

Public Document Pack

Cabinet

Tuesday, 17th March, 2020
at 4.30 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Leader – Councillor Hammond
Adult Care - Councillor Fielker
Aspiration, Children & Lifelong Learning –
Councillor Paffey
Healthier and Safer City – Councillor Shields
Resources - Councillor Barnes-Andrews
Green City & Environment – Councillor Leggett
Homes & Culture - Councillor Kaur
Place and Transport - Councillor Rayment

(QUORUM – 3)

Contacts

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BACKGROUND AND RELEVANT INFORMATION

The Role of the Executive

The Cabinet and individual Cabinet Members make executive decisions relating to services provided by the Council, except for those matters which are reserved for decision by the full Council and planning and licensing matters which are dealt with by specialist regulatory panels.

The Forward Plan

The Forward Plan is published on a monthly basis and provides details of all the key executive decisions to be made in the four month period following its publication. The Forward Plan is available on request or on the Southampton City Council website, www.southampton.gov.uk

Implementation of Decisions

Any Executive Decision may be “called-in” as part of the Council’s Overview and Scrutiny function for review and scrutiny. The relevant Overview and Scrutiny Panel may ask the Executive to reconsider a decision, but does not have the power to change the decision themselves.

Mobile Telephones – Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media

The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair’s opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council’s Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council’s Guidance on the recording of meetings is available on the Council’s website.

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life

Executive Functions

The specific functions for which the Cabinet and individual Cabinet Members are responsible are contained in Part 3 of the Council’s Constitution. Copies of the Constitution are available on request or from the City Council website, www.southampton.gov.uk

Key Decisions

A Key Decision is an Executive Decision that is likely to have a significant:

- financial impact (£500,000 or more)
- impact on two or more wards
- impact on an identifiable community

Procedure / Public Representations

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take.

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Access – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

Municipal Year Dates (Tuesdays)

2019	2020
18 June	21 January
16 July	11 February
20 August	18 February (Budget)
17 September	17 March
15 October	21 April
19 November	
17 December	

- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

CONDUCT OF MEETING

TERMS OF REFERENCE

The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

RULES OF PROCEDURE

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

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

BUSINESS TO BE DISCUSSED

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

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 **APOLOGIES**

To receive any apologies.

2 **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

EXECUTIVE BUSINESS

3 **STATEMENT FROM THE LEADER**

4 **RECORD OF THE PREVIOUS DECISION MAKING** (Pages 1 - 8)

Record of the decision making held on 11th and 25th February 2020 attached.

5 **MATTERS REFERRED BY THE COUNCIL OR BY THE OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE FOR RECONSIDERATION (IF ANY)**

There are no matters referred for reconsideration.

6 **REPORTS FROM OVERVIEW AND SCRUTINY COMMITTEES (IF ANY)**

There are no items for consideration

7 **EXECUTIVE APPOINTMENTS**

To deal with any executive appointments, as required.

ITEMS FOR DECISION BY CABINET

8 **CONCESSIONARY FARES SCHEME 2020/21** □ (Pages 9 - 20)

To consider the report of the Cabinet Member for Place and Transport to agree the final scheme and the reimbursement rate to bus companies for the Concessionary Fares Scheme for 2020/21.

9 **LOCAL PLACEMENT PLAN - CHILDREN'S RESIDENTIAL CARE** □ (Pages 21 - 72)

To consider the report of the Cabinet Member for Aspiration, Children and Lifelong Learning seeking approval for the Local Placement Plan proposal for Children's Residential Care.

10 LOOKED AFTER CHILDREN AND CARE LEAVERS PLACEMENTS SUFFICIENCY STRATEGY 2020-2025 □ (Pages 73 - 126)

To consider the report of the Cabinet Member for Aspiration, Children and Lifelong Learning seeking approval of the Looked After Children and Care Leavers Placements Sufficiency Strategy 2020-2025.

11 POTENTIAL DEREGISTRATION OF THREE RESIDENTIAL CARE HOMES □ (Pages 127 - 152)

To consider the report of the Cabinet Member for Adult Care seeking a decision as to whether three Learning Disability registered residential care homes remain as residential care homes or those homes deregister and become supported living homes.

12 SOUTHAMPTON CITY HEALTH AND CARE STRATEGY 2020 - 2025 □ (Pages 153 - 224)

To consider the report of the Cabinet Member for Healthier and Safer City seeking approval of the Southampton City Health and Care Strategy 2020-2025.

13 TRANSPORT FOR THE SOUTH EAST GOVERNANCE PROPOSAL □ (Pages 225 - 256)

To consider the report of the Cabinet Member for Place and Transport seeking Cabinet approval to authorise Transport for the South East (TfSE) to submit a final governance proposal to Government to enable it to formally become a Sub-National Transport Body with powers and responsibilities for planning and delivering strategic transport infrastructure improvements in the South East of England.

Monday, 9 March 2020

Service Director – Legal and Business Operations

SOUTHAMPTON CITY COUNCIL
EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 11 FEBRUARY 2020

Present:

Councillor Hammond	-	Leader of the Council, Clean Growth and Development
Councillor Rayment	-	Cabinet Member for Place and Transport
Councillor Fielker	-	Cabinet Member for Adult Care
Councillor Kaur	-	Cabinet Member for Homes and Culture
Councillor Leggett	-	Cabinet Member for Green City and Environment
Councillor Dr Paffey	-	Cabinet Member for Aspiration, Children and Lifelong Learning
Councillor Shields	-	Cabinet Member for Healthier and Safer City
Councillor Barnes-Andrews	-	Cabinet Member for Resources

51. EXECUTIVE APPOINTMENTS

Councillor Fitzhenry was appointed to the Solent Growth Forum for the remainder of the Municipal Year.

52. CHARTER AGAINST MODERN SLAVERY UPDATE

DECISION MADE: (CAB 19/20 25917)

On consideration of the report of the Cabinet Member for Healthier and Safer City, Cabinet agreed the following:

- (i) To note the progress made against each of the ten commitments of the Charter, and
- (ii) To delegate authority to the Executive Director for Finance and Commercialisation to publish an annual update of the implementation of the Charter on the Southampton City Council website.

53. A GREEN CITY DELIVERY PLAN FOR SOUTHAMPTON CITY COUNCIL.

DECISION MADE: (CAB 19/20 26184)

On consideration of the report of the Cabinet Member for Green City and Environment, Cabinet agreed the following:

- (i) To adopt the Green City Delivery Plan for Southampton City Council, 2020-2030, and
- (ii) To delegate authority to the Executive Director of Place to take any action necessary to finalise the Plan for implementation, including making minor or

consequential amendments following consultation with the Leader and Cabinet Member for Green City, so that all implementation, delivery and management requirements are sufficient and effective.

54. ADMISSION ARRANGEMENTS FOR COMMUNITY AND VOLUNTARY CONTROLLED SCHOOLS FOR ACADEMIC YEAR 2021-2022

DECISION MADE: (CAB 19/20 25926)

On consideration of the report of the Cabinet Member for Aspiration, Schools and Lifelong Learning:

- (i) To approve the Admissions Policies and the Published Admission Numbers (PANs) for Community and Voluntary Controlled schools and the schemes for coordinating Infant-Primary and Junior admissions for the school year 2021-22 as set out in appendices 1 to 5, and
- (ii) To authorise the Executive Director - Wellbeing, Children and Learning to take any action necessary to give effect to the admissions policies and to make any changes necessary to the admissions policies where required to give effect to any Acts, Regulations or revised Schools Admissions or School Admissions Appeals Codes or binding Schools Adjudicator, Court or Ombudsman decisions whenever they arise.

55. PROVISION OF ENVIRONMENTAL ENFORCEMENT SERVICES

DECISION MADE: (CAB 19/20 26050)

On consideration of the report of the Cabinet Member for Place and Transport, Cabinet agreed the following:

- (i) To approve the delegation of functions under s.101 Local Government Act 1972 to East Hants District Council to authorise the provision of an Environmental Enforcement Service to tackle littering within the SCC boundary for a twelve month initial period, renewable annually by agreement;
- (ii) To delegate authority to the Head of Consumer Protection and Environmental Services following consultation with the Cabinet Member for Place and Transport and the Head of Legal Partnerships to conclude and enter into a s.101 Deed of Delegation with East Hampshire District Council (EHDC) to deliver the service for an initial 1 year period and to determine annually whether the service should be renewed on the terms set out in the Deed; and
- (iii) To note that any proposal for early termination of the arrangement or any changes to the terms of the Deed of Delegation will be reported to Cabinet for further decision.

