	113	114	-1	5

Summary

DTOC Rate - M5 YTD is 1.3 percentage points (30%) off target but is 0.4 percentage points (7%) better compared to the previous year
We continue to implement a range of options designed to reduce the level of DToC which, as highlighted, has substantially reduced. The key issues that remain are:
• That there is an increasing level of complexity and an aging population therefore patients that are delayed are likely to be the most complex group
• There are particular difficulties in sourcing very complex packages of care e.g. 4 x daily double ups and time specific care which is becoming increasingly challenging. The sourcing of less complex care packages remains on the whole relatively positive.
• The actual numbers of discharges a week remain high and on a number of weeks have been above target which would indicate that the overall demand has increased.

Falls Rate - M5 YTD is 16% off the target and is 5% above the previous year. Work is ongoing to improve this including work with UHS & Solent to further integrate Fracture Liaison Service with Community Independence Team. Public Health Improvement fellow to commence work in September to increase efficiency in pathway, model for future of falls exercise is being developed. Clinical Coding Audit scope defined and agreed to identify reasons for variation in clinical codes compared to other local hospitals. Raizer Chairs have been deployed to care homes- evaluation data being collected and exploring with the public health team how we promote Living Well in Later Life messages/campaign

CAMHS 16wk access - Performance has improved for 3 consecutive months from 33% in May to 63% in August but the YTD position is <50%. Demand remains high and complexity increasing for the service. Vacancies are being recruited to within the service and the service is in the process of recruiting additional temporary staff to help clear the backlog. The SPA will also be further developed at the end of 18/19 with additional investment. These actions will contribute towards improving access..

b. Quality

	RAG Summary	
	Target	Last Yr
Green	5	4
Amber	1	3
Red	3	2
n/a		

Period	Indicator	Actual	Target	Variance Compared to Target	Variance Compared to Last Yr
M6	Care Placement - ≥90% placements are sourced via Team	80.8	90	-9.2	-2.2
M6	Avg days from referral received to placement start date (Home Care)	18.3	10	8.3	-0.8
M6	Avg days from referral received to placement start date (Res/Nursing)	6.9	10	-3.1	1.5
M5	≥80% of CHC assessments completed within 28 days	80	80	0	-5
M5	≥85% of CHC assessments taking place in an out of a hospital setting	83	85	-2	55
M5	Zero cases of Healthcare Associated Infections: MRSA	2	0	2	2
M5	<45 cases of Healthcare Associated Infections: Cdiff	16	22	-6	-6
Q2	IAPT - % of people with common mental health conditions accessing IAPT	8.38	8.25	0.1	0.32
Q2	IAPT - % of people who complete IAPT moving to recovery	51.7	50	1.7	-0.3

Summary

Care Placement - ≥90% placements are sourced via Team: The percentage of placements sourced through the service continues to rise however some practitioners continue to source support themselves. Where this applied to a whole team we are working with them to build confidence in the service and increase the percentage of support they source through us. Through intervention requests we also monitor individual practitioners who regularly source support independently. This list is shared with adult social care management when appropriate.

Care Placement - Avg waiting time (days) Home Care -There is a small number of packages that have taken significantly longer to source each month which has made the overall sourcing time longer. The reasons for increased difficulty in sourcing include people with low level health needs as part of their overall care requirement and time specific calls. Market capacity during August was especially low which is why the wait time increased so dramatically.

4. High Level Risks/Issues to achieving project/programme delivery

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Delayed transfers of care	Increasing complexity of clients will increase DTOC resulting in failure of plans, BCF targets and QIPP savings and this could compromise quality of care and outcomes for clients	V High	DC	Numbers of DTOC have particularly risen in Q1 - Q2 of 18/19 compared to Q3 and Q4 of 17/18, although Q1-2 is significantly improved from same period last year (20% reduction). Main challenges this year to date: o increasing levels of complexity amongst patients being discharged. There has been a strong push within the hospital to discharge patients earlier with higher levels of need which are more difficult to meet. o workforce capacity in the domiciliary care market particularly to support higher levels of need e.g. requiring calls at specific times or double up calls 3 or 4 times a day. To address this pressure, additional investment was made in the Home Care retainer over the Summer holidays and further investment is being made this winter. o nursing home capacity to take more complex clients (the Integrated Commissioning Unit is working with a number of providers to increase capacity for dementia clients, including investment of capital, although this is reliant on building work and so benefits will not be seen until next year) o increased requirement for housing adaptations and equipment to enable people to return home, which is resulting in increased spend on the Joint Equipment Service budget (£170k cost pressure forecast for this year). o increased delays related to public funding decisions as increasing complexity is driving more bespoke requests which do not necessarily meet continuing health care criteria. Whilst these requests have been addressed on a case by case basis, there may be some merit in considering a pooled budget, perhaps linked to the pooled budget proposed for Discharge to Assess Pathway 3 placements. o people with low level health needs which are not specialist but require care staff to administer basic clinical tasks e.g. PEG feeds, collar care, eye drops. Finding home care providers able to take on such clients has proven a challenge. In response, the ICU is working with a small number of providers on the framework to enable them to access training to undertake this work. The ICU is also working with Solent to commission URS to provide low level health care on an interim basis. Presentation going to System Chiefs on 26 October will recommend the following commitments at an organisational level: Commissioners (CCG and SCC): • Commission a pathway for people with low level health needs to leave hospital in a timely way and be supported at home. • Continuously review demand and capacity to target additional resource in the right place and work with Care Homes and Home Care providers towards making 7 day discharge a reality. UHS and Southern Health: • Improve the quality of discharge processes with a particular focus on timely provision of transport, medications, equipment, patient records and 7 day working. • Ensure that all staff receive regular updates on the Complex Discharge Policy and that this is evidenced through practice, with a particular focus on having early conversations with patients about their discharge arrangements. Solent: • Continue to develop the Urgent Response Service to respond to need by supporting people with increased levels of acuity in the community. • Strengthen the palliative care support worker offer to enable more people to die at home as opposed to in hospital or a care home. Southampton City Council: • To ensure robust provision to prevent delay for pathway 3 and ensure statutory responsibility under safeguarding and mental capacity are adhered to. • Continue to support 7 day working across the system to help maintain timely patient flow. • To support community hospitals and Urgent response to prevent delays and maintain flow.
Make Care Safer	Sustainability of high quality Mental Health services in the City via Southern Health Foundation Trust (SHFT) and Solent NHS Trust	High	CA	East Community Mental Health Team (CMHT) have now moved into Bitterne Park. SHFT has started recruitment to reduce caseload sizes on the east of the city. Exec meetings re Serious Incidents at Antelope House continue with CCG representatives in attendance to support driving through changes and seeking assurance CQC have completed latest inspection of SHFT - there were some areas of improvement NHS I Quality Oversight Committee has now caesed and SHFT have moved back to standrd monitoring rather than enhanced as has been in place since Mazars / CQC inspection (2016) Assurance of SHFT governance processes was agreed by the Quality & Oversight Committee and supported by CCG's. Review of CAMHS underway plus detailed health needs assessment to inform local transformation plan. CAMHS early intervention team now at staffing establishment.

KEY: SR - Stephanie Ramsey, DC - Donna Chapman, CB - Carole Binns, CA - Carol Alstrom, CP - Chris Pelletier

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Make Care Safer - Workforce	There are significant concerns across the City in relation to the recruitment and retention of qualified healthcare staff such as registered nurses, specialist practitioners including mental health staff and non-registered support staff. Recent issues have included the temporary closure of some adult MH beds at Antelope House, single handed services in Solent, general practitioners, general practice nursing and home care providers	V High	CA	All Health providers produce monthly safer staffing data monitored via CQRMs and Quality Managers. Nursing Homes and Home Care providers supported via leadership training and peer support network. Continue to follow up with providers to ensure reporting is wider than nurses. Better Care workforce event held in Southampton and workforce development sub group for Better Care now is established. Participation in wider STP workforce events The appointment of a Learning Disability Workforce lead for STP into the ICU to facilitate work across the whole system
Looked After Children	As Responsible Commissioner NHS Southampton City CCG commissions Solent NHS Trust to coordinate statutory health assessments for looked after children (LAC) placed out of area (OOA) . Due to the demand placed upon LAC services nationally, these children and young people are either not receiving a statutory health assessment or it is severely delayed. This can impact upon the health and wellbeing of the LAC particularly where there are additional vulnerabilities such as mental health issues.	High	KE	Dedicated Solent LAC Health Team staff working with Out Of Area health providers to progress health assessment timescales. Robust Solent LAC OOA process in place. Close oversight on OOA by the Designated Nurse. Monitoring via CRM / CQRM / Corporate Parenting. NHSE and Designated Nurse for LAC Regional group undertaking focused work to montitor and identify strategic options. CCG Childrens commissioning support to OOA children requiring CAMHS / therapeutic intervention
Wheel Chair Service	Waiting lists - financial, clinical and reputational risk. Risk of long waiting lists - leading to individuals at risk of harm in delay in service and reputation	Moderate	DC	This remains an area of focus. Following evidence of improvement in Q1 (18 week RTT for children) and assurance from Millbrook that this would be sustained, Q2 performance has been very disappointing with only 22% children seen meeting the 18 week standard. This has been raised as an issue with WHCCG who are the coordinating commissioner for the contract and telecom arranged for 29 Oct to agree next steps. Actions that Millbrook are taking to improve performance include: - Increased operating hours of the customer service team (8-8) to improve appointment booking - Piloting additional evening and Saturday morning clinics commencing this month - Utilising equipment reps and additional clinic resource to improve & increase handover in clinic numbers - Collaboratively reviewed the service's eligibility criteria the aim to implement in November 2018. - Undertaken a review of school clinic provision which has included engagement with children, parents, schools and school therapists. Recommendations arising from this review are due to be implemented November 2018. - Developed offer to referring community therapists for wheelchair assessment & prescriber training to increase the number of direct issue chairs and reduce unnecessary assessments for our service users. - Developing a full long term demand / waiting list reduction plan Work continues to put in place 2 year contract with Millbrook whilst service is retendered for new contract from April 2021. Performance management is being strengthened in this new contract by: (1) Reviewing our current KPIs to (a) allow the full review of the patient pathway to improve understanding and identify improvement areas in a more responsive manner, and (b) set clear and achievable targets to enable commissioners to accurately hold the provider to account for any performance issues. (2) Amending the current activity plan to focus upon the expected output based on clear & transparent monthly budget arrangements (3) Setting clear liability arrangements for any backlog at the end of the contract, and expectations surrounding the handover of equipment to any new provider. These arrangements will also further incentivise the provider to reduce the waiting list over the course of the contract.

KEY: SR - Stephanie Ramsey, DC - Donna Chapman, CB - Carole Binns, CA - Carol Alstrom, CP - Chris Pelletier

<table>
<tr><td colspan="2">DECISION-MAKER:</td><td colspan="3">The Leader of the Council and Cabinet Member for Clean Growth & Development, following consultation with the Joint Commissioning Board</td></tr>
<tr><td colspan="2">SUBJECT:</td><td colspan="3">Community Solutions – Community Development and Community Navigation Single Integrated Proposal</td></tr>
<tr><td colspan="2">DATE OF DECISION:</td><td colspan="3">8th November, 2018</td></tr>
<tr><td colspan="2">REPORT OF:</td><td colspan="3">Stephanie Ramsey, Director of Quality and Integration</td></tr>
<tr><td colspan="5"><u>CONTACT DETAILS</u></td></tr>
<tr><td>AUTHOR:</td><td>Name:</td><td>Moraig Forrest-Charde</td><td>Tel:</td><td>023 80296937</td></tr>
<tr><td></td><td>E-mail:</td><td colspan="3">Moraig.Forrest-Charde@nhs.net</td></tr>
<tr><td>Director</td><td>Name:</td><td>Stephanie Ramsey</td><td>Tel:</td><td>023 80296941</td></tr>
<tr><td></td><td>E-mail:</td><td colspan="3">Stephanie.Ramsey@southampton.gov.uk</td></tr>
</table>

STATEMENT OF CONFIDENTIALITY
There is a confidential appendix attached to this report, the confidentiality of which is based on Category 7A of paragraph 10.4 of the Council's Access to Information Procedure Rules. It is not in the public interest to disclose this because it would be commercially sensitive and challenge the Authority's ability to achieve best value should a procurement process be advised.

BRIEF SUMMARY
This report provides a summary of work undertaken to date to identify the best way to increase community activity in the city. It summarises feedback received from these activities.
The report makes recommendations on the preferred approach which results in *'an increase in community based activity, that supports people to live well and independently in the community, promotes self-help and a culture where people help others in their community*'. The preferred approach builds on current strengths and opportunities which were identified in the engagement exercise.
The report identifies the preferred approach of procuring an integrated service, to include community navigation services and the provision of infrastructure support to the voluntary and community sector

RECOMMENDATIONS:		
	(i)	**This report is presented as a general exception item in accordance with the Access to Information Procedure Rules of Part 4 of the Council's Constitution. Amendments to the Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 require 28 days' notice to be given prior to determining all Key Decisions. Whilst the report did have the required 28 days' notice, the requirement to indicate potential elements of confidentiality was not complied with as notification of the**

		decision was published on the 10th October, 2018.
	(ii)	**That the board note the feedback from the engagement exercise undertaken in October 2018, following Joint Commissioning board (JCB) briefing in September 2018.**
	(iii	**The Leader of the Council and Cabinet Member for Clean Growth & Development delegates authority to the Director of Quality & Integration, following consultation with the Leader and Cabinet Member for Clean Growth & Development to decide on the final model of commissioned services to support the provision of a Community Development and Navigation Service.**
	(iv)	**The Leader of the Council and Cabinet Member for Clean Growth & Development delegates authority to the Director of Quality & Integration following consultation with the Service Director Legal & Governance to carry out a procurement process for the provision of Community Development and Navigation services and to enter into contracts in accordance with the Contract Procedure Rules.**
REASONS FOR REPORT RECOMMENDATIONS		
1.	**There is growing evidence of the positive impact of community approaches on the wellbeing of individuals and, by contrast, the negative impact that social isolation and loneliness has on health and social care need.** **Southampton has a thriving voluntary sector and the engagement exercise we have undertaken demonstrates that there is a real opportunity to build on this to achieve an increase in volume and breadth.** **The development of the community and voluntary sector is one of the priorities within the Southampton Better Care plan and a key building block to achieving the vision for individuals and families to be at the centre of their care and support; for provision of the right care and support, in the right place, at the right time; intervene earlier and build resilience in order to secure better outcomes by providing more coordinated, proactive services; focus on prevention and early intervention.** **It should also help ensure optimum use of the health and care resources available in the community. The council and Clinical Commissioning Group (CCG) face funding challenges and need to consider new ways of working which build on the assets of individuals and the community.**	
2.	**There is an opportunity to bring together the commissioning of a service to provide the Infrastructure, to support community and voluntary activities, along with a Community Navigation service. Combining these into one contract brings additional benefits.**	