56. SOCIAL VALUE AND GREEN CITY PROCUREMENT POLICY

DECISION MADE: (CAB 19/20 25722)

On consideration of the report of the Leader, Cabinet agreed the following:

- (i) To approve the Social Value and Green City Procurement Policy at Appendix 1 of this report;
- (ii) Subject to the approval of recommendation (i), to delegate authority to the Executive Director – Finance and Commercialisation to implement the Policy;
- (iii) Subject to the approval of recommendations (i) and (ii), to delegate authority to the Executive Director – Finance and Commercialisation following consultation with the Leader of the Council, to make amendments to the Policy, following reviews of the Policy; and
- (iv) To note the SSVP Framework, which is attached as Appendix 2 for information.

57. COMMUNITY CHEST GRANTS 2019/20

DECISION MADE: (CAB 19/20 25691)

On consideration of the report of the Director of Quality and Integration the Cabinet Member agreed the following:

- (i) To agree the recommendations for 2019/20 round 2 grants made by the cross-party Community Chest Grant Advisory Panel; and
- (ii) To award the remainder of the funding to Southampton Voluntary Services, as a grant, to distribute to local community and voluntary organisations.

NB: Councillor Barnes-Andrews declared a personal interest and remained in the meeting.

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SOUTHAMPTON CITY COUNCIL
EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 25 FEBRUARY 2020

Present:

Councillor Hammond	-	Leader of the Council, Clean Growth and Development
Councillor Rayment	-	Cabinet Member for Place and Transport
Councillor Fielker	-	Cabinet Member for Adult Care
Councillor Kaur	-	Cabinet Member for Homes and Culture
Councillor Leggett	-	Cabinet Member for Green City and Environment
Councillor Dr Paffey	-	Cabinet Member for Aspiration, Children and Lifelong Learning
Councillor Shields	-	Cabinet Member for Healthier and Safer City
Councillor Barnes-Andrews	-	Cabinet Member for Resources

58. FINANCIAL MONITORING FOR THE PERIOD TO THE END OF DECEMBER 2019

DECISION MADE: (CAB 19/20 26118)

On consideration of the report of the Cabinet Member for Resources, Cabinet agreed the following:

General Revenue Fund:

- (i) Note the forecast outturn position is a balanced position overall, as outlined in paragraph 4 and in paragraph 1 of appendix 1.
- (ii) Note the performance of treasury management, and financial outlook in paragraphs 6 to 9 of appendix 1.
- (iii) Note the Key Financial Risk Register as detailed in paragraph 12 of appendix 1.
- (iv) Note the performance against the financial health indicators detailed in paragraphs 15 and 16 of appendix 1
- (v) Note the performance outlined in the Collection Fund Statement detailed in paragraphs 19 to 20 of appendix 1.

Housing Revenue Account:

- vi) Note the forecast outturn position is an underspend of £1.89M as outlined in paragraph 5 and paragraphs 17 and 18 of appendix 1.

Capital Programme:

- vii) Notes the revised General Fund Capital Programme, which totals £394.51M as detailed in paragraph 2, tables 2 and 6, and the associated use of resources in table 7 of Appendix 2.
- viii) Notes the revised HRA Capital Programme, which totals £178.26M as detailed in paragraph 2, tables 2 and 6 and the associated use of resources in table 7 of Appendix 2.

- ix) Notes that the overall forecast position for 2019/20 at quarter 3 is £134.96M, resulting in a potential underspend of £0.48M, as detailed in table 4 of Appendix 2.
- x) Notes that the capital programme remains fully funded up to 2023/24 based on the latest forecast of available resources although the forecast can be subject to change; most notably with regard to the value and timing of anticipated capital receipts and the use of prudent assumptions of future government grants to be received.
- xi) Approves slippage and rephasing as detailed in paragraph 6 & 7 of Appendix 2. Noting that the movement has zero net movement over the 5 year programme.
- xii) Notes forecast slippage of £180.00M within the Resources portfolio to be approved as part of outturn in July 2020, reflecting the anticipated phasing of the continuation of the property investment fund which the council agreed in November 2019 and included in the capital programme for 2019/20, with £200M added to the capital programme for this purpose.

59. THE MEDIUM TERM FINANCIAL STRATEGY, BUDGET AND CAPITAL PROGRAMME 2020/21 TO 2022/23

DECISION MADE: (CAB 19/20 26135)

On consideration of the report of the Cabinet Member for Resources, Cabinet agreed the following:

General Fund

- i) Note the position on the forecast outturn position for 2019/20 as set out in paragraphs 30 to 33 of Appendix 1.
- ii) Note the revised Medium Term Financial Strategy 2020/21 to 2022/23 as detailed in paragraphs 72 to 77 of Appendix 1 and Annex 1.1 to Appendix 1.
- iii) Note the aims and objectives of the Medium Term Financial Strategy which will be presented to council for approval on 26th February 2020 as set out in paragraphs 24 to 26 of Appendix 1.
- iv) Note that formal budget consultation began on 16th October 2019 and ended on 7th January 2020. The outcome of the consultation is outlined in paragraphs 37 to 42, with no changes to amounts put forward as savings proposals in October.
- v) Note that the Executive's budget proposals are expected to lead to an overall investment in staffing within the council. Where staffing levels are impacted consultation will be undertaken in line with legislation and the Council's agreed processes before proposals are implemented.
- vi) Note that the Executive's budget proposals are based on the assumptions detailed within the MTFs and that this includes an increase in the Adult Social Care precept of just under 2.00% and no increase in the general council tax, allowable under general powers to increase council tax without a referendum.
- vii) Accept the award of £0.765M Access Fund Extension grant for 2020/21 as set out in paragraph 43 of Appendix 1.

- viii) To note that the report identifies additional general fund pressures totalling £7.22M in 2020/21, rising to £9.82M in 2022/23, as detailed in paragraphs 47 to 51 of Appendix 1.
- ix) To note that savings proposals totalling £7.61M are included in the 2020/21 General Fund Revenue Budget, rising to £11.42M in 2022/23, as detailed in paragraphs 52 to 55 of Appendix 1.
- x) To note that investment proposals totalling £4.25M are included in the 2020/21 General Fund Revenue Budget, rising to £6.10M in 2022/23, as detailed in paragraphs 56 to 58 of Appendix 1.
- xi) To note that further proposals will need to be considered to address the 2021/22 and future years budget gap.
- xii) Notes and recommends to Council where appropriate, the MTFs and General Fund Revenue Budget changes as set out in Council recommendations i) to xv).

General Fund Capital Programme

- xiii) Notes the revised General Fund Capital Programme, which totals £728.77M (as detailed in paragraphs 5 & 39 of Appendix 2) and the associated use of resources.
- xiv) Notes that a further £320.46M has been added to the General Fund programme, requiring approval to spend, by Cabinet/Council subject to the relevant financial limits. These additions are detailed in paragraphs 9 of Appendix 2 and Annex 2.1.
- xv) Notes the addition of £29.48M to the General Fund capital programme and the request for approval to spend £29.48M as detailed in paragraph 10 of Appendix 2 and Annex 2.1.
- xvi) Notes the removal of schemes from the capital programme totalling £15.68M as set out in paragraph 11 of Appendix 2 and detailed in Annex 2.1.
- xvii) Notes that the capital programme remains fully funded up to 2024/25 based on the latest forecast of available resources although the forecast can be subject to change; most notably with regard to the value and timing of anticipated capital receipts and the use of prudent assumptions of future Government Grants to be received.
- xviii) Notes that a review of the Council's capital strategy has been undertaken as detailed in Annex 2.3.
- xix) Notes that a review of the Council's MRP strategy has been undertaken as detailed in Annex 2.3(a).
- xx) Notes that a review of the Council's investment strategy has been undertaken as detailed in Annex 2.3(b).

Housing Revenue Account

- xxi) To note that, from 1st April 2020, a standard increase be applied to all dwelling rents of 2.7%, as set out in paragraph 10 of Appendix 3, equivalent to an average increase of £2.26 per week in the current average weekly dwelling rent figure of £83.46.
- xxii) To note an increase in a number of weekly service charges, whilst others remain unchanged, as detailed in paragraph 11 of Appendix 3 from 1st April 2020 (including supported accommodation). This approach was previously agreed by Council at its meeting in February 2019.

- xxiii) To note and recommend the Housing Revenue Account Revenue Estimates as set out in Appendix 3.
- xxiv) To note the 40 year Business Plan for revenue and capital expenditure set out in Annexes 3.1 and 3.2 of Appendix 3 respectively, that based on current assumptions are sustainable and maintain a minimum HRA balance of £2.0M in every financial year.
- xxv) To note that from 2020/21 onwards, following consultation, rents will now be charged on a weekly basis throughout the year, thus reducing the weekly payment and removing the four “rent-free” weeks.
- xxvi) Notes the revised Housing Revenue Account (HRA) Capital Programme, which totals £251.97M (as detailed in paragraph 22 & 31 of Appendix 3) and the associated use of resources.
- xxvii) Notes the addition of £73.71M to the HRA Capital Programme and the request for approval to spend £73.71M as detailed in paragraph 30 of Appendix 3.

Agenda Item 8

DECISION-MAKER:		CABINET	
SUBJECT:		CONCESSIONARY FARES SCHEME 2020/21	
DATE OF DECISION:		17 MARCH 2020	
REPORT OF:		CABINET MEMBER FOR PLACE & TRANSPORT	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Pete Boustred	Tel: 023 8083 4743
	E-mail:	pete.boustred@southampton.gov.uk	
Director	Name:	Mike Harris	Tel: 023 8083 2882
	E-mail:	mike.harris@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
To agree the final scheme and the reimbursement rate to bus companies for the concessionary fares scheme for 2020/21.			
RECOMMENDATIONS:			
	(i)	To agree to reimburse bus operators in line with the Department for Transport Concessionary Fares Guidance and the methodology as detailed in appendix 1. This will use the Reimbursement Calculator published by the Department for Transport to determine the reimbursement rate for each operator.	
	(ii)	To agree the local enhancements above the statutory minimum, which is to allow concessionary travel from 0900 rather than 0930 and between 2300 and 0030 for Southampton residents.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable the Council to comply with the statutory requirement to serve bus operators with the minimum 28 days' notice of the local enhancements and the reimbursement rate that the Council will use.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	The Council could withdraw the local enhancements that are offered to City residents but this is likely to achieve little saving as most passengers would just travel 30 minutes later in the morning once free travel is allowed.		
DETAIL (Including consultation carried out)			
3.	The Council is required by law to give bus operators 28 days' notice of the Scheme that will operate and the proposed methodology for determining the reimbursement rate. This report will allow the Council to give the required notice. Should the bus operator refuse to participate in the concessionary fare scheme the Council would need to issue a participation notice requiring them to do so. For the Notices to be effective, final confirmation is necessary of the additional local enhancements to the statutory minimum i.e. travel from 0900 rather than 0930 and between 2300 and 0030 for Southampton residents. Non Southampton residents will qualify for the statutory minimum. The proposed scheme for 2020/21 is the same as that which was agreed and		

	operates in 2019/20. This offers residents greater opportunity to access health and other facilities so helping with well-being.
4.	The Department for Transport provides local authorities with guidance each year on the reimbursement and a calculator to use. This takes various factors into account and the information on the scheme that the authority has submitted. The Council will apply the DfT Concessionary Fares Guidance including the Reimbursement Calculator to determine the reimbursement rates for each operator. This is the same methodology as applied for 2019/20 scheme year.
5.	The Council also produces a claim form that operators are required to populate with data on concessionary fare use and average fares. As the bus network in Southampton has been subject to several changes, intensive competition and reductions in fares, the Council will continue to calculate the average fare and reimbursement as based on the DfT Concessionary Fares guidance as has been the case for the previous 2019/20 Scheme and will not be entering into a fixed arrangement with any of the larger operators. A fixed arrangement will continue with the three smaller operators in the city who generate nominal levels of reimbursement. Once the scheme starts on 1 st April bus operators then have 56 days to appeal to the Secretary of State on the proposed reimbursement rates. Appendix 1 shows details of the proposed scheme for 2020/21.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
6	The budget for concessionary fares in 2020/21 is £4,884,000 as approved by Full Council on the 26 th February 2020 and is forecast to be an appropriate level to fund the proposed scheme in 2020/21.
<u>Property/Other</u>	
7	There are no property or other implications
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8	Concessionary fares are governed by the Transport Acts of 1985 and 2000, and the Concessionary Fares Act of 2007. If it were to be agreed that the future that no enhancements over and above the statutory minimum will be offered, then the 1985 Act does not apply as all local enhancements are made under the Concessionary Fares Act 2007.
<u>Other Legal Implications:</u>	
9	The provision of a concessionary travel scheme in accordance with the national minimum is a statutory duty. A discretionary power exists to provide a scheme that extends the entitlement of services over and above the national minimum. Any scheme must be made having regard to the Human Rights Act 1998 (with any national minimum scheme will be deemed to comply). Statutory notice must have been given by 1 st December 2019 and any representations received in accordance with the Notice considered and determined in accordance with the Act and Regulations.

RISK MANAGEMENT IMPLICATIONS	
10	Once the scheme starts on 1 st April bus operators then have 56 days to appeal to the Secretary of State on the proposed reimbursement rates. This could impact on the final reimbursement rates if the bus operators were to win an appeal. The risk of this is managed by the Council Scheme being consistent with the DfT Concessionary Fares guidance.
POLICY FRAMEWORK IMPLICATIONS	
11	The provision of concessionary travel accords with the policy direction of the City's adopted Local Transport Plan (2019) by helping the Council meet its targets for increasing the use of sustainable transport modes (and bus travel in particular) and also increasing accessibility and promoting social inclusion.
KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Scheme details for 2020/21
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
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) 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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Scheme Conditions

SOUTHAMPTON CITY COUNCIL CONCESSIONARY FARES SCHEME 2020/21 ('the Scheme')

Introduction

The Concessionary Fares Scheme agreed by Southampton City Council will come into effect on 1 April 2020 and continues until 31st March 2021. This Notice and Scheme replaces the Southampton Concessionary fares Scheme 2019/20 and supersedes all previous Schemes and Notices

Legislation

The scheme is made in accordance with the Concessionary Bus Travel Act 2007, the Transport Act 2000, the Travel Concessions (Eligibility) Act 2002 and the discretionary powers contained in the Transport Act 1985 ('the Acts').

Responsible Authority

The responsible authority for the Scheme shall be Southampton City Council. The Scheme shall be funded by Southampton City Council. The Scheme shall be administered by either Southampton City Council or its appointed agent(s).

All enquiries regarding the Scheme and all Notices required to be served upon the responsible authority under the Acts should be addressed to:

Kate Martin, Executive Director of Place, Civic Centre, Southampton, SO14 7LY.

A copy of the Scheme will be supplied to any person on request by post from the person specified above and is available on the Council website at www.southampton.gov.uk.

Operator Eligibility

Operators of registered bus services running within the City which is in receipt of Bus Service Operators Grant or contracted by the Local Public Transport team of Southampton City Council or a neighbouring local authority, unless excluded

Service Eligibility

The ENCTS applies on eligible local bus services as defined by the Travel Concessions (Eligible Services) Order 2002 as amended by the Travel Concessions (Eligible Services) (Amendment) Order 2009 – unless excluded by the 2009 Amendment Order.

User Eligibility

Residents of Southampton who meet any of the following criteria will be eligible for a free concessionary fares pass:

- Men and women who have reached the female state pension age (you can calculate if you are eligible here: <https://www.gov.uk/state-pension-age/y>)
- blind people;
- partially sighted people;

- deaf people;
- people without speech (in any language);
- people with a disability, or who have suffered an injury, which, in the opinion of a qualified medical practitioner, seriously impairs their ability to walk;
- people without the use of both arms;
- people with a learning difficulty;
- people who would be refused the grant of a driving licence to drive a motor vehicle under Section 92 of Part III the Road Traffic Act 1988;
- people with a long term mental health problem; and
- travelling companions/escorts of disabled people.

For those under the female state pension age, applicants must provide confirmation that:

- i) They are in receipt of Disability Living Allowance (higher mobility component); or
- ii) They have been awarded 8 or more points Personnel Independent Payment for Moving Around or Communicating verbally
- iii) They are in receipt of War Pensions Mobility Supplement; or
- iv) They have a valid registration card for their disability; or
- v) Certification of Vision impairment; or
- vi) Have learning difficulties and attend Southampton Day Services or registered with Southampton Learning Disabilities team; or
- vi) They have a signed form (MQ14) from their doctor confirming eligibility.