	The proposal supports the strategic priorities of the council and CCG in • promoting strengths based work • being an early intervention city • promoting independence and promoting resilient communities **The proposals provide the basis for a significant increase in activity in community and voluntary sector in the short and medium term but with the aim of long term sustainability. They also address the need to co-ordinate activity across the city for maximum impact.** **A range of options to implement and/or procure the integrated model have been considered by Southampton City Council (SCC) and Southampton City CCG (SCCCG) in some detail. The benefits and challenges of each of these options have been explored, with a preference to procure a single contract This would meet the requirements for an open tender in order to comply with procurement regulations.**
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
3.	**A range of alternative options have been considered, including:** a. Continue to work with voluntary and community groups within current arrangements to increase the current activity and improve outcomes and procuring Community Navigation as a stand-alone service. This is not recommended as it is not viewed as being the best way to achieve significant change in the required timescale and it is resource heavy in terms of council staff. There is no dedicated resource within the council to undertake this work. b. Procure a service which is separate to the arrangements for Community Navigation. This is not recommended as the benefits outlined in the report would not be realised and the opportunity to reduce the risk of overlap would not be realised.
DETAIL (Including consultation carried out)	
4.	**Background and current state** **There is growing recognition of the role that communities can and do play in supporting people to live healthy and successful lives. For example, befriending services have been estimated to pay back around £3.75 in reduced mental health service spending and improvements in health for every £1 spent Building on this, national initiatives such as Think Local Act Personal (TLAP) have promoted the benefits of a shift towards an assets based approaches to involving communities in identifying priorities, designing solutions and delivering through partnerships.** **The impact of loneliness on our health and wellbeing is also increasingly recognised and there is strong evidence that loneliness**

	can increase the pressure on a wide range of council and health services[1234]. Indeed, it can be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries. Concern about these factors is why the council undertook a Loneliness Enquiry which concluded in spring 2017 with a range of recommendations[5] . **Alongside this, commissioners and service providers are operating in a challenging environment with increasing demand for health and social care services and reducing resources. We need to find cost effective ways of addressing this. As part of the Better Care programme the Council and the CCG have been working with community organisations including, resident associations, faith groups, voluntary organisations, community interest companies and local businesses to develop community based solutions to need, using an assets based approach.** **An asset based approach builds on the strengths of individuals and communities; it focuses on what people can do and how they can be supported to do more.**
5.	**The Integrated Commissioning Unit (ICU) has led a programme of consultation and engagement to identify the best options for increasing community activity in the city. The work has been undertaken in the context of the ambition for Southampton to become an "early intervention city". It aimed to allow residents and organisations across the city to provide their views and put forward proposals to enable a final decision.** **The consultation and engagement noted above, was undertaken between December 2016 and February 2017, and involved a range of individuals and organisations. It was followed by an engagement exercise more focused on Community Development Infrastructure, using a variety of methods, including:** o **Engagement and design meetings held with representatives from across the community and voluntary sector, March to May 2017** o **Summary of findings and proposals presented through a Survey Monkey to the community and voluntary sector and all those who have a stake in this proposal in July**

[1] Loneliness and nursing home admission among rural older adults. Russell et al, 1997

[2] The impact of professionally conducted cultural programs on the physical health, mental health and social functioning of older adults. Cohen et al, 2006

[3] Social Relationships & Mortality Risk: A Meta-analytic Review. Holt-Lunstad, 2010

[4] Neighbourhood approaches to loneliness: A briefing for local government. The Joseph Rowntree Foundation, 2014

[5] http://www.southampton.gov.uk/images/combating-loneliness-in-southampton-draft_tcm63-393674.pdf.

	and August 2017(summarised results can be found in Appendix 1) .Ongoing engagement with Local Solutions groups from across the city **The recommendations and proposals from that engagement exercise have informed the recommendations in this report which include:-** · **There is a wealth of community based activity happening in Southampton, a great deal of which is undertaken by locally based individuals and groups without any funding.** · **Individuals and groups are interested in doing more, building on what is already there, but there are some barriers to being able to do this.** · **We should support communities that already have a lot going on to do more whilst at the same time helping communities with limited activity to grow and develop community approaches** · **A more consistent way of hearing about what's going on and telling people what is available is needed** · **Networking opportunities and ways of making contact with others who may have similar interests is really important and can 'spark' new initiatives** · **There is a need to share expertise, knowledge, premises, resources, volunteers and need for a simple way of doing this** · **There is an opportunity to involve business in supporting community development** · **Use of new technology and social networking is seen as an opportunity but individuals and groups sometimes lack expertise** · **Volunteers and voluntary activity should be celebrated and involvement in voluntary activity could be promoted better** · **Small amounts of funding can achieve a great deal. The Council's and other small grants schemes are really useful** · **There are opportunities to bid for external funds and raise funds for community activity in other ways but a co-ordinated approach is needed to achieve maximum impact** · **Providing an infrastructure to support community activity costs money but is cost effective in terms of benefit, some paid expertise is necessary, particularly in supporting initiatives to 'get off the ground'**
6.	**Whilst the Council has been developing the plans for Community Development Infrastructure the CCG have been developing and testing a Community Navigation service. This service aims to connect people to community resources and, in particular, it supports vulnerable individuals to access them, recognising that some people will need extra help to do this.** **Given the synergies with these two pieces of work, the ICU has actively considered the advantages of combining the required**

	outcomes into one specification. The advantages include better value to be obtained from shared management and overhead costs, the creation of a larger and more attractive tender which may attract more interest from the market, the opportunity to use resources flexibly across the different activities to achieve required outcomes and better use of intelligence to support targeted community development. **A further engagement exercise to gain feedback on this approach was undertaken in September, with an invite going to all stakeholders who had engaged in Community Development and Community Navigation design to date. This took the form of an engagement meeting and survey, with in the region of forty organisations and representatives getting involved. The following benefits were identified, noting that all previous engagement work has been undertaken for each element separately.** • **Maintains existing strengths and knowledge in small and medium sized groups** • **Focus is clearly on strengths and assets, taking care not to become deficit based or be overly health focused** • **Proposal supports management of potential duplication in community services and aids identification and management of gaps in delivery** • **Good opportunity to measure impact** • **Bringing together/pooling resources is good** • **Greater integration is good - more money = more support** • **Opportunity to raise money and also get the community involved** • **Engaging with wider community services, particularly health provision, will be key to the success of this work** • **Remain open to new ideas – has developmental opportunities** • **Joined up the functions should support community navigation to inform how community development grows and develops and vice versa** **Whilst in general the feedback was positive there are some points which need to be considered should this proposal progress, as follows -** • **Any option needs to be practical and sustainable – for example, a reasonable length of time allowed to show impact and for this to be built into any tender process and contract/grant term** • **A supportive and inclusive approach is needed – allowing for partnerships and collaboration** • **Any option should not disadvantage small organisations, allowing scope for innovation and local approaches.**
7.	**Proposal – preferred option** **This report proposes integrating the two functions into one model**

	entitled 'Community Solutions' which will address the initial aim to develop: **'An approach for the city which results in an increase in the breadth and depth of community based activity available and being accessed, that supports people to live well and independently in the community, promotes self-help and a culture where people help others in their community'. Noting that the aim refers to services for all age groups.** **The main elements within the service proposed are:** ➢ **Provision of infrastructure support to new and developing community groups, organisations and services (imagine the service as the grout in a mosaic that brings together many small pieces into a bigger and brighter picture') which includes:** • **Providing a range of expertise to support the community and voluntary sector to start up, develop and thrive, including supporting partnerships and consortium development.** • **Increasing the capacity and opportunities for volunteering and good neighbour initiatives** • **Developing partnerships with local businesses to make best use of their expertise and resources to support the development of community solutions.** • **Supporting the development of sustainable economic business models for community and voluntary organisations** • **Developing innovative approaches to sourcing and attracting funding.** ➢ **Deliver a single coordinated offer of Community Navigation across the city which meets the full spectrum of needs across the adult population and is embedded within GP practices, other services and community hubs.** ➢ **Together work with communities to identify needs which, with support, can be addressed by community solutions or by targeted support to help people access those solutions.** **NB – the title of Community Solutions should not be confused with the early work of community and local solutions, which will become an integral element of this overall proposed model.**
8.	**Timescales** **Should authorisation to proceed be given a timetable to procure this service will be developed, which takes into account the need to support and encourage the involvement of voluntary and community groups and any contractual and Human Resources processes that need to be followed.** **However an indicative timescale will be to launch a tender in May 2019 with an ambition to award a contract in August/September 2019.**

9.	**Summary** **The proposals within the paper have been supported widely by the stakeholders who engaged with us in October 2018. These proposals have also been tested through a range of CCG and Council forums which were supportive. There is a shared understanding across the sector regarding the benefits which such a proposal will bring to the city, which are also reflected in national best practice examples.**[6][7][8]
RESOURCE IMPLICATIONS	
<u>Revenue</u>	
10.	**The final contract value will be within the funding envelope identified within Appendix 2. Much will depend on the final specification and the response from the providers who decide to bid. This is especially the case given that we wish to allow flexibility for innovation which does mean that there could be a variety of ways to achieve the desired outcomes.** **A high level costing exercise has been undertaken which considers the need to include the following elements in any contract value.** • **Management/leadership at senior level** • **The value of a business/fund raising resource to focus on bringing in additional investment to match local funding** • **The need to ensure activity across the whole city to achieve consistency and address current gaps** • **Community Navigation service which reaches those most in need** • **Administration, IT, communication and premises costs** **The proposal to integrate this procurement with the community navigation service will bring the benefit of economies in overheads such as management, premises, I.T. costs etc. The cost of the Community Navigation element of the service specification will be met entirely by the CCG.** **The indicative financial envelope for this procurement has been brought together from current budgets (Council and CCG) with additional investment provided by the CCG, in recognition that an increase in community activity, and the benefits associated with that, will impact on health outcomes. This represents an overall increase in investment to provide infrastructure support to enable the growth of community activities.**

[6] Change for Good – Report of the Independent Commission on the future of local infrastructure. January 2015

[7] Community Collaboration, A councillor's guide – Local Trust and LGiU. July 2017

[8] What works in Community Led Support? – National Development Team for Inclusion. December 2017

	An element of the funding has been identified from current underspend in the grant budget but it is also likely, subject to the final specification, that some current grant recipients will be impacted by the consolidation of activities into this funding envelope – the council will not continue to fund activities which are included in this specification through other funding routes. **Community organisations will continue to have the opportunity to apply for grant funds for other areas of work and will also be able to bid to provide the services specified in this procurement, or elements of these services in partnership with others.**
11.	**TUPE** **It should be noted that TUPE regulations may apply, should this arise it will be addressed through the usual procedures.**
Property/Other	
12.	**Not Applicable**
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
13.	**The proposals will meet social care functions under the Care Act 2014, in particular promoting people's wellbeing, by supporting the development of a diverse and resilient community and voluntary sector as well as safe and inclusive communities. This method of commissioning is authorised by virtue of s.1 Localism Act 2011.**
Other Legal Implications:	
14.	**Procurement will be carried out in accordance with the Council's Contract Procedure Rules and Financial procedure Rules and having regard to the Equality Act 2010 and the Human Rights Act 1998 in considering the impact of commissioned services on end service users.**
CONFLICT OF INTEREST IMPLICATIOINS	
15.	**Not Applicable**
RISK MANAGEMENT IMPLICATIONS	
16.	**There is a risk there will be a limited response to the tender. This will be mitigated by undertaking a 'market warming' exercise to commence as soon as the decision is made. We will also work with procurement colleagues to identify the most appropriate advertising routes and build on engagement work already undertaken to ensure this opportunity is made known to a wide audience.** **There are risks associated with small and medium organisations having the capacity to respond to a tender or be part of other sub-contracting or partnership arrangements. This will be actively considered in the design of the tender and flexibilities will be considered to mitigate this. Additional time will be built in the tender to enable organisations to broker partnership arrangements. The**

	tender process will be designed to be as simple and user friendly as possible. **There is a risk that some current grant recipients may not be able to continue to apply for grants covering services contained within the specification. Eligible organisations will be able to apply for grants to cover other activities in the usual way and will also be able to bid for services within this specification either singly or as part of a partnership. Any organisations which are directly impacted will be offered an individual meeting and will also be given advice on alternative funding routes. Any organisation facing a loss or reduction in income will be given a minimum of 3 months' notice.** **Finally any successful bidder who is currently dependent largely upon grant funding will see a change to the timescale for payment i.e. in arrears rather than in advance. This poses a risk for these organisations which will need to be considered by both the Council and CCG.**
POLICY FRAMEWORK IMPLICATIONS	
17.	**The proposals outlined within this briefing fall under Southampton's Better Care Programme which supports the delivery of outcomes in the Council Strategy (particularly the priority outcomes that "People in Southampton live safe, healthy and independent lives" and "Children get a good start in life") and CCG Operating Plan 2017-19, which in turn complement the delivery of the local Hampshire and Isle of Wight Sustainability and Transformation Plan , NHS 5 Year Forward View, Care Act 2014 and Local System Plan. In particular the proposals will promote the development and use of an increased offer of community based activities and resources which in turn support delivery of the Council's Strengths Based approach to adult social care, supporting people to take greater responsibility for their own health and wellbeing and maintain their independence.**
18.	**Southampton's Better Care Plan also supports the delivery of Southampton's Health and Wellbeing Strategy 2017 - 2025 which sets out the following 4 priorities:** • **People in Southampton live active, safe and independent lives and manage their own health and wellbeing** • **Inequalities in health outcomes and access to health and care services are reduced.** • **Southampton is a healthy place to live and work with strong, active communities** **People in Southampton have improved health experiences as a result of high quality, integrated services**

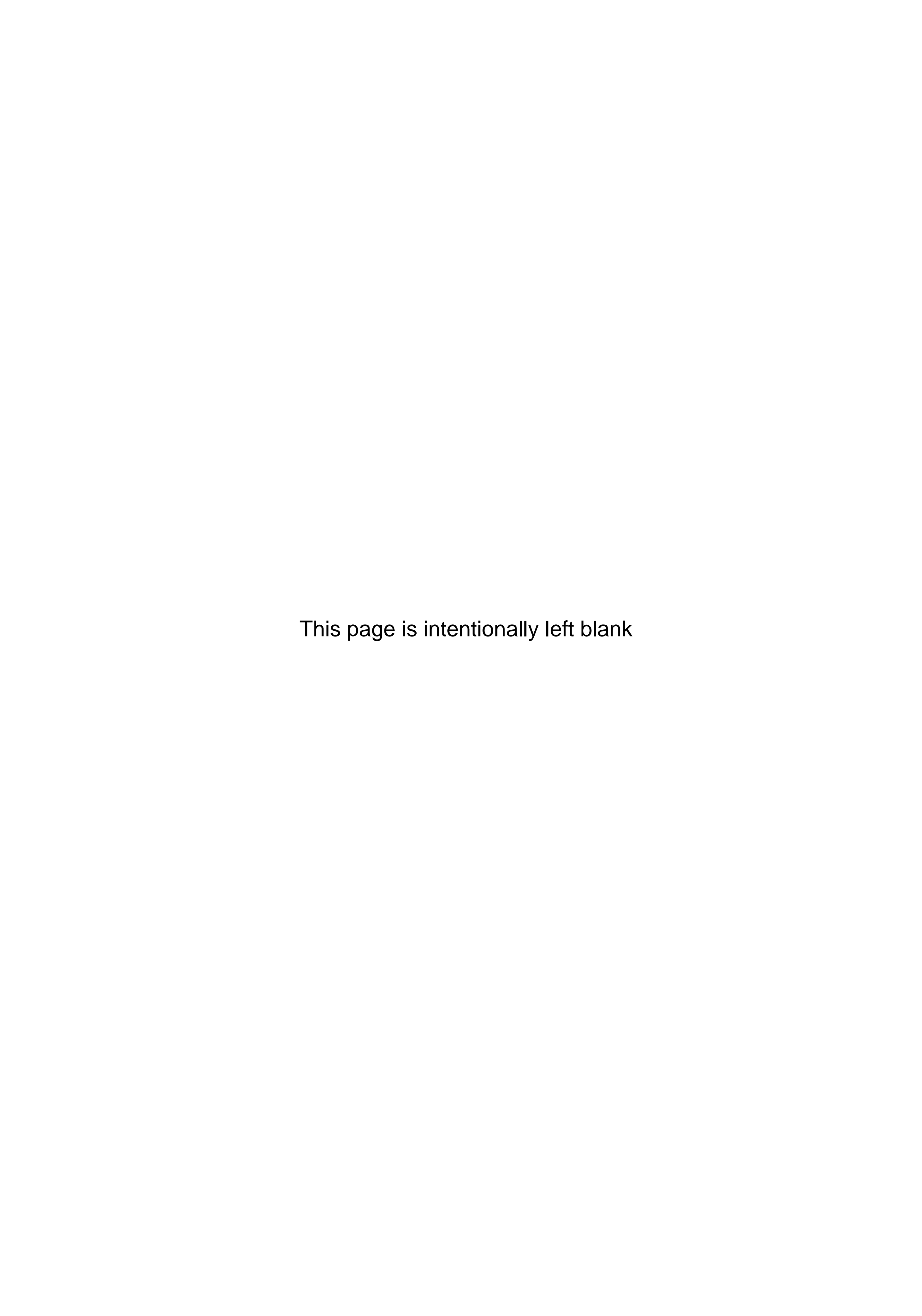
KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	**All**
SUPPORTING DOCUMENTATION	

Appendices	
1.	**Responses from Community Development Survey undertaken in July – august 2017.**
2.	**Confidential Appendix – Proposed Funding Arrangements**
3.	**Privacy Impact Assessment**
4.	**Equality Safety Impact Assessment**

Documents In Members' Rooms

1.	**None**
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**Yes**
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**Yes**
Other Background Documents **Other Background documents available for inspection at:**	

Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.	**None**	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Appendix 1 – Community Solutions

Community Development Survey
Results - August 2017

Overall

Overall there was agreement for the council's proposed approach to community development. For all questions where respondents were asked if they agreed with the approach the majority of respondents supported the approach, there was an average of 82% agreeing or strongly agreeing compared to an average of 4% disagreeing or strongly disagreeing. The lowest agreement level was 74% and the highest disagreement level was 9%.