Hours of Operation

The Southampton concessionary fares scheme will be based on bus travel alone. Concessionary travel available all day on Saturdays, Sundays, Bank Holidays and declared public holidays; and between 09:00 and 00:30 on other days for residents of Southampton; and between 0930 and 2300 for all other English national passholders. Blind persons will be permitted to travel at any time.

Area of Travel

Any journey that starts within the boundary of Southampton (NOTE: funding of such travel shall be subject to any inter-authority boundary/funding agreements which may be entered into and shall be deemed to be part of this Scheme. This will not affect user eligibility or operator reimbursement).

Level of Concession

The proposed scheme provides free travel on presentation of a valid pass.

Administration

The administration of the issue of concessionary fares scheme passes will be carried out by the Strategic Transport Team. A database of all people who are issued with a bus pass will be kept. The City Council will be responsible for meeting the statutory requirements for data protection.

Reimbursement Arrangements

Operators will submit monthly returns to the City Council unless otherwise agreed in advance. Payment of 85% of the estimated figure for the month will be agreed with the operator and be made on the 15th of the month. The outstanding figure will be paid once exact figures are known from verified operator returns.

The City Council will require all information produced in support of claims to be certified as accurate by a “responsible person”.

The returns will be subject to periodic audit by the City Council or its nominated representatives. Bus operators will be expected to provide information reasonably required for this purpose.

The standard method of operator reimbursement will be the method used in the Reimbursement Calculator published by the Department for Transport¹, in line with Department for Transport guidance on operator reimbursement². Reimbursement for any period is the aggregate of the sum of Revenue Reimbursement (Net Revenue Foregone), Marginal Operating Costs, Marginal Capacity Costs, Peak Vehicle Requirement Costs and Scheme Administration Costs for the same period in respect of each service/route operated by each operator during that period.

Revenue Reimbursement

Under the standard method Revenue Reimbursement will be calculated for each operator as follows:

$$R = J \times F \times f_r$$

Where:

R is Revenue Reimbursement
J is the validated number of eligible passenger journeys made starting in the scheme area
F is the average fare forgone
f_r is the Reimbursement Factor which takes account of generated travel. This factor will be determined individually for each operator.

The validated number of passenger journeys will be the number of bus boardings recorded by the participating operator commencing from a boarding stage within the scheme area, checked and validated as necessary by the City Council or its agent.

The average fare forgone will be calculated using the DfT’s Reimbursement Calculator. In line with DfT Guidance, it is intended that the “Discount Factor” method will be used for all operators except where any of the following criteria are met, in which case the “Basket of Fares” approach will be used:

- Operators with cash fares only
- Operators with only cash fares and weekly tickets
- Operators with no cash fares
- Operators with atypical ticket price combinations such that the daily ticket to average cash fare price ratio is greater than 5 (before or after degeneration)
- Operators with ticket price ratios such that the Discount Factor method would lead to the proportion of daily or period tickets to cash fare ticket sales being higher than the corresponding proportion for current fare paying passengers

¹ <https://www.gov.uk/government/publications/concessionary-bus-travel-reimbursement-calculator>

² <https://www.gov.uk/government/publications/guidance-on-reimbursing-bus-operators-for-concessionary-travel>

- Where 60 per cent or more of an operator's concessionary passenger boardings (on services serving a TCA's area) are carried on buses where the average weekday daytime frequency (09.30 to 18.00) is one bus per hour or less

The Reimbursement Factor value for each individual operator will be calculated using the Department for Transport's Reimbursement Calculator. The DfT Reimbursement Calculator uses two Single Demand Curves – one for "PTE-like" areas and one for "non-PTE-like" areas. For concessionary journeys on routes that run wholly within the Southampton scheme area the appropriate Reimbursement Factor will be determined using the "PTE-like" Single Demand Curve. For concessionary journeys on routes that run across an administrative boundary from "PTE-like" into "non-PTE-like" areas (as defined by DfT Guidance), a proportion of concessionary journeys will be reimbursed using a Reimbursement Factor based on the "non-PTE-like" Single Demand Curve, with the remainder being reimbursed using a Reimbursement Factor based on the "PTE-like" Single Demand Curve. The appropriate proportions of concessionary journeys for the "PTE-like / non-PTE-like" split will be estimated by the Council based on best available information on residency of concessionary passengers boarding the cross-boundary services within the scheme Principal Area. The default estimate is that half of such concessionary journeys will be reimbursed using a Reimbursement Factor based on the "non-PTE-like" Single Demand Curve, with the other half being reimbursed using a Reimbursement Factor based on the "PTE-like" Single Demand Curve."

The actual value of the Reimbursement Factor used for each operator is determined by the appropriate Single Demand Curve, together with the percentage change in average commercial fares (in real terms, taking account of inflation as measured by Government Consumer Price Index (CPI) figures) on the operator's routes that serve the scheme area between 2005-6 and 2020-21. This will be calculated by the City Council using the best available information, including data provided by the operator concerned. Care will be taken to use comparable data sets in calculating this change, to the extent possible. Where operator-specific data on the change in average commercial fares between 2005-6 and 2020-21 is not available, the City Council will use either: (a) a scheme-wide figure for average percentage change in commercial fares; or (b) the National Bus Index up to 2010-11 and the percentage change in average commercial fares between 2010-11 and 2020-21.

Marginal Operating Costs

Marginal Operating Costs will be calculated in accordance with the Department for Transport's Reimbursement Calculator. Each operator will receive Marginal Operating Costs for each generated concessionary journey. Marginal Operating Costs will be calculated in two parts for each operator; the "Fixed" and "Variable" elements, using the DfT Reimbursement Calculator. The "Fixed Element" of operating costs equates to £0.069 per generated concessionary journey (according to the latest DfT Calculator published November 2019). The "Variable Element" relates directly to the average concessionary journey length for an operator. The average journey length will be taken to be the default value in the DfT Reimbursement Calculator unless the City Council can determine an alternative value based on local evidence from the operator.

The number of generated journeys to be used in the calculation of the Marginal Operating Costs will be calculated as follows:

$$J_g = J \times (1 - f_r)$$

Where:

J_g is the number of generated journeys
 J is the validated number of passenger journeys
 f_r is the Reimbursement Factor which takes account of generated travel, expressed as a decimal fraction.

Marginal Capacity Costs

Marginal Capacity Costs are the costs to a bus operator of necessarily providing increased capacity on a bus route to accommodate generated travel resulting from the concessionary travel scheme, by using the existing bus fleet more intensively through increased frequency. Marginal Capacity Costs payable are net of the estimated additional revenue generated from commercial journeys that arise from increased frequency.

It is recognised that a possible alternative response to the increase in demand from generated concessionary travel would be to increase seating capacity rather than increase frequency of service. However, the costs payable to operators making this operating choice will not exceed the net costs of increasing frequency (including revenue effects) of using existing buses, as set out below.

The City Council will adopt the Marginal Capacity Cost (MCC) calculator of the DfT Reimbursement Calculator for determining the level of Marginal Capacity Costs payable to each operator. This requires the following input parameters for each operator's network of services that serve Southampton:

- Average bus speed
- Mean vehicle occupancy
- Mean journey length
- Mean route length
- Commercial journeys (including adults, young people and children) as a percentage of total journeys
- Average commercial fare (including adults, young people and children) per journey

Where an operator can provide (in the reasonable judgement of the City Council) a properly evidenced full set of local inputs on all of these parameters, they will be used for calculating Marginal Capacity Costs due using the DfT MCC Calculator. Where an operator does not provide such a properly evidenced full set of local inputs on all these parameters, the set of default values contained within the DfT MCC calculator will be used for calculating Marginal Capacity Costs due to that operator.

Peak Vehicle Requirement Costs

The City Council recognises that in exceptional circumstances an operator may have to operate additional vehicles in the peak period due to generated concessionary travel. If an operator wishes to claim additional Peak Vehicle Requirement (PVR) Costs then the operator must supply data and analysis to support such a claim. If an operator wishes to submit a claim, the evidence that is required to be provided is set out in the DfT Guidance on reimbursing bus operators (as published in November 2019) at paragraphs 7.61 to 7.63. The calculation of any PVR costs due to an operator submitting a valid claim will follow the calculation process set out in the DfT Guidance on reimbursing bus operators (as published in November 2019) at paragraphs 7.64 to 7.74. Settlement of claims agreed as reasonable by the City Council will be made without undue delay.