Q1 Building on what we already have

There is a lot going on already and we have heard that we need to grow it rather than start again with new things. This would mean supporting individuals and groups who are already active to do more. It could be a faith group that wants to run more groups, a tenants association that wants to expand and offer more in their local area, an arts group that wants to use their approach to address different issues.

It would not be 'one size' fits all such as commissioning a good neighbour scheme in every area for example.

All respondents either strongly agree or agreed with this approach.

There were 18 comments from respondents. These fit into four broad areas:

- **Community and voluntary groups need support – most of the comments were about community and voluntary groups and volunteers needing support in order to continue their activities, including help with networking, support to scale up and time to develop.**
- **Support what's there already instead of starting new things – there is a lot of community activity already happening in the city, including groups that have been working with communities for many years and understand what is needed.**
- **Groups evolve in different ways – some respondents were concerned about too much bureaucracy stifling group's growth, groups need to be able to evolve in their own way.**
- **Change can be good – while agreeing with the 'build on what we already have approach' some respondents felt that this shouldn't mean we stagnate.**

Q2 Pace of Development

This would mean that services would develop at a different pace, building in many cases on what's already working, and some communities would have access to more than others at first.

To address this we also need to support people and groups who want to start new things, using the examples above it could be to start a tenants association or arts activity but it could be almost anything! We hope to promote innovative ideas that have particular relevance to that place.

Most respondents either agreed (56%) or strongly agreed (37%) with this approach. One respondent strongly disagreed, saying, "Far too much in this city is just talked/planned about and nothing happens!"

There were 12 comments about the pace of development, covering the following areas:

- **Duplication / reinventing the wheel – a third of responses to this question were concerned about avoiding duplication with existing work when starting new projects and groups.**
- **Funding and finance – a quarter of responses to this questions were concerned about the need for funding for both new and existing work and the potential increased competition for funding that new groups bring.**
- **Capacity building – One response re-iterated the need for capacity building in some areas before new groups can start up.**
- **Groups evolve in different ways – One response noted the importance of allowing for the diversity of pace and approach as groups will naturally evolve in different ways.**
- **Do what you say you will – Two responses commented on the perception that there is often a lot of talk but very little action.**

Q3 Overarching view

We think we need to pool resources to directly fund support and infrastructure for community development across the city. This would include providing support to the wide variety of individuals and groups who provide informal and formal activities in local communities and to help get new initiatives off the ground. This would mean one place to go to for advice and support (not necessarily one building), including practical support, linking up with like-minded organisations and developmental support.

The alternative would be to provide this support through a number of agencies or services.

Most respondents wither agreed (41%) or strongly agreed (30%) with this approach, though more were neutral (17%), disagreed or strongly disagreed (4% each) than in the previous two questions. There were also two respondents who answered 'don't know'.

The comments show a more mixed response to the approach, even amongst those who agreed with it. They covered the following areas:

- **One-stop shop – Several respondents interpreted 'one place to go for advice and support' as a one-stop shop. While a just over third of responses supported this approach, half of responses were unhappy with it. There were concerns that a single agency would not be able to cover the full range of needs of local groups and that a 'one place' approach means a 'one size fits**

all' approach we some felt contradicted the approaches stated in the previous two questions.

- **Multiple locations/services, including digital – just over a fifth of responses felt it would be good for the service to be provided in multiple locations (including digital access), especially through a neighbourhood based approach.**
- **Range of approaches – A third of responses (two thirds of which disagreed or strongly disagreed with the 'one place' approach) felt the service should be delivered through a range of different approaches which reflect the different needs of community and voluntary organisations in the city.**
- **Funding criteria – A fifth of responses were about funding, split fairly evenly between agree/strongly agree, disagree/strongly disagree and neutral/don't know. Respondents agree with the approach in general, but would like assurances that groups would still be able to access a range of funding. Some respondents who disagree with that approach felt that SCC funding should come direct from SCC, not via a third party as this will cost more money.**
- **SCC involvement / unclear about this approach – Following on from the funding criteria comments, 3 responses were unclear what SCC's role in this is, and were concerned that this would mean SCC would not be providing some services (including funding) directly.**
- **Current providers – A couple of responses noted that there are providers already delivering these services.**
- **Capacity building / groups working together – capacity building and the need for groups to work together was again raised as a key issue for local groups.**

Those that disagreed or strongly disagreed felt that having one place to go for advice was counter to the approach suggested in the previous two questions and a range of approaches should be implemented.

Q4 What do we mean by 'infrastructure support'

This needs to reflect the areas which people identified in the engagement, including: HR advice, recruitment, training and support of volunteers, connecting organisations and groups and setting up formal networks, structured ways of receiving and sharing information, communication channels that are inclusive, help with bid writing and applying for funds, support to start up new initiatives, governance arrangements (such as setting up management committees and providing safe services), promoting the sharing of resources, skills and knowledge, brokering specialist support, sharing and promoting best practice, supporting groups to demonstrate impact, collating evidence to show impact across the city and crisis support for organisations. To do this we may recruit the support of businesses within the city.

Overall there was support for this definition of 'infrastructure support', with most respondents agreeing (37%) or strongly agreeing (39%). Only one respondent disagreed and no-one strongly disagreed, however, a fifth of responses were either neutral or 'don't know' (17% and 4% respectively).

Comments on this question fall into the following categories:

- Business – the final line of the question, about recruiting the support of businesses, attracted the most comments on this question (45%). For respondents who agreed/strongly agreed with the approach there was strong support for getting both local small businesses and larger national businesses more involved with the VCSE sector. Those that were neutral/don't know were unsure how this would work and wanted more information. The only 'disagree' comment in this section was a concern this would mean public funding going to businesses rather than VCSE organisations.
- Accessibility – Ensuring ease of access to advice, funding and other services for VCSE attracted 23% of comments for this question.
- Collaborative approach – A fifth of responses suggested that a collaborative approach is needed, with VCSE organisations coming together to support each other. One response again felt that a single agency would not be able to cover all the areas needed.
- Other – other comments were to about expanding current services, noting the difference between community development and infrastructure support and a suggestion to trial this approach in a small way first.

Q4b Information system

We should use a range of approaches that support people to know about and to access local services. This may include a directory, face to face information sharing and other social networking opportunities or social media approaches. The aim of these approaches would be to support communities, and their residents, to understand what is available locally in order to help themselves and others. The system would be based upon good examples elsewhere in the country and we would need to fund the cost of keeping any system up to date.

If you would or do use an information system to find out what is going on, can you tell us what kind of things you would look for, what type of system you use and why you would use it?

This question produced the largest number of comments (51). This question asked for a narrative answer only.

Currently use

People predominantly use search engines, social media and email newsletters/mailing lists to both look for information and promote their own information.

Directories

The generally people thought directories are a good idea, though how this should be done had a mixed response.

Percentages are based on the number of people who commented on a specific issue out of the total number of people who commented on directories. Not everyone made a comment on every issue.

- Overall 81% of respondents who specifically commented on a directory thought it was a good idea to have one, versus just 10% who thought they either weren't needed or a waste of money.
- 58% of comments about directories felt that an online directory was best, with 13% of comments favouring paper-based or both paper and online versions.

- 36% commented on the need for the directory to be kept up-to-date. However, of those, less than a third of responses acknowledged the need for organisations/individuals to take responsibility and self-update their entries. The other responses referred only to the need for information to be up-to-date.
- 26% commented on the need for the directory to be easy to access and easy to use. One commented that SID does not currently meet this criteria.
- Two respondents commented that directories are resource intensive to maintain.
- One respondent felt there is a need for a specific health and wellbeing directory.
- One respondent thought the directory should cover the information currently provided through infrastructure support.
- One respondent thought directories are a waste of money.

Q4c Connectors and networks

We would include in the service the role of connecting organisations and groups and setting up formal networks to do this. These networks may be based upon specific neighbourhoods, specific areas of interest, or those who work with specific age groups.

Please can you share any particular preference you or your group/organisation may have in relation to networks in the city.

Connectors and networks produced the second largest number of comments to this survey (46). This question asked for a narrative answer only.

The comments covered the following areas:
- Topic based networks – the majority of responses (59%) felt there is a need for topic based networks. The suggested topics cover a wide range of issues and ages.
- Locally based networks – about a quarter of responses (26%) felt that local area networks are needed to bring communities together. Some respondents (11%) felt both topic based and locally based networks are needed.
- Alternative to traditional networks – some respondents (11%) felt that alternatives to traditional meeting based networks are needed to ensure everyone has access to them. It was also noted that informal networks can sometimes work better than formal networks.
- General comments and existing providers – some respondents (13%) commented that networks were a good idea, which networks they already use and that existing providers were supporting this need.

Q5 Volunteering

We think we need a city wide approach to recruiting, training and supporting volunteers, we also think we need to find ways of celebrating volunteering across all settings and to encourage people to volunteer more. We would therefore include some co-ordinating/supporting work within a new service though this would not remove the d[illegible] between volunteers and their local

groups. All of which will build upon the good practice which is already in place in the city.

The majority of respondents either agreed (39%) or strongly agreed (36%) with this approach, some were neutral or didn't know (14%) and a small number disagreed (3%) or strongly disagreed (1%). Some respondents did not give an answer (4%).

However, from the comments received it appears there is some confusion about what exactly this approach means. The comments fell into the below categories:

- Current providers – the largest number of comments on this question (38%) were about current providers, in particular querying why the council would duplicate the work they already do. There appears to be a lack of understanding that this work is in fact funded by the council and that this question is asking about how this support should be provided in the future.
- Unsure about a centralised system – The next biggest issue raised was uncertainty over centralising volunteer recruitment and training (21%). Many organisations already do this themselves and do not want to hand this over to another organisation. There were also concerns that a central system would poach volunteers from small organisations. There appears to be a misperception that the proposed approach is to have a single route for volunteering in the city that would prevent organisations from recruiting and training their own volunteers. The majority of neutral or disagree responses to this question fall under this category.
- Import to support and recognise volunteers – Several respondents (17%) felt it is important to support and recognise the work that volunteers do, particularly emphasising that it is important to remind people that volunteers are not paid.
- Recruitment and training – some respondents (14%) felt there needs to be support for better recruitment and training of volunteers.
- Informal volunteering – some respondents (7%) noted that not all volunteering is done through formal routes and that is important to support and recognise informal volunteering, where often people don't think of themselves as volunteers.
- Motivation – some respondents (7%) noted it is important to recognise that people have different motivations for volunteering.

Q6 Working with local business

We think the city wide approach would allow closer working with local businesses with the aim of accessing their expertise and in some cases other resources i.e. staff time for volunteering, room use and small funds.

There was strong agreement for working with local businesses, with the majority of respondents either agreeing (36%) or strongly agreeing (41%) with this approach. Some respondents were neutral (14%) and a low number either disagreed (4%) or strongly disagreed (1%). No answer was given by 3%.

The comments received fall into the following categories:

- Support for working with businesses – there was good support for working with businesses (31%), though one additional comment disagreed

with it being included here as they feel a current provider would do this better than the council.

- **Difficulty connecting with businesses – several responses (31%) noted the difficulty groups have connecting with businesses and would appreciate help with this. This is tempered by the need to be realistic about what businesses can offer or have the capacity to support and that often what is on offer does not match what groups need (19%).**
- **Types of support needed – some responses (25%) noted the kinds of support they feel businesses could help with, including funding, social media, websites, financial expertise and marketing.**
- **Concerns about motivations and inequality – It was recognised by some responses (25%) that businesses have different motivations for wanting to work with the VCSE sector. Concerns were raised about businesses wanting to make money from this, and also that support isn't currently spread equally across the city.**

Q7 Quality and safety is everyone's business

We will work with providers to develop an approach which values quality and promotes confidence for users and referrers.

There was strong support for this approach, with the majority of respondents either strongly agreeing (49%) or agreeing (37%). Some respondents were unsure (12%) but there were no disagree or strongly disagree responses.

The comments received fall into the following categories:

- **Accessibility – a key issue for many respondents (42%) was the accessibility of support and in particular the accessibility of language. Many felt the description in the question was jargon and that small community groups who need support with this would struggle to relate it to what they do.**
- **Support for groups – an equal number of responses (42%) noted the need for groups to be supported with this.**
- **General comments – a range of other issues were picked up in individual responses, including which standards would be used, how this would be monitored and an expectation that this should be happening anyway.**

Demographic information

Gender

Male – 21% (15)

Female – 76% (53)

Other – 0%

Prefer not to say – 3% (2)

Age

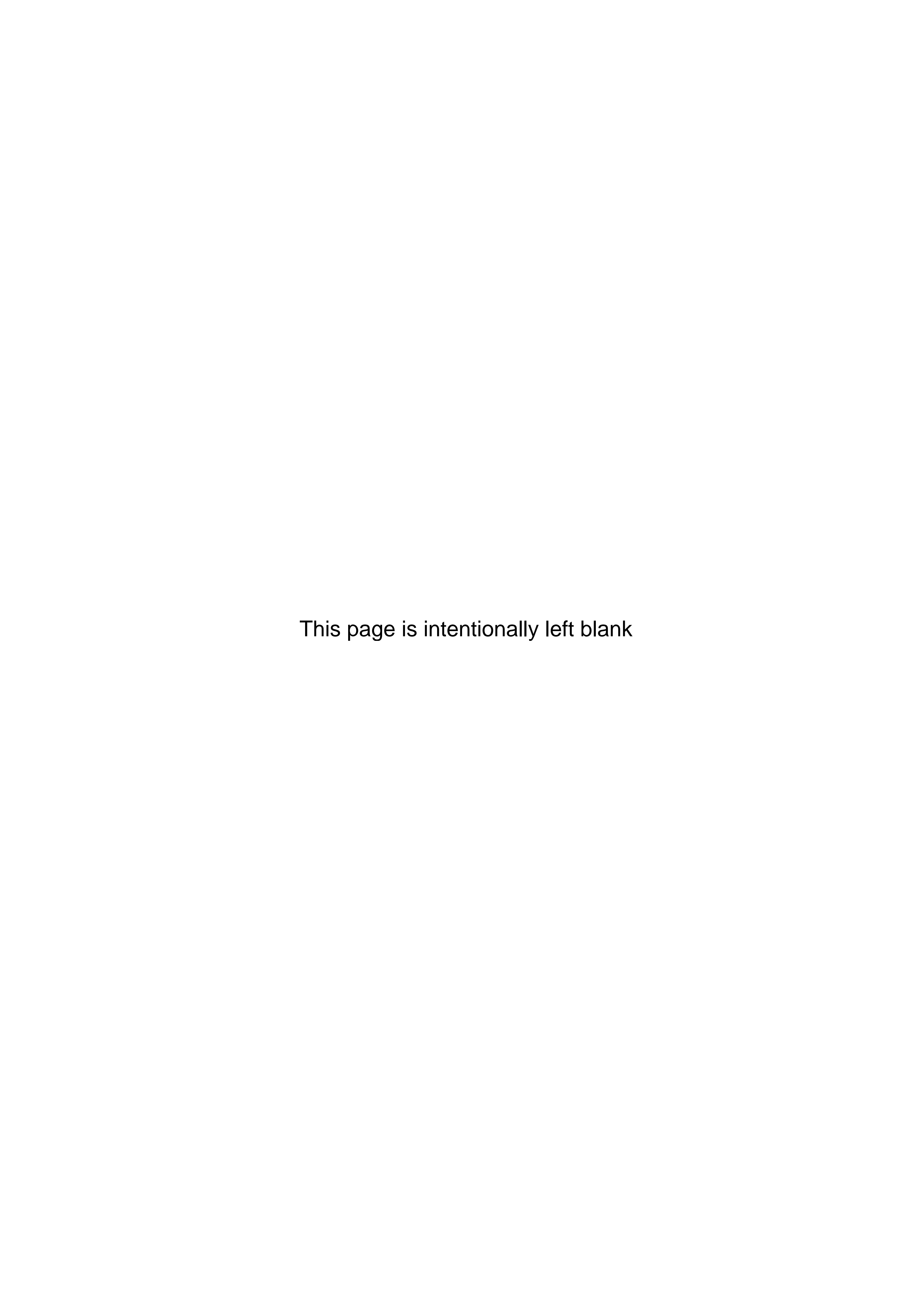
Under 18 – 0%

18-24 – 1% (1)
25-34 – 17% (12)
35-44 – 7% (5)
45-54 – 20% (14)
55-64 – 26% (18)
65-74 – 21% (15)
75-84 – 1% (1)
85 or over – 0%
Prefer not to say – 4% (3)
No answer given – 1% (1)

Postcode
SO14 – 4% (3)
SO15 – 14% (10)
SO16 – 17% (12)
SO17 – 9% (6)
SO18 – 6% (4)
SO19 – 16% (11)
Outside the city – 14% (10)
No answer given – 20% (14)

by virtue of paragraph number 7 of the Council's Access to information Procedure Rules

Document is Confidential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What is a Privacy Impact Assessment?