Scheme Administration Costs

The City Council recognises that operators are subject to administration costs for which they should be reimbursed. These costs include publicity, ticketing, software changes and management time relating to special requests for information. The council will pay administration costs at a rate of £0.002 for each trip made under the scheme.

Operators claiming reimbursement from the scheme above a level of £10,000 per annum must have suitable, auditable, Electronic Ticket Machine (ETM) data that will be required each month, except in circumstances that have been agreed with the Authority. Claims submitted with inadequate data may need to be validated through surveys. In these cases, the Scheme reserves the right to reclaim the cost of this validation.

Operators claiming reimbursement from the scheme above a level of £10,000 per annum must have ITSO-compliant smart readers with fully-functioning Class 2 messaging (including hot listing), and that are compatible with the Southampton HOPS, in active operation and must use the output of those readers to arrive at the claim. If smart readers are not in use or if they are not being used with full functionality as above, the Council reserves the right to make a proportionate deduction of 3% from the number of journeys claimed each month to account for the level of undetected fraudulent travel that is assumed to be taking place. The relevant reimbursement rate will be applied to the number of journeys after deduction unless the operator can provide verifiable evidence that all the journeys claimed for were made by holders of valid passes.

On request, the operator must make available historic boarding data for affected services; this will normally be in the form of unprocessed data from electronic ticket machine systems.

To enable the timely and efficient operation of the scheme and consideration of claims, claims should be submitted by the end of the calendar year to which they relate and relate to the preceding 12 months operation of the scheme. Additional claims submitted in accordance with the Limitation Act 1980 will be considered on a case by case basis.

Any challenge to any decision by the Authority in relation to any claim for additional capacity costs must be brought in accordance with the paragraph below headed "Operator Representations and Complaints".

Right to Survey

The City Council has the right to carry out surveys on vehicles on which concessions are given. Bus operators will be consulted as to how and when the survey will be carried out and operators will be given reasonable prior notice of the City Council's intention.

Variations

Southampton City Council reserves the right to vary the Scheme or to offer discretionary enhancements to the Scheme in accordance with the provisions of the Transport Act 1985 and any reimbursement arrangements relating to and forming part of the Scheme at any time in accordance with the provisions of the Acts, upon relevant Notice. Southampton City Council shall give 28 days notice in writing to Operators of any proposed variations or changes to the Scheme, save where changes relate to reimbursement arrangements in relation to which the Authority shall give 4 months notice of any proposed changes reimbursement arrangements, but the period of such notice may be shortened by mutual agreement or variations to the scheme required to give effect to a decision of the Secretary of State for Transport's determination of any application under the Transport Acts in relation to which the Authority shall give notice in writing to apply with immediate effect .

Right of Participation

Notwithstanding the mandatory participation of Operators in accordance with the Transport Act 2000 and the Concessionary Bus Travel Act 2007, Southampton City Council may require and notify any Operator to participate in the Scheme or any variation of the Scheme in accordance with the Transport Act 1985, and such participation will commence not less than 28 days after

receipt of such written notification. At the date of notification the Operator will be supplied with a copy of this Scheme and any Variations thereto.

Operator Representations and Complaints:

If an Operator in this Scheme wishes to make any representations in relation to this scheme or reimbursement under this scheme (including any challenge, complaint, concern or grievance in relation to the Scheme) such a representation should be made in writing to the Responsible Authority at the address set out above. Representations will be considered by the Council on their merits and without prejudice to the Operators rights of Appeal under the Acts. Operators also have the right to avail themselves of the Authority's Corporate Complaints Policy, details of which may be found on the Authority's website at www.southampton.gov.uk

Right of Appeal

Any Operator has a right of appeal to the Secretary of State against the terms of reimbursement of the Scheme under the Transport Acts 1985 and 2000 or against participation in any discretionary element of the Scheme under the Transport Act 1985 on the grounds that:-

(a) There are special reasons why their company's participation in the scheme in respect of any of the services to which the notice applies would be inappropriate (under both the 2000 Act and the 1985 Act); or

(b) Any provision of the scheme or of any of the scheme arrangements are inappropriate for application in relation to any operators who are not voluntarily participating in the scheme (1985 Act only).

Prior to making such an application, notice in writing must be given to the person and at the address specified under the 'Responsible Authority Heading above.

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Agenda Item 9

DECISION-MAKER:		CABINET COUNCIL	
SUBJECT:		Local Placement Plan – Children’s Residential Care	
DATE OF DECISION:		17 March 2020 18 March 2020	
REPORT OF:		Cabinet Member for Aspiration, Children and Lifelong Learning	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Rebecca Ayres	Tel: 023 8083 4804
	E-mail:	Rebecca.ayres@southampton.gov.uk	
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	E-mail:	Hilary.brooks@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
NOT APPLICABLE			
BRIEF SUMMARY			
<p>This report sets out the business case for the local placement plan which has been designed by the Children & Families service. In recent years the council has found that it is unable to make local placements for young people requiring residential placements as sufficient spaces do not exist locally. As the demand for such placements increases the council expects this situation to continue. The Children & Families service propose to develop a number of council managed residential homes for young people to ensure that wherever possible young people can be placed locally.</p>			
<p>This report set out the reasons for the development of the local placement plan, the resources required to implement the plan and the proposed governance arrangements for the residential homes.</p>			
RECOMMENDATIONS:			
Cabinet			
	(i)	To approve the Local Placement Plan business case (appendix 1).	
	(ii)	To delegate authority to Executive Director Children & Families service, following consultation with Cabinet member for Aspiration, Children and Lifelong Learning, to take necessary steps required to implement the proposals in (i) above.	
Council			
	(i)	<p>To approve the financial commitment of £2,311,500 Capital spend and Revenue spend from Children and Families budget as below to deliver the project.</p> <p>FY 20/21 - £686,200 FY 21/22 - £2,476,400 FY 22/23 - £2,880,800</p>	

REASONS FOR REPORT RECOMMENDATIONS	
1.	The Local Placement Plan will support the delivery of the council's outcomes, namely children and young people get a good start in life. Evidence identifies that most young people prefer to live locally and that their outcomes are often higher when local placements can be made. As corporate parents of the young people who may be impacted by these proposals, it is our responsibility to ensure we provide the best possible care for these young people.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	An alternative option to tender for providers to directly manage homes provided by Southampton City Council has been rejected for a number of reasons as stated in Appendix 1, but primarily because it does not provide the council the control over the provision and the increased reputational risks.
3.	An alternative option to do nothing and continue with current and existing contractual arrangements has been rejected for a number of reasons as stated in Appendix 1, but primarily because it does not provide the council with control over the shaping of the local market and educational attainment can sometimes be compromised.
DETAIL (Including consultation carried out)	
4.	The purpose of this report is to set out the business case (Appendix 1) for providing Southampton City Council (SCC) owned and managed children's residential care provision on a medium to long term basis as well as providing emergency/assessment care which may also take place on a planned break basis.
5.	Context
6.	Southampton City Council had seen a significant increase in the numbers of children coming into care over the five years 2010 - 2015. Whilst the number has been steadily reducing through a persistent focus on achieving permanency, the rate (105 per 10,000) is still higher than would be anticipated for a city of Southampton's size and demographic (the average rate for our statistical neighbours being 69 per 10,000). At the time of writing the number of looked after children remains just below 500. A small number of looked after children require residential placements due to their needs. Rigorous oversight continues to ensure the right children are brought into care at the right time. A recent audit of children's entry into care has shown that our decision making was correct.
7.	The city does not have enough residential care provision and what exists is delivered by the independent sector. This means that children who require residential provision are often placed out of area. As at March 2019, the Council had approximately 31 children placed in independent residential accommodation at a total cost of £4.6M, (equating to an approximate average of £148,000 per child). This had increased to 34 children being placed in residential care at 31/1/20 with an acceptance that between 34-40 children will be placed in residential care over the next year Care packages have been increasing on an annual basis and due to the demand for placements, private providers can refuse placements if additional support fees are not agreed, knowing that the local authority is