A Privacy Impact Assessment ("PIA") is a process that assists organisations in identifying and minimising the privacy risks of new projects or policies.

Projects of all sizes could impact on personal data.

The PIA will help to ensure that potential problems are identified at an early stage, when addressing them will often be simpler and less costly.

Conducting a PIA should benefit the Council by producing better policies and systems, and improving the relationship with individuals.

Why should I carry out a PIA?

Carrying out an effective PIA should benefit the people affected by a project and also the organisation carrying out the project.

Whilst not a legal requirement, it is often the most effective way to demonstrate to the Information Commissioner's Officer how personal data processing complies with the Data Protection Act 1998.

A project which has been subject to a PIA should be less privacy intrusive and therefore less likely to affect individuals in a negative way.

A PIA should improve transparency and make it easier for individuals to understand how and why their information is being used.

When should I carry out a PIA?

The core principles of PIA can be applied to any project that involves the use of personal data, or to any other activity that could have an impact on the privacy of individuals.

Answering the screening questions in **Section 1** of this document should help you identify the need for a PIA at an early stage of your project, which can then be built into your project management or other business process.

Who should carry out a PIA?

Responsibility for conducting a PIA should be placed at senior manager level. A PIA has strategic significance and direct responsibility for the PIA must, therefore, be assumed by a senior manager.

The senior manager should ensure effective management of the privacy impacts arising from the project, and avoid expensive re-work and retro-fitting of features by discovering issues early.

A senior manager can delegate responsibilities for conducting a PIA to three alternatives:

a) An appointment within the overall project team;
b) Someone who is outside the project; or
c) An external consultant.

Each of these alternatives has its own advantages and disadvantages, and careful consideration should be given on each project as to who would be best-placed for carrying out the PIA.

How do I carry out a PIA?

Working through each section of this document will guide you through the PIA process.

The requirement for a PIA will be identified by answering the questions in **Section 1**. If a requirement has been identified, you should complete all the remaining sections in order.

The Privacy Impact Assessment Statement in **Section 7** should be completed in all cases, and a copy of this document should be sent to the Senior Legal Assistant (Data Protection Officer) to record and review.

The Senior Legal Assistant (Data Protection Officer) will review the PIA within 14 days of receipt, and a draft PIA report will be issued within 28 days. The report will confirm whether the proposed measures to address the privacy risks identified are adequate, and make recommendations for additional measures needed.

These measures will be reviewed once in place to ensure that they are effective.

Advice can be found at the beginning of each section, but if further information or assistance is required, please contact the Senior Legal Assistant (Data Protection Officer) on 023 8083 2676 or at information@southampton.gov.uk.

Section 1 - Screening Statements

The following statements will help you decide whether a PIA is necessary for your project.

Please tick all that apply.

- The project will involve the collection of new information about individuals.
- The project will compel individuals to provide information about themselves.
- Information about individuals will be disclosed to organisations or people who have not previously had routine access to the information.
- You are using information about individuals for a purpose it is not currently used for, or in a way it is not currently used.
- The project involves you using new technology which might be perceived as being privacy intrusive. For example, the use of biometrics, facial recognition, or profiling.
- The project will result in you making decisions or taking action against individuals in ways which can have a significant impact on them.
- The information about individuals is of a kind particularly likely to raise privacy concerns or expectations. For example, health records, criminal records, or other information that people would consider to be particularly private.
- The project will require you to contact individuals in ways which they may find intrusive.
- The project involves making changes to the way personal information is obtained, recorded, transmitted, deleted, or held.

If any of these statements apply to your project, it is an indication that a PIA would be a useful exercise, and you should complete the rest of the assessment, including the Privacy Impact Assessment Statement in **Section 5**.

If none of these statements apply, it is not necessary to carry out a PIA for your project, but you will still need to complete the Privacy Impact Assessment Statement in **Section 5.**

Section 2 - Identifying the Need for a PIA

Briefly explain what the project aims to achieve, what the benefits will be to the Council, to individuals, and to other parties.

Section 3 - Describe the Information Flows

The collection, use, sharing, and deletion of personal data should be described here.

Section 4 - Identifying the Privacy Risks

Answering the questions below will help identify the key privacy risks, and the associated compliance and corporate risks.

The questions cover the 8 Principles of the Data Protection Act 1998, and whilst all may not be relevant to your project, they may prompt you to consider areas of risk which aren't initially apparent.

Principle 1

Personal data shall be processed fairly and lawfully.

What personal data will be collected and/or shared?

With whom will the personal data be shared?

How will individuals be told about the use of their personal data?

Conditions for processing

For all data (tick all that apply):

The individual who the personal data is about has consented to the processing.

The processing is necessary in relation to a contract which the individual has entered into, or because the individual has asked for something to be done so they can enter into a contract.

The processing is necessary because of a legal obligation that applies to you (except an obligation imposed by a contract).

The processing is necessary to protect the individual's "vital interests".

The processing is necessary for administering justice, or for exercising statutory, governmental, or other public functions.

The processing is necessary for the purposes of the Council's legitimate interests.

If your project involves the processing of sensitive data* (tick all that apply):

The data subject has given his explicit consent to the processing of the personal data.

The individual who the sensitive personal data is about has given explicit consent to the processing.

The processing is necessary so that you can comply with employment law.

The processing is necessary to protect the vital interests of the individual (in a case where the individual's consent cannot be given or reasonably obtained), or another person (in a case where the individual's consent has been unreasonably withheld).

The processing is carried out by a not-for-profit organisation and does not involve disclosing personal data to a third party, unless the individual consents. Extra limitations apply to this condition.

The individual has deliberately made the information public.

The processing is necessary in relation to legal proceedings (for obtaining legal advice, or otherwise for establishing, exercising or defending legal rights).

The processing is necessary for administering justice, or for exercising statutory or governmental functions.

The processing is necessary for medical purposes, and is undertaken by a health professional or by someone who is subject to an equivalent duty of confidentiality.

The processing is necessary for monitoring equality of opportunity, and is carried out with appropriate safeguards for the rights of individuals.

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* Under the Data Protection Act 1998, sensitive personal data is defined as personal data consisting of information as to:

(a) the racial or ethnic origin of the data subject,
(b) his political opinions,
(c) his religious beliefs or other beliefs of a similar nature,
(d) whether he is a member of a trade union,
(e) his physical or mental health or condition,
(f) his sexual life,
(g) the commission or alleged commission by him of any offence, or
(h) any proceedings for any offence committed or alleged to have been committed by him, the disposal of such proceedings or the sentence of any court in such proceedings.

If you are relying on consent to process personal data, how will this be collected and what will you do if it is withheld or withdrawn?

How will individuals be informed at the point of collection about how their personal data will be used?

Will any personal data be published on the Internet or in other media? If yes, please provide details.

Will a third party contractor be processing the personal data on our behalf, or involved at any stage in the data processing process?

Principle 2

Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

Do you envisage using the personal data for any other purpose in the future? If so, please provide details.

Principle 3

Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

Are you satisfied that the personal data processed is of good enough quality for the purposes proposed? If not, why not?

Is there any personal data that you could not use, without compromising the needs of the project? If yes, please provide details.

How will you ensure that only personal data that is adequate, relevant, and not excessive in relation to the purpose for which it is processed?

Principle 4

Personal data shall be accurate and, where necessary, kept up to date.

Are you able to update and amend personal data when necessary, after it has been collected and recorded? Please provide details.

How will you ensure that personal data obtained from individuals or other organisations is accurate?

Principle 5

Personal data processed for any purpose or purposes shall not be kept for longer than necessary for that purpose or those purposes.

What retention periods are suitable for the personal data you will be processing?

How will you ensure the personal data is deleted in line with your retention periods?

What processes will be put in place for the destruction of the personal data?

Principle 6

Personal data shall be processed in accordance with the rights of data subjects under this Act.

If an individual requested a copy of the personal data held about them, detail how this would be provided to them.

If the project involves marketing, have you got a procedure for individuals to opt out of their personal data being used for that purpose?

Principle 7

Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

Where, and in what format, will the personal data be kept?

Will an IT system or application be used to process the personal data? Please provide details.

How will this system provide protection against security risks to the personal data?

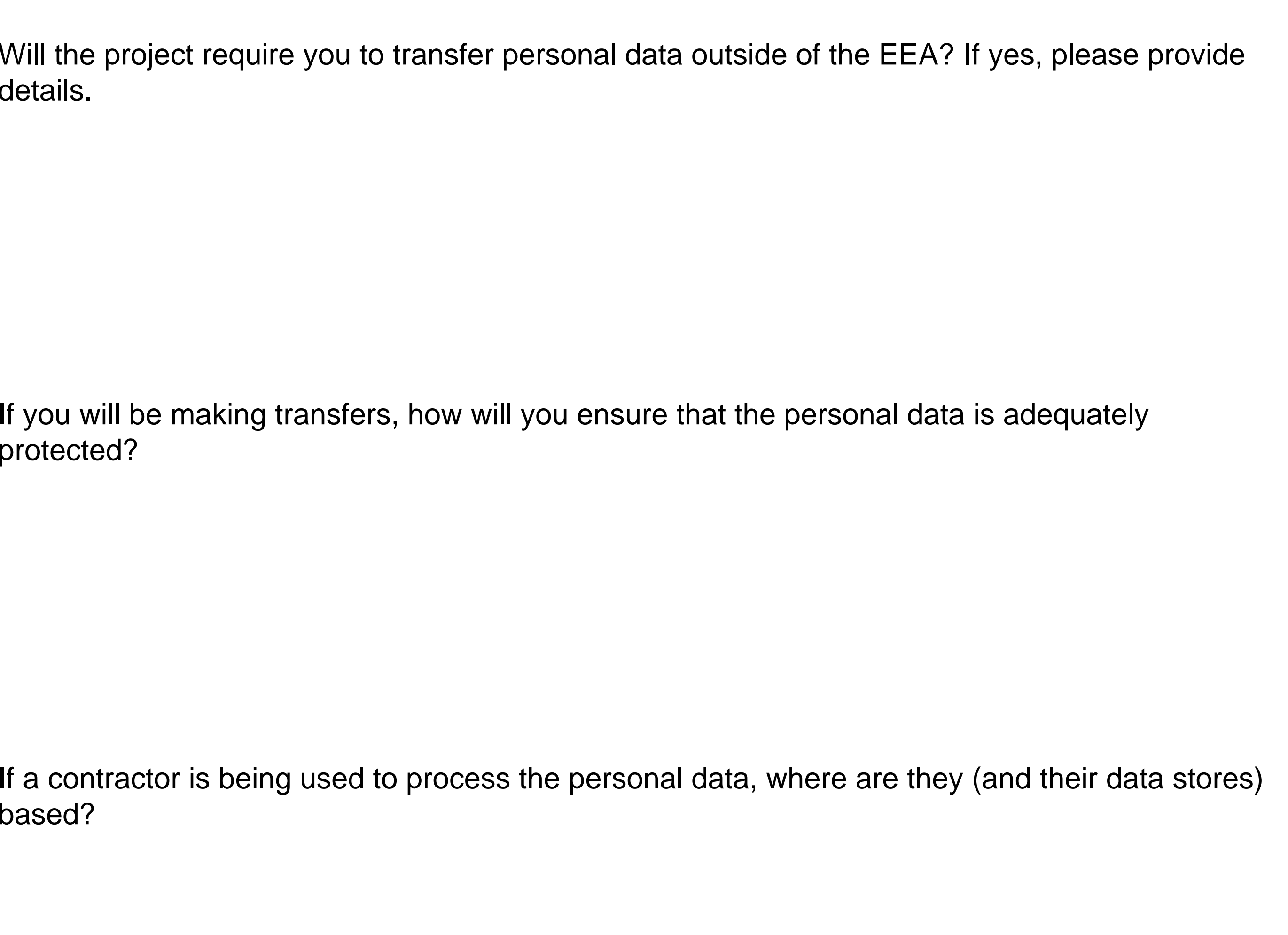
What training and instructions are necessary to ensure that staff know how to operate the system securely?

Will staff ever process the personal data away from the office (e.g. via paper files, on laptops, tablets, or smart phones)? If so, please provide details.

How will access to the personal data be controlled?

Principle 8

Personal data shall not be transferred to a country or territory outside the European Economic Area (EEA) unless that country of territory ensures and adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.



Will the project require you to transfer personal data outside of the EEA? If yes, please provide details.

If you will be making transfers, how will you ensure that the personal data is adequately protected?

If a contractor is being used to process the personal data, where are they (and their data stores) based?

Section 5 - Privacy Impact Assessment Statement

This statement must be completed for all projects, regardless of whether a PIA was deemed to be necessary on completion of the screening questions in Section 1.

Name:

Position:

Project Summary:

Estimated date of project completion:

Please choose <u>one</u> of the following options:

None of the screening statements in Section 1 of this document apply to the above project, and I have determined that it is not necessary to conduct a Privacy Impact Assessment.

Some of the screening statements in Section 1 of this document apply to the above project, and a need to carry out a Privacy Impact Assessment was identified. The assessment has been carried out, and the outcomes will be integrated into the project plan to be developed and implemented.

Date:

Once completed, please send a copy of this document to Corporate Legal.

Email: information@southampton.gov.uk

Internal post: Corporate Legal, Civic Centre, Municipal, Ground Floor West

Document Information

Title: Privacy Impact Assessment

Author: Chris Thornton, Senior Legal Assistant (Information)

Version: v2.1

Owner: Information Governance Board on behalf of the Council's Management Team

Agreed by: Richard Ivory, Head of Legal and Democratic Services

Effective from: 17th July 2015

Review Date: 17th July 2016

Revision History:

06/12/13 - Version 1.0 - Reviser: Vikas Gupta - Document Created

10/03/15 - Version 2.0 - Reviser: Chris Thornton - Updated to PDF form format

17/07/15 - Version 2.1 - Reviser: Chris Thornton - Added information re report in introduction

14/01/16 - Version 2.2 - Reviser: Chris Thornton - Added screening question

27/01/16 - Version 2.3 - Reviser: Chris Thornton - Added project completion date to S7

24/01/16 - Version 2.4 - Reviser: Chris Thornton - Added service level for issuing reports

29/04/16 - Version 2.5 - Reviser: Chris Thornton - Removed sections 5 and 6, and revised questions

Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

Name or Brief Description of Proposal	Community Development and Navigation Service for the City of Southampton. The proposed Community Development and Navigation tender will put in place a service which benefit the residents of Southampton through increased community based activities and support for individuals to access those activities. Groups and services within the community and voluntary sector will benefit from an additional range of support being provided which helps them to start up projects which are sustainable. Individuals will benefit through improved access to those activities which promote their own wellbeing and independence.
Brief Service Profile (including number of customers)	The aim of the new service is to develop an approach for the city which results in an increase in community based activity supports people to access that activity an promotes services which help people to live well and independently in the community. We are aiming to promote a culture of self-help and a culture where people help others The proposed service will provide support to communities and CVSE (Community and Voluntary Sector) organisations to develop a range of activities which address local need. This includes addressing loneliness and social isolation. The Community Navigation element of the service will support individuals to make plans which promote their wellbeing and help them access the appropriate support within their local communities and networks.. The design of this service has been influenced by a range of local people and organisations. Community activity is provided through a wide range of approaches and organisations in the city. Much of the work is not directly influenced or commissioned by Southampton City Council (SCC) or Southampton City Clinical Commissioning Group (SCCCG), but is

	generated by local communities, for local communities, with local organisations. There is an opportunity for this activity to increase and for us to build on the wealth of voluntary sector work in the city. In order to do these individuals, groups and organisations need help and support to get started and to grow activities that are already underway. Some of the areas that people need help with include: Funding – help to access funds including applying for small and large grant schemes to help with set up of new activities/support Volunteering – help to recruit and keep Expertise – guidance on forming a group, organisational issues etc. Networking – some support to network and share best practice and resources with other organisations across the city
Summary of Impact and Issues	If the recommendation is accepted the Council and SCCCG will enter into a contract with an organisation, or with a number organisation working in partnership, to deliver a service supporting community and voluntary groups to set up and sustain community activities. This will result in: • A single integrated approach to promoting an increase in community activity • A co-ordinated approach to raising additional funding for community and voluntary groups • An increase in community based activity across the city • An increase in the number of people accessing community activities • A decrease in loneliness and social isolation The impact on voluntary sector organisations will be: • A shift in funding approach from grant funding to delivery of services by contracts for some organisations • A potential loss or reduction in funding for some organisations, though this will be potentially off-set by the opportunity to bid singly or in partnership to deliver this service.
Potential Positive Impacts	A re-focusing of council and CCG funding could result in: • an increase in external funding being brought into the city,

	• greater collaboration between organisations, reducing duplication and leading to reduced costs and better services
	• greater access for individuals to community and voluntary sector resources
	• a greater focus on prevention and early intervention, dealing with issues before they become entrenched problems, reducing long-term costs
	• a culture where more people engage in voluntary activities
	
	Developmental impacts include:-
	
	1. Broadening of the range of CVSE organisations and groups within our communities – providing a greater range of opportunities for our children, adults and older people in the city.
	2. Promoting greater access to these resources for adults in our city.
	3. Improvement in the information offering to the city, promoting greater accessibility and reliability.
	4. Promoting the involvement of business in support community development across the city.
	5. Promote sharing of information and networking across the city between CVSE organisations and groups
	    o Promoting greater opportunities to apply for funding external to the city.
	    o Promoting the opportunity to share resources, expertise and funding across likeminded groups and organisations

Responsible Service Manager	Moraig Forrest-Charde
Date	11/10/18

Approved by Senior Manager	Carole Binns
Signature	
Date	30/10/18

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	No negative impacts are identified as the service will support work across the whole population including older people, children and families and young people. In addition there will be opportunities to target development on areas of greatest need which could include particular age groups. If the service is successful there is an opportunity to bring additional funds into the city which could result in an increase in activity for targeted groups. Loneliness and social isolation affects all ages but there is particular evidence in relation to older people so there is the potential for positive impact for this protected group.	The community navigation element is particularly targeting vulnerable groups who will be assisted to access appropriate services. This includes older people. We will ensure a range of organisations are supported to bid and to be part of the delivery of this service, ensuring those representing protected groups and ages are included. We will ensure bidding information and promotional events are available to all relevant organisations. Additional grant funding will remain available for use with related functions.
Disability	No negative impacts are identified as the service will support work across the whole population which includes people with disabilities. Loneliness and social isolation can affect everyone but people with disabilities can be at particular risk and so there is the potential for positive impact for this protected group. Many of the organisations who will be supported through this approach include those working with people who are living with a disability. There	The specification will include a requirement to work across the whole population and ensure activities are accessible to all, with reasonable adjustment where required Monitoring information will include information to demonstrate that take up of services and development of services reflect the diversity of the population

	is a potential positive impact if they are supported to do more If the service is successful there is an opportunity to bring additional funds into the city which could result in an increase in activity for targeted groups.	
Gender Reassignment	No negative impacts are identified as the service will support work across the whole population which includes people with a range of specialist needs and diversity issues. Some specialist organisations could be supported through this approach and there is a potential positive impact if they are supported to do more	
Marriage and Civil Partnership	No additional impact identified	
Pregnancy and Maternity	No additional impact identified	
Race	No negative impacts are identified as the service will support work across the whole population which includes people from a variety of racial backgrounds Some organisations could be supported through this approach and there is a potential positive impact if they are supported to do more . .	The specification will include a requirement to work across the whole population and ensure activities are accessible to all, with reasonable adjustment where required Monitoring information will include information to demonstrate that take up of services and development of services reflect the diversity of the population Support from the service to maintain their work/group through bidding, accessing

		support from business or collaborating with others.
Religion or Belief	No negative impacts are identified as the service will support work across the whole population which includes people from a variety of religions and beliefs. The faith communities in Southampton represent part of the rich mix of voluntary and community activity and there is a potential positive impact in greater inclusion of these groups in these plans. Some organisations and faith groups could be supported through this approach and there is a potential positive impact if they are supported to do more	The specification will ensuring that the service has a requirement within its scope to reach out to faith groups and religious organisations to offer support aimed at supporting their voluntary activities and developing sustainability.
Sex	No negative impacts are identified as the service will support work across the whole population which includes people with specialist needs in relation to gender	
Sexual Orientation	No negative impacts are identified as the service will support work across the whole population which includes people from the LBGT communities Some who work to support people within the LBGT communities could be supported through this approach and there is a potential positive impact if they are supported to do more	
Community Safety	No negative impacts are identified.	.

	There is some evidence that developing community activity and a culture of support in local areas contributes to community safety and to people feeling safe as people 'look out' for each other.	
Poverty	No negative impacts are identified as the service will support work across the whole population which includes people in poverty and on low incomes. People in these circumstances are often socially isolated as they are unable to access costly resource – community activities are traditionally free or low cost and this is a potentially positive impact if there is an expansion of more accessible services and of local services not requiring transport costs. There are a range of voluntary sector services locally who help people with debt and on low incomes. Attracting additional funding into the city has the potential to support these agencies further, subject to local need and priority for any additional resource. Additional volunteering opportunities can present a positive impact in helping people find a route into paid employment	Supporting people living in poverty is a key feature of any this services work and will be embraced as one of the guiding principles within the service specification
Other Significant Impacts	The majority of grant funded organisations will continue to be able to access local grant funding in the same way and it is anticipated that additional funding can be raised through this co-ordinated approach to increase the opportunities in the future.	All organisations will have an opportunity to bid to deliver these services either singly or in partnership with others. The commissioners will consider a range of partnership options as long

	It is possible that some organisations who have received grant funding to deliver services which are then specified in the tender will loose funding or face a reduction when the final specification is confirmed.	as contractual requirements can be fulfilled. Any organisation impacted by these changes will be offered an individual meeting with commissioners to address individual issues Organisations will still have the opportunity to bid for grant funding of services not covered in the specification.

Definitions of the protected characteristics are available on the Equality and Human Rights Commission website: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

DECISION-MAKER:		Leader and Clean Growth & Development, following consultation with the Joint Commissioning Board		
SUBJECT:		Void and nomination agreement in relation to an existing supported living setting within Southampton (Scheme A)		
DATE OF DECISION:		**8th November 2018**		
REPORT OF:		**Director of Quality and Integration**		

CONTACT DETAILS				
AUTHOR:	**Name:**	Kate Dench	Tel:	023 80834787
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	E-mail:	stephanie.ramsey1@nhs.net		

STATEMENT OF CONFIDENTIALITY

There is a confidential appendix attached to this report, the confidentiality of which is based on Category 2 of paragraph 10.4 of the Council's Access to Information Procedure Rules. It is not in the public interest to disclose this because there is information which is likely to reveal the identity of an individual.

BRIEF SUMMARY

The use of appropriate housing with integrated care and support ('supported living setting') is increasingly being used to support individuals, in particular those with Learning Disabilities and/or Autism, to live as independently as possible within their own homes, improving health and wellbeing outcomes.

In order to support access into these settings, the council is required to enter into void and nomination agreements.

Void and nomination agreements give the council guaranteed access and rights to 'nominate' tenants to occupy designated properties. In return for nomination rights the council accepts liability for void costs, guaranteeing payment of rent to Registered Providers of housing.

This paper seeks approval from the Leader and Clean Growth & Development, following consultation with Joint Commissioning Board, to enter into a void and nomination agreement in relation to a supported living setting.

RECOMMENDATIONS:

	(i)	For the Leader and Clean Growth & Development to approve the recommendation to enter into a void and nomination agreement in relation to a current supported living scheme.
	(ii)	To be aware of potential void risk and associated financial liabilities, but this is not expected to be above the current position.
	(iii)	To delegate authority to the Director of Quality and Integration, to approve and enter into the Void and Nominations agreement for scheme A.

REASONS FOR REPORT RECOMMENDATIONS

1.	Entering into this agreement will enable the identified property to continue to be utilised as a supported living scheme within the city, aligning with Council,

	Clinical Commissioning Group (CCG) and City strategies and providing consistent access to housing appropriate to meeting the needs of individuals with Learning Disabilities in the longer term.
2.	Supported living environments enable vulnerable individuals to live their lives within communities, supporting outcomes associated with increasing independence and improved health and wellbeing, thereby supporting a Strengths Based Approach.
3.	These improved outcomes, alongside an ability to manage support needs more flexibly, result in the delivery of more cost effective care and support for Adult, Social Care Housing and Communities budgets.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
4.	To not enter into the void and nomination agreement – This option is not recommended because: • it does not support the city's key strategies • it does not present the opportunity to continue to support individuals to live more independently outside of other models of care, such as residential care settings • it does not present the council with opportunities to generate more cost effective solutions to deliver support • due to uncertainty within the sector, Registered Providers are increasingly viewing this type of housing as unattractive without void and nomination agreements. • the council will have no nomination rights meaning future placements can be made which do not align with our strategic approach or the needs of current tenants • without an agreement in place, properties can be sold with little or no notice to the council who will be required to source alternative placements which at short notice is likely to be residential care.
5.	For the council to pursue its own purchase, refurbishment and development programme in relation to the development of supported housing. This is not recommended at the current time because: • This is being considered as a longer term option which requires considerable work across the council, in order to establish the viability of potential capital investment by the council, in appropriate properties. • At present this option does not help the Integrated Commissioning Unit (ICU) to achieve its objectives around the accommodation targets in reasonable time, and specifically, meeting immediate need for this group of tenants.
6.	To place individuals with a learning disability/autism on the Housing Register to access one off general needs property. This option is not recommended because: • The council has a duty under the Care Act (2014) to provide suitable housing for vulnerable individuals which must take account fully of their needs (s.23). • it would lead to inefficiencies in relation to the delivery of care and support to these individuals. • the current tenants offer peer support and social interaction, improving

	wellbeing and management of housing/care and support needs. • It does not enable intensive housing management support to be delivered to the tenants, which provides increased support to maintain their tenancy • Housing needs cannot be met within the current waiting time period
DETAIL (Including consultation carried out)	
7.	The Council, CCG and city strategies share the common aim of supporting individuals to live safe, healthy lives as independently as possible within the community. This approach is national good practice and is commonly utilised as a way of reducing the use of more institutional care settings. This philosophy runs through all strategic documents relating to working with vulnerable people and underpins a number of major work areas within SCC and the CCG. Supporting strategies include (list not exhaustive): • SHIP Transforming Care Partnership (TCP) Strategic Housing Plan 2017 - 2019 • Learning Disability Services Market Position Statement 2018 – 2023 • Southampton City CCG Strategic Plan 2014-19: A healthy Southampton for all • The Joint Health and Wellbeing Strategy (2017-2025) for Southampton • Southampton City Strategy 2015 – 2025
8.	A number of engagement exercises demonstrated broad support for this approach from individuals with Learning Disabilities and/or Autism and their families.
9.	In support of this aim, the Integrated Commissioning Unit (‘ICU’s) work plan includes clear actions to enable more individuals with health and social care needs to live within their own homes and communities with appropriate care and support.
10.	Delivery against this plan has prevented a number of individuals entering residential care settings and enabled others to return to living within their own homes. This achievement has a number of positive impacts on individual outcomes and supports the Strengths Based Approach, reducing the need for support from both health and social care services over time. The use of telecare is central to support in the scheme, which has been a contributing factor to enabling independence. This, alongside the ability for care to be organised and scheduled more efficiently within these settings has led to a reduction in care costs compared with alternative residential options.
11.	In addition, within housing with care settings, accommodation costs are covered by Housing Benefit, leading to further reductions in cost for the local authorities.
12.	Delivery against this work plan has contributed £1.8M to Adult Social care savings since 15/16 (figure for Learning Disability clients only).
13.	The type of housing required to support delivery of this strategy varies according to the requirements of those with care and support needs. For example, it could consist of a small number of a small number of flats in a development, adapted to meet the needs of tenants or shared houses that are

	clustered, making delivery of care and support efficient and enabling the development of friendship and supportive groups bringing further health and wellbeing improvements.
14.	**THE SUPPORTED HOUSING MARKET** Securing access to appropriate accommodation has become increasingly challenging in the wake of changes to the government's supported housing grant regimes, making them less favourable for Registered Providers (RPs) of housing at a time of a national drive towards growing the use of housing with care and support.
15.	In response to these changes, a number of commercial organisations have entered the supported housing market, funding development costs whilst utilising Registered Providers to deliver housing management into the schemes. This offers investors a relatively secure and guaranteed return on investment over the long term, whilst offering RPs the opportunity to utilise their skills to support tenants.
16.	This changed market place has required Local Authorities nationwide to review their approach towards securing access to accommodation and respond to opportunities as they arise, through the development of more commercially focused relationships with Registered Providers and investors. This has led to an increased requirement to utilise void and nomination agreements, again a trend that is nationwide.
17.	Void and Nomination agreements give the council guaranteed access and rights to 'nominate' residents to occupy designated properties. Such nomination rights enable the council to manage the mix of individuals and needs within each scheme, reducing the risks of placement breakdown and requirement for crisis support whilst making best use of the level of care and support available on site. In this way the services are able to be managed more efficiently.
18.	In return for nomination rights the council accepts liability for void costs, guaranteeing payment of rent to RPs.
19.	Commonly, each void period comes with a 'grace period', typically 90 days, during which no void costs are charged. This 'grace period' reflects the sensitive nature of making placements into this accommodation which must consider; suitability of housing, individual care and support needs, mix and compatibility of tenants and client choice.
20.	Entering into void and nomination agreements commits the council to potential financial liability and risk to for the duration of the agreement, which is typically 25 years. However, these liabilities are only realised when voids occur. There are a number of factors which mitigate the impact of these liabilities: • The council has the ability to fill and manage voids in line with its outlined nomination rights. Significant progress has been made in improving the council's management of void properties by the ICUs Placement Service with average void rates now sitting at 8%, a reduction from 15% as of September 2017. • The increased use of housing with care is a key deliverable within ICU work plans and a priority for Adult Care. It is central to AHC savings