	<p>unlikely to be able to source another placement. Once a child is in placement it is very difficult, and sometimes impossible, for the local authority to argue against increased support fees which has directly impacted the External Placement Budget in the current financial year. A significant proportion of the children in residential provision are placed more than 50 miles away from Southampton, which is both detrimental to children and young people who subsequently find it harder to maintain networks and stability, as well as presenting a financial and time pressure for the Council.</p>
8.	<p>Southampton City Council has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible. Children and young people in the care of Southampton City Council require a range of placements to meet their needs. These placements include residential child care used for children and young people who struggle to manage relationships, as well as those who are needing an emergency placement but due to the lack of foster care placements, end up being placed in a residential facility.</p>
9.	<p>The priority for Southampton City Council is to focus on the potential and safety of children, young people and their families by providing effective, value for money services that deliver positive sustained outcomes for them. The Council is committed to listening to children and young people, their families and the wider community to ensure that their experiences as service users is the best it can be, which not only meets their needs but is aspirational in targeted outcomes for all. This can be achieved through a whole service graduated response as follows:</p>
10.	<ul style="list-style-type: none"> • Early Help services providing targeted, timely and effective help and support to the most vulnerable families at the earliest stage, so that concerns do not escalate to an extent where they require higher-level services with more specialist support; • Bringing together services that strengthen families, supporting children on the edge of care to remain at home with support provided through parenting programmes, family support and community involvement and planned breaks as appropriate; • Engaging young people in positive activities, developing positive emotional health and wellbeing and preventing youth crime and anti-social behaviour; • Developing closer links with foster carers to develop pathways for children and young people, who are currently in a residential placement, to step down to foster care where appropriate; • Reducing the number of out-of-area placements made through the provision of local residential children's homes: <ul style="list-style-type: none"> ○ to accommodate children & young people who require medium to long term care thereby increasing their chances of maintaining their links with the local area, local community, family and friends, with the option of stepping down into Advanced Foster Care as appropriate; ○ to provide a short break provision with accommodation for one emergency placement primarily to be used to support edge of care involvement. This supports short periods of residential

	<p>i.e. a number of days while work is undertaken with the family with the express purpose of the children returning home with support.</p> <ul style="list-style-type: none"> ○ to support step-down placements by the residential care staff maintaining links with the child/young person which will enhance placement stability and reduce the risk of placement disruptions. Step-down placements must always include a return home as one of the options available.
11.	Proposals
12.	In line with the report recommendation it is suggested that SCC pursue the option to develop in-house council owned and run residential homes for young people aged 10-18.
13.	Good practice suggests that modern children's homes are based on a model of care which is as close to family life as possible; with a regular staff team skilled in working with children & young people who present with attachment difficulties and other challenges arising from adverse childhood experiences. Due to this it is suggested that SCC follow a similar approach to other Local Authorities who also have their own residential homes which receive either good or outstanding Ofsted Inspections and use a model with sees the development of small 2 bedded units which feel like family homes for the young people.
14.	In total it is suggested that SCC develop five two bedded children's homes and one four bedded crisis intervention centre in Southampton. This would require the purchase and renovation of existing buildings. In total this would provide 14 placements for children and young people. This will not fully meet SCC's current demand but focus on ensuring best interests of children and young people are met in the future. This means we will not change placements of all young people currently placed out of area and it should be noted in some cases, out of areas placements are required for young people. In the future SCC expects to commission both internal and external placements.
15.	<p>It is proposed that the introduction of the homes is undertaken in three phases to ensure attention to detail is given to each home, allowing for induction and embedding of the model of practice which will minimise any delay in registration of the homes by the regulator.</p> <p><u>Phase 1 - FY2020-2021</u> Home 1 – medium-long term stay 2 bedded house Home 2 – Emergency/Crisis unit – 4 beds</p> <p><u>Phase 2 - FY2021-2022</u> Home 3 - medium-long term stay 2 bedded house Home 4 - medium-long term stay 2 bedded house</p> <p><u>Phase 3 - FY2021-2022</u> Home 5 - medium-long term stay 2 bedded house Home 6 - medium-long term stay 2 bedded house</p>

	Further detail provided in paragraph 26 regarding financial and staffing implications.
16.	Governance
17.	Full details regarding the governance proposals are shown in Appendix 1 but in summary the following will be put in place.
18.	<p><u>Independent Inquiry into Child Sexual Exploitation 1997-2013</u></p> <p>The Council will need to assure itself that re-introducing residential care provides good care for young people, particularly in light of recent cases which have highlighted the potential for child sexual exploitation, with the Rotherham Inquiry being uppermost in decision makers minds. The Independent Inquiry into Child Sexual Exploitation 1997-2013 will be used to ensure lessons learnt from the enquiry are acted upon at SCC.</p>
19.	<p><u>Ofsted</u></p> <p>As the proposed homes will be Ofsted regulated services Ofsted's Regulatory Team Manager for the South East has been consulted on the proposals. This engagement with Ofsted will continue informally during planning stages but also more formally when registration documents are submitted.</p> <p>Once operational the home will also be subject to regular inspections, these will be reported on appropriately within SCC to a variety of committees including Corporate Parenting Board.</p>
20.	<p><u>Visits by an Independent Person</u></p> <p>In line with Ofsted regulations an Independent Person will be appointed to carry out monthly visits to each home to undertake a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. Their reports will be shared appropriately within the council.</p>
21.	<p><u>Internal Governance</u></p> <p>As corporate parents, councillors and appropriate officers have more understanding of criminal exploitation of children and young people and have access to training to raise awareness of the needs of Looked After Children and CSE. All placements made with independent fostering agencies or residential homes have to be agreed and signed off by the Service Lead, Children's Services. There is active involvement with the Children in Care Council where their care experiences and the quality of support they receive is regularly presented to the Corporate Parenting Board.</p> <p>The Service Manager (Residential Care) will report to Children's Services Leadership Team (CSLT) chaired by Service Lead for Children's Services. The Service Manager will receive monthly supervision and regular appraisals. The Service Lead will also undertake announced and unannounced visits to the children's homes.</p>
22.	Benefits
23.	Full details regarding the benefits of the proposals are shown in Appendix 1 but in summary the following will be experienced.

24.	<p><u>Benefits for Children</u></p> <p>The majority of benefits for children relate to the fact that increased local placements within Southampton mean young people can remain within or close to their community, are more likely to be able to attend the same school, can continue with hobbies, talents and interests, have more meaningful and engaging time with their birth families, relatives and friends which could result in a return home or a placement with a friend or family carer.</p> <p>Young people can also expect better relationships with staff they work with (e.g. social workers) when distance of placement is removed as a potential barrier.</p> <p>Evidence also suggested the further away from home a child is placed the higher the likelihood of them trying to return home and experience a period where they are missing from their placement. When they are missing, they are exposed to greater risks; local placements should mean fewer missing episodes and reduced risks for the individual.</p>
25.	<p><u>Benefits for Southampton City Council</u></p> <p>All looked after children should receive visits during their placements, these visit often take place on 6 monthly intervals but more frequently in newer placements. This means staff involved within placements visits, looked after child reviews and health checks will be required to spend less time travelling, creating two benefits for SCC, reduced travel costs and less travel time.</p> <p>The implementation of an in-house residential service will reduce the External Placements Budget as well as having a direct impact on the staffing budget by reducing overnight and other associated costs.</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
26.	<p>There are both capital and revenue implications for this proposal. A more detail breakdown in shown in Appendix 1. Costs stated below have been compared to current costs of external placements and have identified reduced costs.</p> <p>A summary of costs by phase is as follows:</p> <p><u>Phase 1 (1 two bed unit and 1 four bed unit) 2020-2021</u></p> <p>Capital Costs – 981,500 Revenue Costs – 686,200(part year costs)</p> <p>Thereafter, annual running costs these 2 unit is £1013,000</p> <p><u>Phase 2 (2 two bed units) – 2021-2022</u></p> <p>Capital Costs – 665,000 Revenue Costs – 1,051,700</p> <p>Thereafter, annual running costs for these 2 units is £827,600</p> <p><u>Phase 3 (2 two bed units) – 2021-2022</u></p>