	programmes and meets a number of strategic drivers, meaning demand will grow over time, further reducing the risk of voids in the longer term. • The increased use of housing with care in preference to residential settings continues to make significant contributions towards the council's savings programmes, outweighing any potential or actual liability over the life time of agreements. • The ICU has developed a standard Void and Nomination agreement which is in the process of being reviewed by Legal Services prior to being shared with relevant parties. It is expected that this template will be used for all future agreements and will help to secure favourable terms for the council, i.e. void grace periods, further reducing risk. • Time limited voids costs – void and nomination agreements typically include a void free period, commonly 90 days. • There is on-going need and demand for Supported Living schemes, in particular, of the shape and design of Scheme A
21.	**CURRENT VOID COSTS & SAVINGS** In support of the strategy to increase the utilisation of housing with care and support, the council currently has 10 void and nomination agreements. These agreements cover 40 units of accommodation across the city with an associated potential liability of £245k per annum (based on the assumption that all units are void at all times).
22.	However, in practice, due to the factors outlined within this paper, these potential void liabilities are never realised. Total void expenditure over the last 3 financial years against existing void and nomination agreements is £160k.
23.	Taking the 3 year period between 15/16 – 17/18, when the use of void and nomination agreements to facilitate access to housing with support became increasingly common, demonstrates a saving of £1.8m to Adults, Housing and Communities targets, highlighting the value of these agreements.
24.	In order to further increase the value to the council of these agreements the ICU is committed to building upon the work already carried out by its Placement Service to further improve the efficiency and utilisation of void units. The aim of this work is to reduce void periods, maximising the benefit of these settings both for individuals and in delivery of savings.
25.	**SCHEME A SUMMARY** The scheme is a complex of five one bedroom flats owned by a private individual, currently operating as a supported living scheme. The property provides accommodation for three adults with learning disabilities, with another two adults identified to move in, pending confirmation of the agreement.
26.	The current owner wishes to sell the property and has been approached by a housing investment firm, who are interested in purchasing the property, in line with their organisational strategy.
27.	The format of this scheme, namely individual flats, is in line with the Learning Disability Market Position Statement 2018 – 2023.

28.	The investor has negotiated a price to purchase and will require the council to enter into a voids & nominations agreement covering the property in order for them to proceed. If the council is unable to enter into this agreement, the purchase will not go ahead. This presents a risk that the current owner will sell to the property on the open market, putting its operating as a supported living environment at risk. In this event the council would be required to source alternative placements for the current tenants, bringing a number of negative impacts for the individuals and a high likelihood of increasing costs.
29.	The proposed void and nomination agreement is for a 25 year period. The agreement provides termination clauses should we require them.
RESOURCE IMPLICATIONS	
Capital/Revenue	
30.	Void costs are not expected to exceed the current budget allowance.
31.	Potential void costs for in relation to this property, for which the council will be liable in the event of void periods over 90 days, are £265 per unit per week.
32.	If all tenancies were void, for the 25 year period, the total value of the decision relating to this agreement is £1.7m. However, the risk management and mitigation processes outlined within this paper mean that this potential liability will likely never be realised. PR
Property/Other	
33.	The investor would retain the asset, therefore, no implications to the Council.
34.	RPs are governed by the Homes and Communities Agency, who undertake commercial governance. SCC undertake reference checks on any organisations we have not previously worked with.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
35.	S.1 Localism Act 2011 allow a Council to do anything required for the delivery of its primary functions (the general power of competence).
36.	The Care Act (2014) outlines clear requirements for local authorities in relation to meeting the needs of vulnerable individuals, with housing being central to all sections of the Act, Of particular note are: • Section 1 – To promote wellbeing • Section 2- To delay, prevent or reduce the needs for services • Section 6,7 – Co-operating (with partners, including housing providers) • Section 23 – Exception for the provision of housing
Other Legal Implications:	
37.	In exercising its functions to support adult social care and independent living the properties selected will be provided having regard to the requirements of the Equalities Act 2010, the Human Rights Act 1998 and following the Council's property standards and Contract procedure Rules.
38.	The provision of all accommodation under this agreement must be done so with regards to the requirements as outlined in the Housing Act 2004
39.	When considering the provision of accommodation the council has to have

	regard to the special needs of chronically sick or disabled persons (section 3(1) of the Chronically Sick and Disabled Persons Act 1970 ("the 1970 Act")).
CONFLICT OF INTEREST IMPLICATIOINS	
40.	None
RISK MANAGEMENT IMPLICATIONS	
41.	Void and nomination agreements commit the council to potential void costs for a total of 25 years. As outlined within this paper there are a number of contractual and operational safeguards in place that limit and significantly reduce this risk.
POLICY FRAMEWORK IMPLICATIONS	
42.	The recommendation outlined within this paper supports Priority 3 of the councils Strategy and Policy Framework and is underpinned by: • Better Care Strategy • Health and Wellbeing Strategy • City Strategy

KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	**Freemantle**

SUPPORTING DOCUMENTATION

Appendices

1.	Equality and Safety Impact Assessment
2.	Description of Scheme A – Confidential

Documents In Members' Rooms

1.	None

Equality Impact Assessment

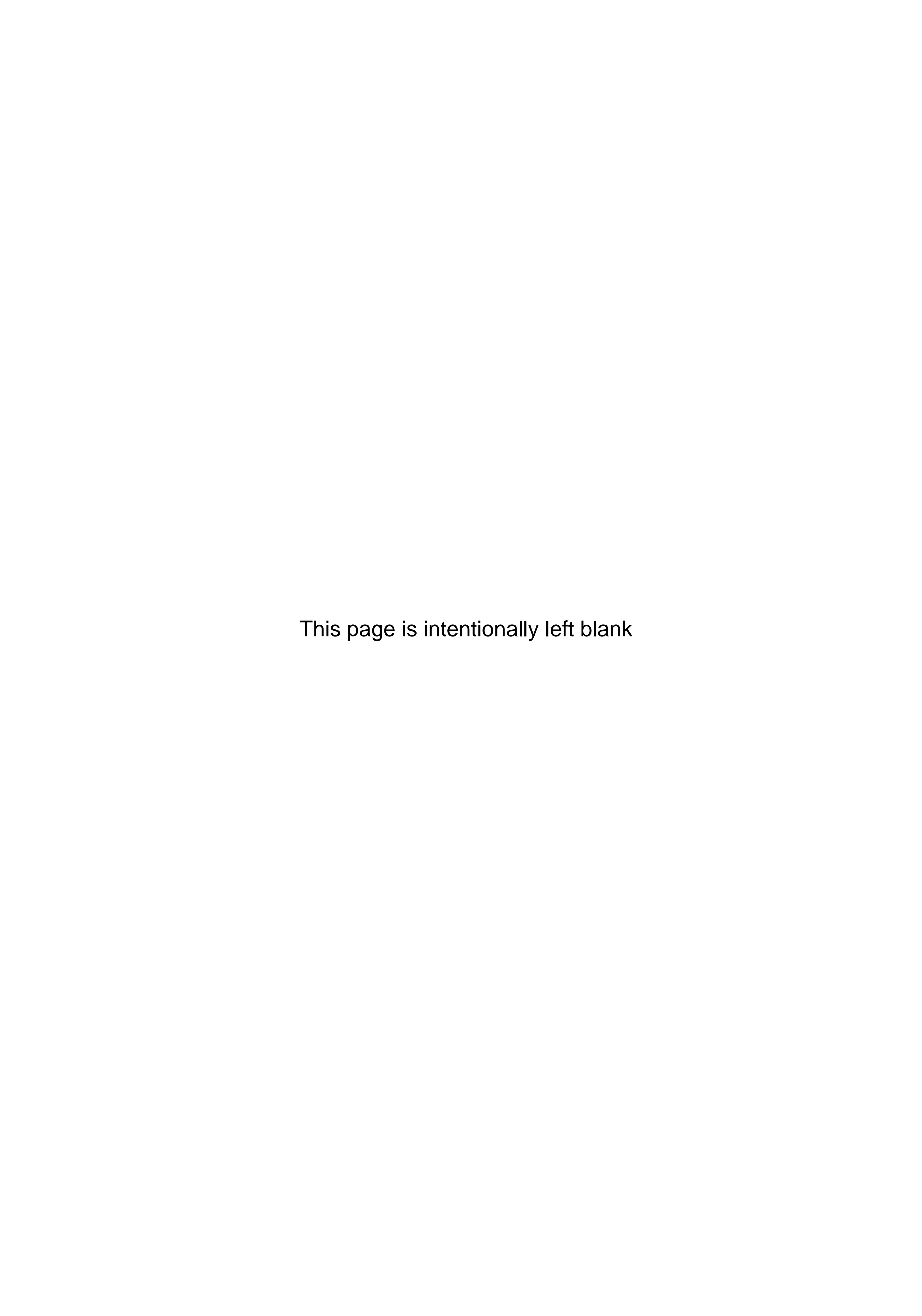
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**Yes**

Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**No**

Other Background Documents
Other Background documents available for inspection at:

Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.	None	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Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<table>
<tr><td>Name or Brief Description of Proposal</td><td>Void and Nominations Agreement for Scheme A</td></tr>
<tr><td colspan="2">Brief Service Profile (including number of customers)</td></tr>
<tr><td colspan="2">Southampton's Integrated Commissioning Unit published their Market Position Statement (MPS), 'Housing Solutions for People with Care & Support Needs' 2015 – 2018, which outlines our requirement to increase housing options for people with complex learning disabilities, which supports increasing housing options for people with learning disabilities.

This is further enhanced within the Learning Disabilities Market Position Statement (2018 – 2023), supporting an increase in appropriate housing for people with complex needs.

In order to support access into some of these settings, the council is required to enter into a Void and Nomination agreement, for this specific scheme.

Void and nomination agreements give the council guaranteed access and rights to 'nominate' tenants to occupy designated properties.

In return for nomination rights the council accepts liability for void costs, guaranteeing payment of rent to Registered Providers.

Entering into this agreement will enable the identified property to continue to be utilised as a supported living scheme within the city, aligning with Council, Clinical Commissioning Group and City strategies and providing consistent access to housing appropriate to meeting the needs of individuals with Learning Disabilities in the longer term.</td></tr>
</table>

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Three tenants currently live in the flats, with a further two tenants identified to move into the flats, pending the decision.

Summary of Impact and Issues

Supported living environments enable vulnerable individuals to live their lives within communities, supporting outcomes associated with increasing independence and improved health and wellbeing, thereby supporting a Strengths Based Approach.

These improved outcomes, alongside an ability to manage support needs more flexibly, result in the delivery of more cost effective care and support for Adult, Housing and Communities budgets.

The scheme is a complex of five one bedroom flats owned by a private individual, currently operating as a supported living scheme. The property provides accommodation for three adults with learning disabilities, with another two adults identified to move in, pending confirmation of the agreement.

The current owner wishes to sell the property and has been approached by a housing investment firm, who are interested in purchasing the property, in line with their organisational strategy.

The format of this scheme, namely individual flats, is in line with the Learning Disability Market Position Statement 2018 - 2023

The investor has negotiated a price to purchase and requires the council to enter into a voids & nominations agreement covering the property in order for them to proceed. If the council is unable to enter into this agreement, the purchase will not go ahead. This presents a risk that the current owner will sell to the property on the open market, putting its operating as a supported living environment at risk. In this event the council would be required to source alternative placements for the current tenants, bringing a number of negative impacts for the current tenants and a high likelihood of increasing care costs.

Potential Positive Impacts

Each tenant has rights and responsibilities in relation to their tenancy. The current tenants have been able to develop skills in independent living, such as accessing volunteering and meaningful activities, improving their community access, and improving activities of daily living, including self-care.

Void and Nomination agreements give the council guaranteed access and rights to 'nominate' tenants to occupy designated properties. Such nomination rights enable the council to manage the mix of tenants and needs within each scheme, reducing the risks of placement breakdown and requirement for crisis support whilst making best use of the level of care and support available on site. In this way the services are able to be managed more efficiently.
In return for nomination rights the council accepts liability for void costs,

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guaranteeing payment of rent to Registered Providers. By agreeing to the Void and Nominations with the Registered Provider of Scheme A, we would secure the property for the future, and enable the correct mix of tenants to be placed.

Entering into void and nomination agreements commits the council to potential financial liability and risk to for the duration of the agreement, which is typically 25 years. However, these liabilities are only realised when voids occur. There are a number of factors which mitigate the impact of these liabilities:

- The council has the ability to fill and manage voids in line with its outlined nomination rights. Significant progress has been made in improving the council's management of void properties by the ICUs Care Placement Service with average void rates now sitting at 8%, a reduction from 15% as of September 2017.

- The increased use of housing with care is a key deliverable within ICU work plans. It is central to AHC savings programmes and meets a number of strategic drivers, meaning demand will grow over time, further reducing the risk of voids in the longer term.

- The increased use of housing with care in preference to residential settings continues to make significant contributions towards the council's savings programmes, outweighing any potential or actual liability over the life time of agreements.

- The ICU has developed a standard Void and Nomination agreement which is in the process of being reviewed by Legal Services prior to being shared with relevant parties. It is expected that this template will be used for all future agreements and will help to secure favourable terms for the council, i.e. void grace periods, further reducing risk.

- Time limited voids costs – void and nomination agreements typically include a void free period, commonly 90 days.

- The proposed void and nomination agreement is for a 25 year period and subject to termination clauses, should we wish to extricate ourselves from the agreement.