	<p>Capital costs – 665,000</p> <p>Revenue Costs – 411,700 (part year costs)</p> <p>Thereafter, annual running costs for these 2 units is £827,600</p> <p>Additional cross unit staffing revenue costs: £212,600</p> <p>Total Capital Investment requires - £2,311,500</p> <p>Revenue costs FY 20/21 - £686,200</p> <p>Revenue costs FY21/22 - £2,476,400</p> <p>Revenue costs FY 22/23 - £2,880,800</p>
<u>Property/Other</u>	
27.	This proposal will see SCC purchase 6 new properties with Southampton boundaries. These will comprise of 5 properties which will contain 2 placements and 1 property which will contain 4 placements.
28.	Some initial checks have been completed to see if SCC already has suitable properties which are available however none have been identified at this stage which explains why this proposal seeks to gain new properties. Details regarding financial implications for building related costs can be found in Appendix 1.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
29.	SCC has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible.
30.	The proposals are designed to meet local authorities statutory duties as outlined in the relevant children’s legislation and the proposals go further to align SCC with other highly performing local authorities, according to Ofsted standards.
31	The Council has the power to acquire property by agreement from which to deliver services required for the discharge of its functions under s.120 Local Government Act 1972 subject to the duty to exercise best value in the acquisition terms.
<u>Other Legal Implications:</u>	
32.	The proposals have been fully assessed in accordance with the Council’s statutory duties under the Equality Act 2010, including the Public Sector Equality Duty. A detailed Equality and Safety Impact Assessment with mitigation and remediation measures is included with this report and will be reviewed and updated throughout the engagement activities as proposals are implemented in accordance with the Business Plan. .
33.	In accordance with Ofsted regulations the proposed homes will be regulated according to the Care Standards Act 2000. This Act ensures staffing, policy, placements and allocations decisions are made in alignment with statutory duties.

RISK MANAGEMENT IMPLICATIONS	
34.	<p>More details on risk management are shown in Appendix 1. If this project is approved, it will follow the council standard risk management approach within projects.</p> <p>The most significant risks at this stage of the project are:</p> <ul style="list-style-type: none"> - Funding approval – this is being mitigated by a full business case having been developed to justify decision. - Placement matching leading to home not being fully occupied – this is mitigated by only having 2 bed units and focusing on outcomes for young people. - Community resistance – this is mitigated by having dedicated resources already identified to work with key stakeholder to ensure concerns are alleviated. - Ofsted registration – this is mitigated by continued engagement with Ofsted which has already begun. - Reputational risks – this is mitigated by a robust management and governance structure being agreed before proposals implemented alongside a rigorous approach to recruitment
POLICY FRAMEWORK IMPLICATIONS	
35.	The recommendations in this paper support the delivery of the council's goals of 'Greener, Fairer and Healthier'. They also contribute to the Children & Young People Strategy (2017-2020). The proposals specifically support the council's goal that 'children get a good start in life'.
KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Appendix 1 – Business Case
2.	Appendix 2 - ESIA
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
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	Yes – DPIA will be completed at appropriate project stage.
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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**DEVELOPING CHILDREN'S RESIDENTIAL
CARE IN SOUTHAMPTON**

BUSINESS CASE

Project name	Local Placement Plan - Children's Residential Care in Southampton	Project ID		
Programme Name	Local Placement Plan			
Author				
SRO				
Document Status	Confidential	<input type="checkbox"/>	Draft	√
	For Circulation	<input type="checkbox"/>	Signed Off	<input type="checkbox"/>

Document History

Revision History

Revision date	Summary of Changes (indicate section numbers)	Changes marked

Revision History

Revision date	Summary of Changes (indicate section numbers)	Changes marked

Reviewers

This document requires the following approvals to the Final version:-

Name	Title	Date Reviewed	Version Reviewed
Add reviewers names			

Approvals

This document requires the following approvals to the Final version:-

Name	Signature	Title	Date approved
Hilary Brooks		Director Children's Services, SCC	

Distribution

This document has been distributed to:-

Name	Title	Date Distributed	Version Number Distributed



Contents

1	Executive Summary.....	6
2	Background and Challenges.....	7
	LAC Placement & Sufficiency Strategy	8
3	Impact on Local Authorities.....	9
4	Understanding Local Needs Analysis.....	10
	Current residential placements	12
5	Financial Analysis.....	13
6	Specification of in-house provision.....	14
	Mechanisms for oversight and monitoring	14
	Management of homes and conduct	15
	Scrutiny measures	15
	Model of practice	16
	Location of children’s homes	17
	Financial modelling	17
7	Risk Management.....	19
8	Governance.....	20
	External Governance	21
	Ofsted	22
	Changes in Regulations & Standards since 2015	21

	Process for registration of children’s homes	22
	Visits by Independent Person	22
	Internal Governance	22
9	Benefit Realisation.....	23
	Benefits for children	23
	Benefits for employees	25
10	Options Appraisal.....	25
11	Recommendations.....	29

1 Executive Summary

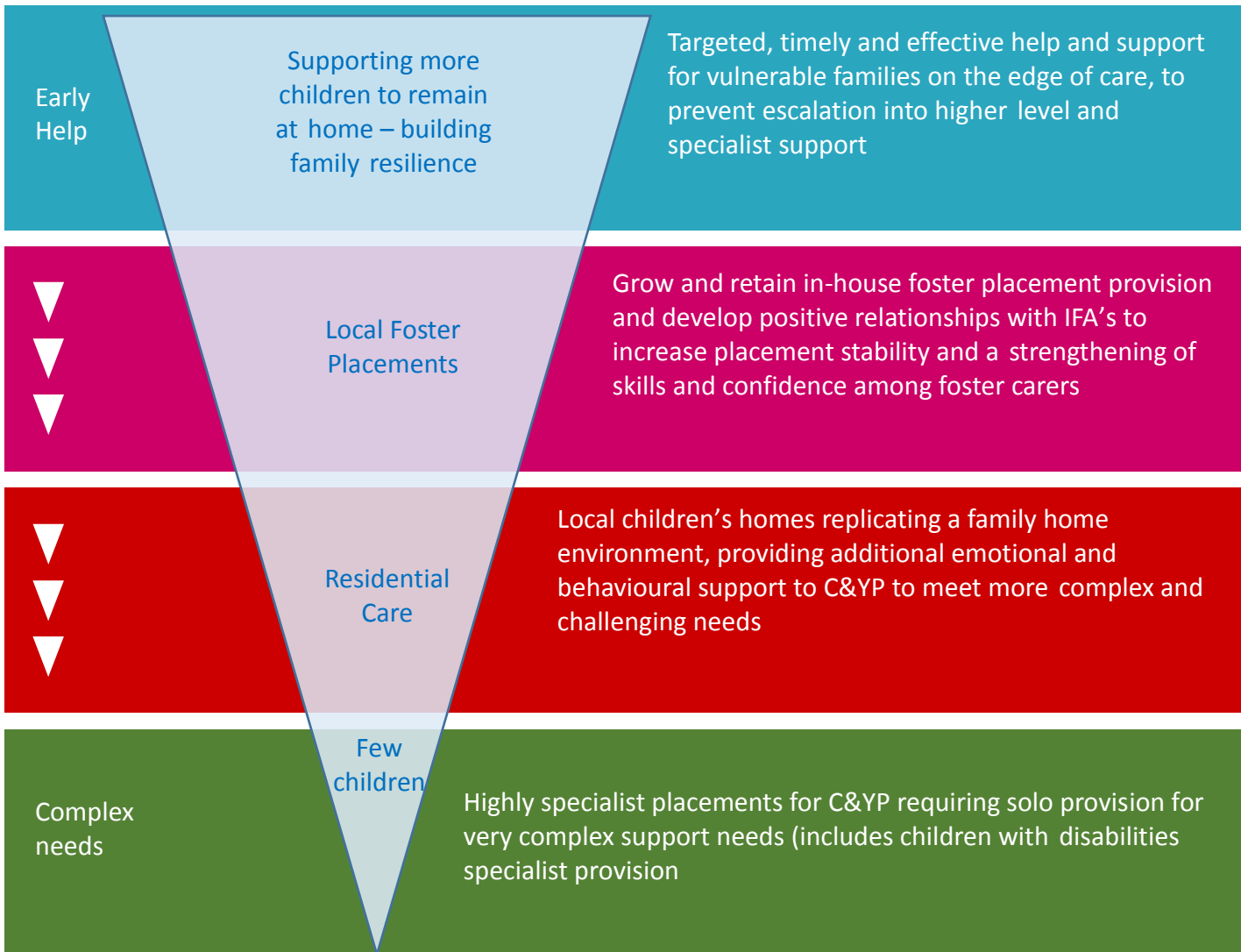
The purpose of this document is to set out the business case for providing Southampton City Council owned and managed children's residential care provision on a medium to long term basis as well as providing emergency/assessment care which may also take place on a planned break basis. This paper will set out the current need with both direct and indirect costs to the Council demonstrating that this service is best provided in-house rather than in the private market. This business case is in line with Southampton City Council's First Policy adopted April 2019; SCC First is a commitment by Southampton City Council (SCC) to use in-house services to meet SCC requirements where such capability exists and where "SCC Best Value" can be demonstrated.