Responsible Service Manager	Kate Dench
Date	20/10/18
Approved by Senior Manager	Carole Binns
Date	

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Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	The individuals are all adults (18+). There will be no change to the age range for accessing the service and no negative impact is identified. Current tenants will be able to continue to reside in the service.	As tenants get older, adaptations can be made where an individual assessment highlights a requirement to do so.
Disability	There is no additional impact in relation to a voids and nominations agreement being in place, however, all people accessing the property have a learning disability and this will continue to be the group accommodated meaning there is no negative impact. Communication needs related to learning disabilities can impact on individuals understanding of their rights and responsibilities in managing their tenancy.	Current arrangements will continue which include: • Tenants are supported with easy read tenancies and other adjusted forms of communication. • Where necessary, advocacy services are in place to help support the individual/s regarding tenancy decisions.
Gender Reassignment	No identified negative impacts.	Not required
Marriage and Civil Partnership	No identified negative impacts.	Not required
Pregnancy and Maternity	No identified negative impacts.	Not required
Race	No identified negative impacts.	Not required
Religion or Belief	A number of individuals have diverse ethnic heritage, but the Void and Nominations will not present any additional impact.	Individuals will continue be supported to develop an individualised care and support plan. These plans will take into account the person preferences and

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		wishes relating to culture and traditions.
Sex	No identified negative impacts.	Not required
Sexual Orientation	No identified negative impacts.	Not required
Community Safety	There are no negative impacts as the void and nominations agreement allows for the continuation of the current service, however, in general, community safety can be a concern and issue for some individuals. There remains stigma of people with learning disabilities in the community. Entering into this agreement, which supports people to live in ordinary housing, helps to address this stigma and enables potential tenants to be part of their local communities.	A number of actions are in place to continue to address community safety issue if they arise. There is a police representative sat on the Learning Disabilities Partnership Board who supports on community safety innovations. There is an active Hate Crime campaign that raises awareness to support reporting of incidents for people with disabilities. Providers are training their workforce in Hate Crime. Safer Places work is being relaunched and Life Skills service will support this. Providers undertake work with surrounding neighbours to support tenants to build positive relationships.
Poverty	No identified negative impacts. The void and nominations agreement does not impact on the cost or benefits of tenants, however, tenants do need support to maximise their benefits, and be supported into employment opportunities and this is part of their care and support plan.	Current arrangements will continue which include: • Financial assessments are carried out for all clients and consistent rules apply to charging that take account of a tenants living costs. • Life skills service

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		offers their services to the tenants to support people to access work opportunities.
Health & Wellbeing	No identified negative impacts. The void and nominations agreement does not impact on health and well-being, however, people with learning disabilities experience a number of health conditions at an earlier stage than the general population. Current arrangements to address this will continue and are not changed as a result of entering into the agreement proposed.	Current arrangements will continue - all individuals are offered a health action plan to identify health issues and develop reasonable adjustments in order that individuals can access appropriate healthcare. Referrals to health services are supported, should there be there be a requirement.
Other Significant Impacts		

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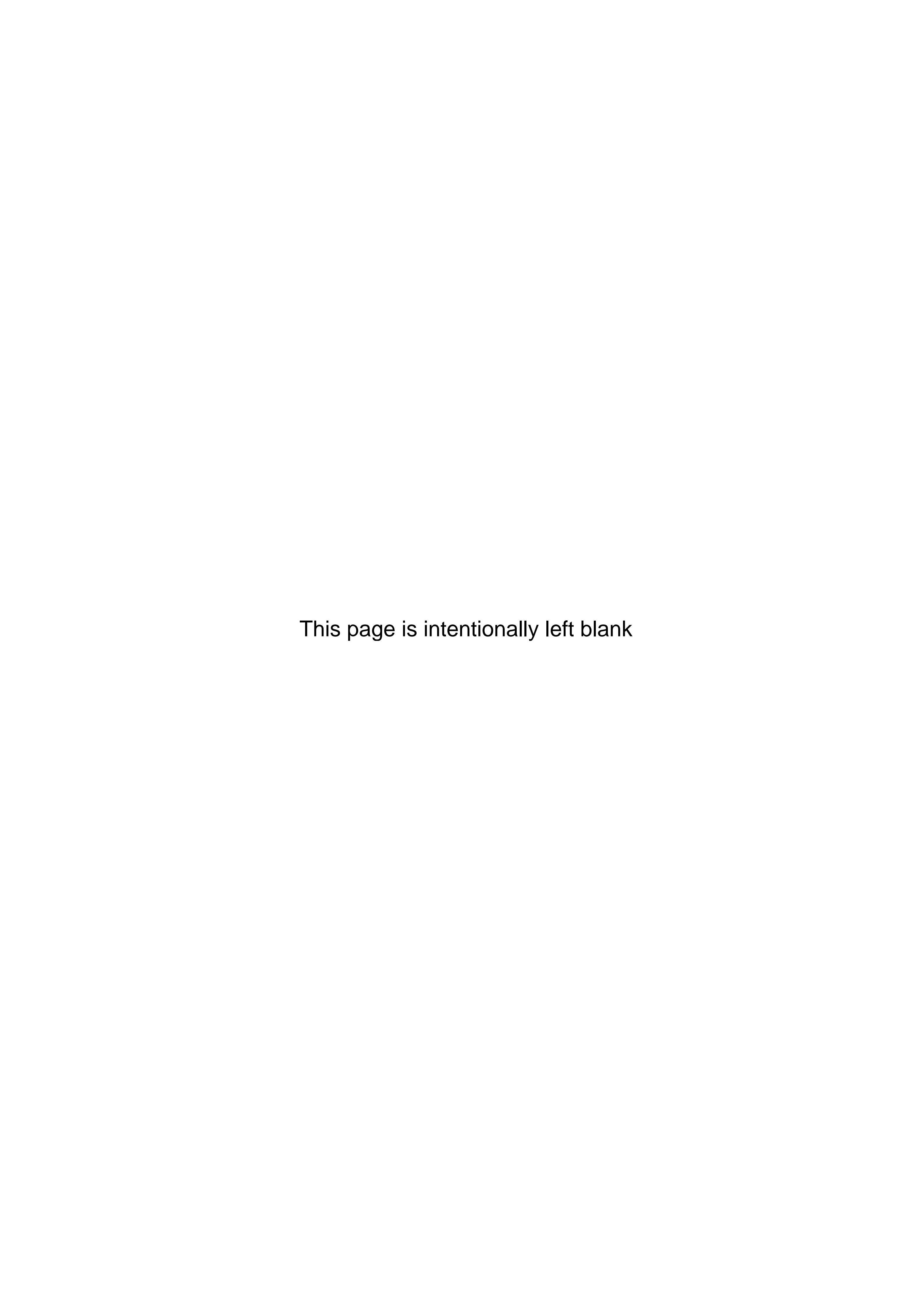
by virtue of paragraph number 2 of the Council's Access to information Procedure Rules

Appendix 2

Document is Confidential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DECISION-MAKER:		Leader and Clean Growth & Development following consultation with the Joint Commissioning Board		
SUBJECT:		Void and nomination agreement in relation to a new supported living setting within Southampton (Scheme B)		
DATE OF DECISION:		8th November 2018		
REPORT OF:		**Director of Quality and Integration**		
CONTACT DETAILS				
AUTHOR:	**Name:**	Kate Dench	Tel:	023 80834787
	E-mail:	Kate.dench@southampton.gov.uk		
Director	**Name:**	Stephanie Ramsey	Tel:	023 80296941
	E-mail:	stephanie.ramsey1@nhs.net		

STATEMENT OF CONFIDENTIALITY
There is a confidential appendix attached to this report, the confidentiality of which is based on Category 2 of paragraph 10.4 of the Council's Access to Information Procedure Rules. It is not in the public interest to disclose this because there is information which is likely to reveal the identity of an individual.
BRIEF SUMMARY
The use of appropriate housing with integrated care and support ('supported living setting') is increasingly being used to enable individuals, in particular those with Learning Disabilities and/or Autism, to live as independently as possible within their own homes, improving health and wellbeing outcomes.
In order to support access into these settings, the council is required to enter into void and nomination agreements.
Void and nomination agreements give the council guaranteed access and rights to 'nominate' tenants to occupy designated properties. In return for nomination rights the council accepts liability for void costs, guaranteeing payment of rent to Registered Providers of housing.
This paper seeks approval from the Leader and Clean Growth & Development, following consultation with Joint Commissioning Board, to enter into a void and nomination agreement in relation to a supported living setting.

RECOMMENDATIONS:		
	(i)	For the Leader and Clean Growth & Development to approve the recommendation to enter into a void and nomination agreement in relation to a current supported living setting.
	(ii)	To be aware of potential void risk and associated financial liabilities, but this is not expected to be above the current position..
	(iii)	To delegate authority to the Director of Quality and Integration, to approve and enter in the Void and Nominations Agreement for Scheme B.

REASONS FOR REPORT RECOMMENDATIONS	
1.	Entering into this agreement will enable the identified property to be utilised as a long term supported living scheme within the city, aligning with Council,

	Clinical Commissioning Group (CCG) and City strategies.
2.	The use of supported living aids the implementation of Adult Social Care's Strengths Based Approach towards supporting individuals with care and support needs and enables people with autism and learning disabilities to live more independently, exercise more choice and control over their lives, and ultimately improve health and wellbeing outcomes.
3.	These improved outcomes, alongside an ability to manage support needs more flexibly, result in the delivery of more cost effective care and support for Adult, Housing and Communities budgets.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
4.	To not enter into the void and nomination agreement – This option is not recommended because: • it does not support the city's key strategies, • it does not present the opportunity to support individuals to live more independently, moving out of residential care settings and back to the city • it does not present the council with opportunities to generate more cost effective solutions to deliver support • due to uncertainty within the sector, Registered Providers are increasingly viewing this type of housing as unattractive without void and nomination agreements. • the council will have no nomination rights meaning future placements can be made which do not align with our strategic approach or the needs of current tenants • without an agreement in place, properties can be sold with little or no notice to the council who will be required to source alternative placements which at short notice is likely to be residential care.
5.	For the council to pursue its own purchase, refurbishment and development programme in relation to the development of supported housing. This is not recommended at the current time because: • This is being considered as a longer term option which requires considerable work across the council, in order to establish the viability of potential capital investment by the council, in appropriate properties.
6.	At present this option does not help the Integrated Commissioning Unit (ICU) to achieve its objectives around the accommodation targets in reasonable time, and specifically, meeting immediate need for this group of tenants.
7.	To place individuals with a learning disability/autism on the Housing Register to access one off general needs property. This option is not recommended because: • the council has a duty under the Care Act (2014) to provide suitable housing for vulnerable individuals which must take account fully of their needs (s.23). • it would lead to inefficiencies in relation to the delivery of care and support to these individuals. • It does not enable intensive housing management support to be delivered to the tenants, which provides increased support to maintain

	their tenancy • Housing needs cannot be met within the current waiting time period
DETAIL (Including consultation carried out)	
8.	The Council, CCG and city strategies share the common aim of supporting individuals to live safe, healthy lives as independently as possible within the community. This approach is national good practice and is commonly utilised as a way of reducing the use of more institutional care settings. This philosophy runs through all strategic documents relating to working with vulnerable people and underpins a number of major work areas within SCC and the CCG. Supporting strategies include (list not exhaustive): • SHIP Transforming Care Partnership (TCP) Strategic Housing Plan 2017 - 2019 • Learning Disability Services Market Position Statement 2018 – 2023 • Southampton City CCG Strategic Plan 2014-19: A healthy Southampton for all • The Joint Health and Wellbeing Strategy (2017-2025) for Southampton • Southampton City Strategy 2015 – 2025
9.	A number of engagement exercises demonstrated broad support for this approach from individuals with Learning Disabilities and/or Autism and their families/carers.
10.	In support of this aim, the Integrated Commissioning Units work plan includes clear actions to enable more individuals with health and social care needs to live within their own homes and communities with appropriate care and support.
11.	Delivery against this plan has prevented a number of individuals entering residential care settings and enabled others to return to living within their own homes. This achievement has a number of positive impacts on individual outcomes and supports the Strengths Based Approach, reducing the need for support from both health and social care services over time.
12.	The use of telecare will be central to support in the scheme, which will be a contributing factor to enabling independence. This, alongside the ability for care to be organised and scheduled more efficiently within these settings has led to a reduction in care costs compared with alternative residential options
13.	In addition, within housing with care settings, accommodation costs are covered by Housing Benefit, leading to further reductions in cost for the local authorities.
14.	Delivery against this work plan has contributed £1.8M to Adult Social care savings since 15/16 (figure for Learning Disability clients only).
15.	The type of housing required to support delivery of this strategy varies according to the requirements of those with care and support needs. For example, it could consist of a small number of flats in a development, adapted to meet the needs of tenants or shared houses that are clustered, making delivery of care and support efficient and enabling the development of friendship and supportive groups bringing further health and wellbeing improvements.

16.	**THE SUPPORTED HOUSING MARKET** Securing access to appropriate accommodation has become increasingly challenging in the wake of changes to the government's supported housing grant regimes, making them less favourable for Registered Providers (RPs) of housing at a time of a national drive towards growing the use of housing with care and support.
17.	In response to these changes, a number of commercial organisations have entered the supported housing market, funding development costs whilst utilising Registered Providers to deliver housing management into the schemes. This offers investors a relatively secure and guaranteed return on investment over the long term, whilst offering RPs the opportunity to utilise their skills to support tenants.
18.	This changed market place has required Local Authorities nationwide to review their approach towards securing access to accommodation and respond to opportunities as they arise, through the development of more commercially focused relationships with Registered Providers and investors. This has led to an increased requirement to utilise void and nomination agreements, again a trend that is nationwide.
19.	Void and Nomination agreements give the council guaranteed access and rights to 'nominate' residents to occupy designated properties. Such nomination rights enable the council to manage the mix of individuals and needs within each scheme, reducing the risks of placement breakdown and requirement for crisis support whilst making best use of the level of care and support available on site. In this way the services are able to be managed more efficiently.
20.	In return for nomination rights the council accepts liability for void costs, guaranteeing payment of rent to RPs.
21.	Commonly, each void period comes with a 'grace period', typically 90 days, during which no void costs are charged. This 'grace period' reflects the sensitive nature of making placements into this accommodation which must consider; suitability of housing, individual care and support needs, mix and compatibility of tenants and client choice.
22.	Entering into void and nomination agreements commits the council to potential financial liability and risk to for the duration of the agreement, which is typically 25 years. However, these liabilities are only realised when voids occur. There are a number of factors which mitigate the impact of these liabilities: • The council has the ability to fill and manage voids in line with its outlined nomination rights. Significant progress has been made in improving the council's management of void properties by the ICUs Placement Service with average void rates now sitting at 8%, a reduction from 15% as of September 2017. • The increased use of housing with care is a key deliverable within ICU work plans and a priority for Adult Care. It meets a number of strategic drivers, meaning demand will grow over time, further reducing the risk of voids in the longer term.

	• The increased use of housing with care in preference to residential settings continues to make significant contributions towards the council's savings programmes, outweighing any potential or actual liability over the life time of agreements. • The ICU has developed a standard Void and Nomination agreement which is in the process of being reviewed by Legal Services prior to being shared with relevant parties. It is expected that this template will be used for all future agreements and will help to secure favourable terms for the council, i.e. void grace periods, further reducing risk. • Time limited voids costs – void and nomination agreements typically include a void free period, commonly 90 days. • There is on-going need and demand for Supported Living schemes, in particular, of the shape and design of Scheme B
23.	**CURRENT VOID COSTS & SAVINGS** In support of the strategy to increase the utilisation of housing with care and support, the council currently has 10 void and nomination agreements. These agreements cover 40 units of accommodation across the city with an associated potential liability of £245k per annum (based on the assumption that all units are void at all times).
24.	However, in practice, due to the factors outlined within this paper, these potential void liabilities are never realised. Total void expenditure over the last 3 financial years against existing void and nomination agreements is £160k.
25.	Taking the 3 year period between 15/16 – 17/18, when the use of void and nomination agreements to facilitate access to housing with support became increasingly common, demonstrates a saving of £1.8m to Adults, Housing and Communities targets, highlighting the value of these agreements.
26.	In order to further increase the value to the council of these agreements the ICU is committed to building upon the work already carried out by its Care Placement Service to further improve the efficiency and utilisation of void units. The aim of this work is to reduce void periods, maximising the benefit of these settings both for individuals and in delivery of savings.
27.	The proposed void and nomination agreement is for a 25 year period The agreement provides termination clauses should we require them.
28.	**SCHEME B SUMMARY** A new supported living scheme is proposed for 4 adults with profound and multiple learning disabilities and epilepsy (Scheme B). This is a group of individuals where we currently lack sufficient local housing due to specialist accommodation requirements, for example rooms large enough to accommodate large wheelchairs and adapted wet rooms.
29.	The individuals for whom this property would be suitable currently live in residential placements, most of which are a significant distance away from Southampton. Alongside their family, advocates and health professionals

	they would be supported to move back to the city with support commissioned from the home care framework. All decisions will be compliant with the Mental Capacity Act 2005.
30.	The property is currently on the open market and an investor has proposed to purchase it and use as described above. The council will be required to enter into a void and nominations agreement to secure access to this property.
RESOURCE IMPLICATIONS	
Capital/Revenue	
31.	Void costs are not expected to exceed the current budget allowance.
32.	Potential void costs for in relation to this property, for which the council will be liable in the event of void periods over 90 days, are £285 per unit per week.
33.	If all tenancies were void, for the 25 year period, the total value of the decision relating to this agreement over its lifetime is £1.48m. However, the risk management and mitigation processes outlined within this paper mean that this potential liability will not be realised. PR
Property/Other	
34.	The investor would retain the asset, therefore, no implications to the Council.
35.	RPs are governed by the Homes and Communities Agency, who undertake commercial governance. SCC undertake reference checks on any organisations we have not previously worked with.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
36.	S.1 Localism Act 2011 allow a Council to do anything required for the delivery of its primary functions (the general power of competence).
37.	The Care Act (2014) outlines clear requirements for local authorities in relation to meeting the needs of vulnerable individuals, with housing being central to all sections of the Act, Of particular note are: • Section 1 – To promote wellbeing • Section 2- To delay, prevent or reduce the needs for services • Section 6,7 – Co-operating (with partners, including housing providers) Section 23 – Exception for the provision of housing
Other Legal Implications:	
38.	In exercising its functions to support adult social care and independent living the properties selected will be provided having regard to the requirements of the Equalities Act 2010, the Human Rights Act 1998 and the Council's Contract procedure Rules.
39.	The provision of all accommodation under this agreement must be done so with regards to the requirements as outlined in the Housing Act 2004
40.	When considering the provision of accommodation the council has to have regard to the special needs of chronically sick or disabled persons (section 3(1) of the Chronically Sick and Disabled Persons Act 1970 ("the 1970 Act")).

CONFLICT OF INTEREST IMPLICATIONS			
41.	None		
RISK MANAGEMENT IMPLICATIONS			
42.	Void and nomination agreements commit the council to potential void costs for a total of 25 years. As outlined within this paper there are a number of contractual and operational safeguards in place that limit and significantly reduce this risk.		
POLICY FRAMEWORK IMPLICATIONS			
43.	The recommendation outlined within this paper supports Priority 3 of the councils Strategy and Policy Framework and is underpinned by: • Better Care Strategy • Health and Wellbeing Strategy • City Strategy		

KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	**Bitterne**

SUPPORTING DOCUMENTATION

Appendices

1.	Equality and Safety Impact Assessment
2.	Description of Scheme B – Confidential

Documents In Members' Rooms

1.	None

Equality Impact Assessment

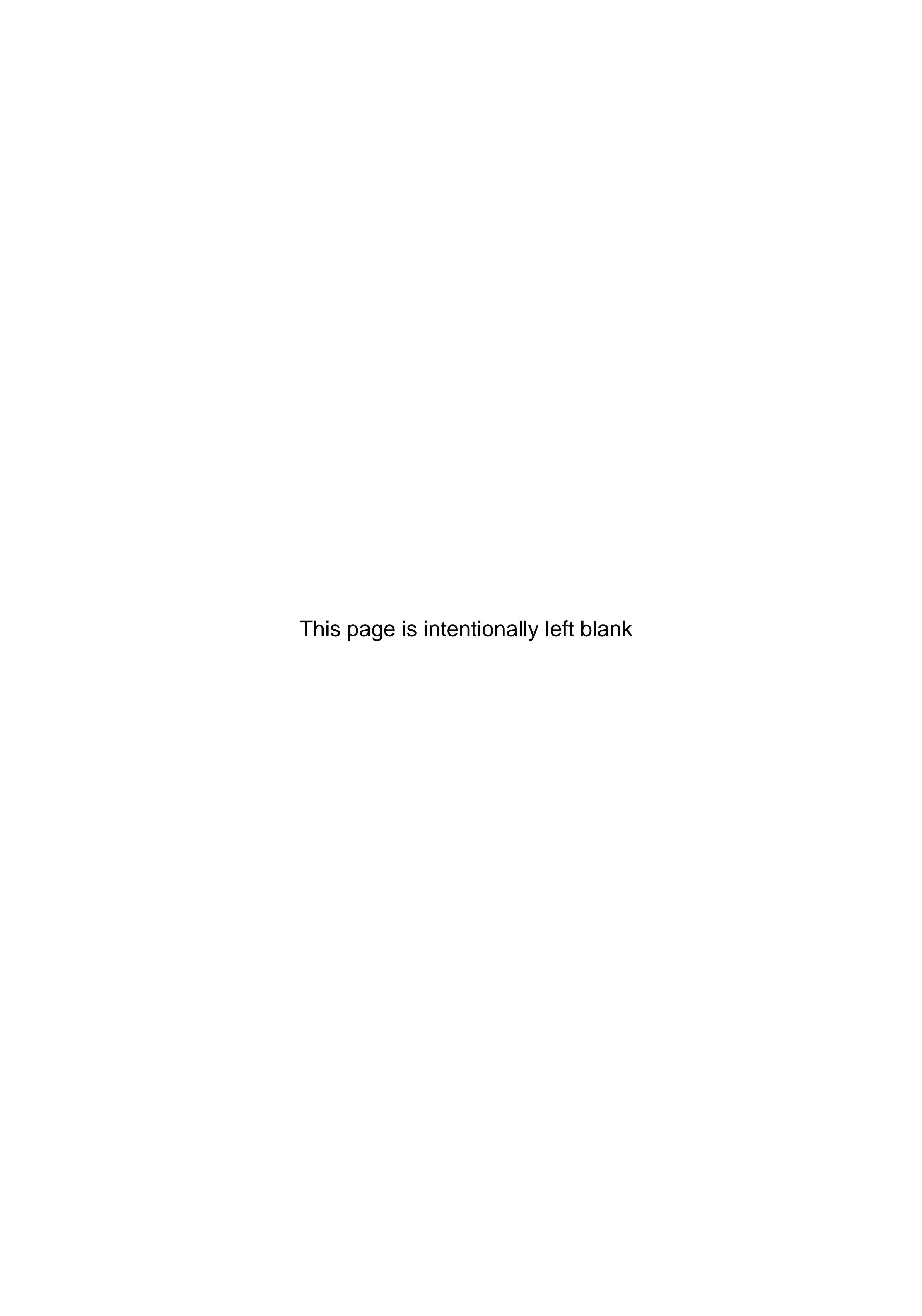
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes

Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No

Other Background Documents
Other Background documents available for inspection at:

Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	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Appendix 1

Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	Void and Nominations Agreement for Scheme B
Brief Service Profile (including number of customers)	
Southampton's Integrated Commissioning Unit published their Market Position Statement (MPS), 'Housing Solutions for People with Care & Support Needs' 2015 – 2018, which outlines our requirement to increase housing options for people with complex learning disabilities, which supports increasing housing options for people with learning disabilities. This is further enhanced within the Learning Disabilities Market Position Statement (2018 – 2023), supporting an increase in appropriate housing for people with complex needs. In order to support access into some of these settings, the council is required to enter into a Void and Nomination agreement, for this specific scheme. Void and nomination agreements give the council guaranteed access and rights to 'nominate' tenants to occupy designated properties. In return for nomination rights the council accepts liability for void costs, guaranteeing payment of rent to Registered Providers. Entering into this agreement will enable the identified property to continue to be utilised as a supported living scheme within the city, aligning with Council, Clinical Commissioning Group and City strategies and providing consistent access to housing appropriate to meeting the needs of individuals with Learning Disabilities in the longer term.	

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There are four tenancies available within this scheme, 8 potential tenants have been identified.

Summary of Impact and Issues

Supported living environments enable vulnerable individuals to live their lives within communities, supporting outcomes associated with increasing independence and improved health and wellbeing, thereby supporting a Strengths Based Approach.

These improved outcomes, alongside an ability to manage support needs more flexibly, result in the delivery of more cost effective care and support for Adult, Housing and Communities budgets.

The scheme is a shared house which would accommodate four adults with profound and multiple learning disabilities. The scheme will require some adaptations to meet the needs of the potential tenants.

The format of this scheme, is in line with the Learning Disability Market Position Statement 2018 – 2023.

Potential Positive Impacts

The potential tenants come from a range of other provision, predominantly in out of area residential placements. Each tenant will have rights and responsibilities in relation to their tenancy, and will be supported by an Intensive Housing Management service, as well as a support provider (from the new Framework), to support them with their responsibilities to manage their tenancy.

Void and Nomination agreements give the council guaranteed access and rights to 'nominate' tenants to occupy designated properties. Such nomination rights enable the council to manage the mix of tenants and needs within each scheme, reducing the risks of placement breakdown and requirement for crisis support whilst making best use of the level of care and support available on site. In this way the services are able to be managed more efficiently. By agreeing to the Void and Nominations with the Registered Provider of Scheme B, we would secure the property for the future, and enable the correct mix of tenants to be placed.

Entering into void and nomination agreements commits the council to potential financial liability and risk to for the duration of the agreement, which is typically 25 years. However, these liabilities are only realised when voids occur. There are a number of factors which mitigate the impact of these liabilities:

- The council has the ability to fill and manage voids in line with its outlined nomination rights. Significant progress has been made in improving the council's management of void properties by the ICUs Care Placement Service with average void rates now sitting at 8%, a reduction from 15% as of September 2017.

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- The increased use of housing with care is a key deliverable within ICU work plans. It is central to AHC savings programmes and meets a number of strategic drivers, meaning demand will grow over time, further reducing the risk of voids in the longer term.

- The increased use of housing with care in preference to residential settings continues to make significant contributions towards the council's savings programmes, outweighing any potential or actual liability over the life time of agreements.

- The ICU has developed a standard Void and Nomination agreement which is in the process of being reviewed by Legal Services prior to being shared with relevant parties. It is expected that this template will be used for all future agreements and will help to secure favourable terms for the council, i.e. void grace periods, further reducing risk.

- Time limited voids costs – void and nomination agreements typically include a void free period, commonly 90 days.

- The proposed void and nomination agreement is for a 25 year period and subject to termination clauses, should we wish to extricate ourselves from the agreement.

Responsible Service Manager	Kate Dench
Date	20/10/18
Approved by Senior Manager	Carole Binns
Date	

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Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	The potential tenants are all adults (18+), and are predominantly a younger adult age group. People with learning disabilities experience a number of health conditions at an earlier stage than the general population.	Adaptations can be made where an individual assessment highlights a requirement to do so. The Life Skills service supports people with SEND needs that are receiving services, this

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		service support all four PfA areas. Housing specifications to ensure they future proof changing needs of key population groups. All individuals to be offered a health action plan to identify health issues and develop reasonable adjustments in order that individuals can access appropriate healthcare. To help transition issues a project plan has been developed to ensure that moves are not rushed and potential tenants are supported in a person centred way.
Disability	There is no additional impact in relation to a voids and nominations agreement being in place, however, all people accessing the property have a learning disability and this will continue to be the group accommodated meaning there is no negative impact. Communication needs related to learning disabilities can impact on individuals understanding of their rights and responsibilities of managing tenancy based support.	Potential tenants are supported with easy read tenancies and other adjusted forms of communication. Where necessary, advocacy services are in place to help support the potential tenants regarding tenancy decisions.
Gender Reassignment	No identified negative impacts.	Not required
Marriage and Civil Partnership	No identified negative impacts.	Not required
Pregnancy and Maternity	No identified negative impacts.	Not required

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Race	No identified negative impacts.	Not required
Religion or Belief	A number of potential tenants have diverse ethnic heritage, but the Void and Nominations will not present any additional impact.	Individuals will be supported to develop an individualised care and support plan. These plans will take into account the person preferences and wishes relating to culture and traditions.
Sex	No identified negative impacts.	Not required
Sexual Orientation	No identified negative impacts.	Not required
Community Safety	Community safety can be a concern and issue for some individuals. There remains stigma of people with learning disabilities in the community, however, there are no negative impacts as the void and nominations agreement Entering into this agreement, which supports people to live in ordinary housing, helps to address this stigma and enables potential tenants to be part of their local communities.	There is a police representative sat on the Learning Disabilities Partnership Board who supports on community safety innovations. There is an active Hate Crime campaign that raises awareness to support reporting of incidents for people with disabilities. Providers are training their workforce in Hate Crime. Safer Places work is being relaunched and Life Skills service will support this. Providers will work with surrounding neighbours to support potential tenants to build positive relationships.
Poverty	No identified negative impacts. The void and nominations agreement does not impact on the cost or benefits of tenants, however, potential tenants do need support to maximise their benefits, and be supported into employment opportunities and this is part of their care and support plan.	Financial assessments are carried out for all clients and consistent rules apply to charging that take account of an individual's living costs. Life skills service will offer their services to the tenants.
Health &	No identified negative impacts.	All individuals to be

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Wellbeing	The void and nominations agreement does not impact on health and well-being, however, people with learning disabilities experience a number of health conditions at an earlier stage than the general population. Current arrangements to address this will continue and are not changed as a result of entering into the agreement proposed.	offered a health action plan to identify health issues and develop reasonable adjustments in order that individuals can access appropriate healthcare. Referrals to be supported to health services, should there be there be a requirement.
Other Significant Impacts		

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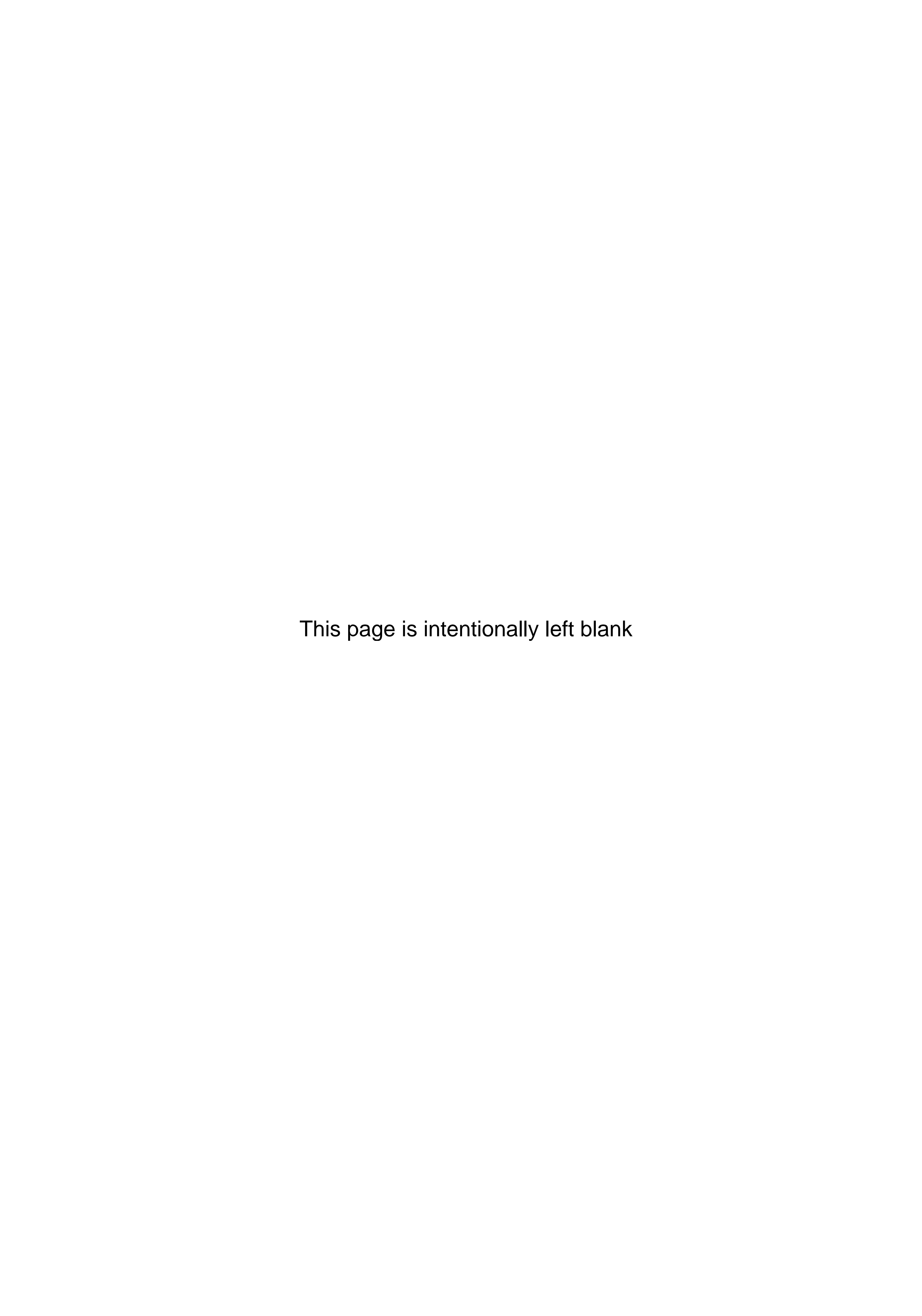
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