The priority for Southampton City Council is to focus on the potential and safety of children, young people and their families by providing effective, value for money services that deliver positive sustained outcomes for them. The Council is committed to listening to children and young people, their families and the wider community to ensure that their experiences as service users is the best it can be, which not only meets their needs but is aspirational in targeted outcomes for all. This can be achieved through a whole service graduated response as follows:

- Early Help services providing targeted, timely and effective help and support to the most vulnerable families at the earliest stage, so that concerns do not escalate to an extent where they require higher-level services with more specialist support;
- Bringing together services which strengthen families, supporting children on the edge of care to remain at home with support provided through parenting programmes, family support and community involvement and planned breaks as appropriate;
- Engaging young people in positive activities, developing positive emotional health and wellbeing and preventing youth crime and anti-social behaviour;
- Developing closer links with foster carers to develop pathways for children and young people, who are currently in a residential placement, to step down to foster care where appropriate;
- Reducing the number of out-of-area placements made through the provision of local residential children's homes:
 - to accommodate children & young people who require medium to long term care thereby increasing their chances of maintaining their links with the local area, local community, family and friends, with the option of stepping down into Advanced Foster Care as appropriate;
 - to provide a short break provision with accommodation for one emergency placement primarily to be used to support edge of care involvement. This support short periods of residential i.e. a number of days while work is undertaken with the family with the express purpose of the children returning home with support.
 - to support step-down placements by the residential care staff maintaining links with the child/young person which will enhance placement stability and reduce the risk of placement disruptions. Step-down placements must always include a return home as one of the options available.

This proposal has been developed taking advice and guidance from Ofsted, Warrington Borough Council and Hampshire County Council, both of whom have 'Outstanding' residential provision. A proposal for ongoing mentoring has been made to the Director of Children's Services at Warrington as well as to Hampshire, and their decisions are awaited.

Graduated Response Model



2 Background and Challenges

Southampton City Council had seen a significant increase in the numbers of children coming into care over the five years 2010 - 2015, rising to a high of 637 in the summer of 2015. Whilst this number has been steadily reducing since then through a persistent focus on achieving permanency for children and dropped to 509 by mid-September 2018, the rate (105 per 10,000) is still higher than would be anticipated for a city of Southampton's size and demographic (the average rate for our statistical neighbours being 69 per 10,000). At the time of writing the number of looked after children remains just below 500. Rigorous oversight continues to ensure the right children are brought into care at the right time. A recent audit of children's entry into care has shown that our decision making was correct.



The City does not have enough residential care provision and what exists is delivered by the independent sector. These homes will have children placed by other authorities as presently there are not any block contracts in place to ensure Southampton's children can be guaranteed a placement, which means that children who require residential provision are often placed out of area. As at March 2019, the Council had approximately 31 children placed in independent residential accommodation at a total cost of £4.6M, this had increased to 34 children being placed in residential care at 31/1/20 with an acceptance that between 34-40 children will be placed in residential care over the next year (refer to Financial Analysis (section 6)).

Care packages have been increasing on an annual basis due to the demand for placements. Once a child is in placement it is very difficult, and sometimes impossible, for the local authority to argue against increased support fees and this has directly impacted the External Placement Budget in the current financial year. A significant proportion of the children in residential provision are placed more than 50 miles away from Southampton, which is both detrimental to children and young people who subsequently find it harder to maintain networks and stability, as well as presenting a financial and time pressure for the Council.

There are six privately run residential homes on the Framework Agreement currently administered by the consortium of local authorities in the South East. Some of these are specialist provisions which include education on site. However, there are no Southampton children placed in any of these provisions at the time of writing.

Looked After Children Placement Sufficiency Strategy 2020 – 2025

Southampton City Council has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible. Children and young people in the care of Southampton City Council require a range of placements to meet their needs. These placements include residential child care used for children and young people who struggle to manage relationships, as well as those who are needing an emergency placement but due to the lack of foster care placements, end up being placed in a residential facility.

The Sufficiency Strategy considers the anticipated levels of need and demand that will be required to enable the Council to ensure that there is sufficient provision in place to meet need locally wherever possible, with minimum disruption to the lives, education, care and health care of local children. The Strategy ensures there is flexibility in terms of quality and responsiveness to provide stable placements that meet their needs and aspirations, and provide maximum scope for children to either experience, or move towards experiencing a safe family home environment during childhood and adolescence.

As part of a systematic review of the current structure for provision of services and in response to a wider range of challenges, an overarching Children's Services Transformation Programme (CSTP) is in place within Southampton Children's Services in order to focus on the development of early intervention and prevention, and for those children who need to be looked after away from home, to drive forward timely permanence.

The Sufficiency Strategy focuses upon all accommodation needs from adoption to care leavers and consideration should be given to undertake a Housing Review to identify and map all available accommodation for teenagers aged 17+. A number of young people need additional support especially when being stepped down from residential care. This is a good opportunity to identify gaps in available accommodation and put plans in place to address these. Ofsted noted, in their recent report, the inappropriate use of bed & breakfast accommodation for young people, insisting this is discontinued immediately. This is particularly pertinent as Central Government announced on

12th February 2020 a proposed ban on the use of unregulated placements for children under the age of 16 years, with national minimum standards being introduced for semi supported and independent living accommodation for young people aged 16+. https://www.gov.uk/government/news/strict-new-measures-to-protect-vulnerable-children-in-care?utm_source=fb1b0e0a-2af5-4deb-9a18-53551ec2d40f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

The mapping of all available accommodation for this particular age-group also feeds into the Sufficiency Strategy.

There is a significant challenge for local authorities to ensure there is enough good quality provision which allows children & young people to be placed within their home area whenever possible and safe to do so. Children & young people placed close to home are able to maintain their family links, their friendship groups, their hobbies and interests, access to their social worker, maintain their education placement and access local therapeutic services, leading to improved outcomes and building on their sense of community.

There are also challenges in ensuring that the cost of residential placements offers Value for Money for placing authorities. The weekly fee for residential placements varies greatly and does not necessarily correlate to the quality of provision. The price of residential care in children's homes is on an upward trajectory, partly due to the introduction of measures such as the National Living Wage and increased regulatory costs.

The Integrated Commissioning Unit is still exploring the opportunity of block contracts with local residential providers, building on the feedback received from the market following an engagement exercise. A possible issue and barrier to successful outcomes is the size of Southampton's geography, i.e. there is not the economy of scale alone to attract the market. The Integrated Commissioning Unit continues to explore possible collaborative arrangements for block contracts with other Local Authorities in the Children's Residential Care Framework.

It is worth noting that should this come to fruition, all Framework Agreements will guarantee a fixed price for a standard placement together with a menu of enhancements at fixed costs which can be purchased by the local authority. However, the issue faced on an almost daily basis is not when the local authority decides to purchase a bespoke support package, but when the provider insists that without purchasing enhancements, they would be unable to care for the child. Other examples discussed on a weekly basis within Children's Services is when providers refuse to reduce their costs even when it is known the service is not being used by the young person. It is these additional packages which drive up the placement costs and if the local authority is faced with the decision to end a child's placement or pay for enhancements, then it is likely the latter will be realised.

3 Impact on Local Authorities

Having taken the decision to close in-house residential provision over the years in favour of foster care, many local authorities are now considering growing their own provision locally by setting up and running smaller residential homes to ensure they can meet the increasing demand in, what is, a providers market with demand outstripping supply nationally.

There is now clear recognition that while fostering can meet the needs of many children, there will always be a significant proportion of children who require longer term residential care. Stoke, Shropshire and Nottingham local authorities have opened a number of children's homes with plans to open more. This increased demand is due to:

- Impact of Ofsted regulatory framework on the availability of placements and the matching of children with others already in placement;
- Narey report published July 2016 identifying that for some children residential care is their care plan and they should be stopped from trying to be matched into fostering households;
- Foster carers are unable to manage the complexities of young people
- Increasing complexity of young people’s support needs across the country, resulting in increased competition for residential placements.

4 Understanding Local Needs Analysis

CORE OFFER	ENHANCED TO SUPPORT	COMPLEX TO SUPPORT
<ul style="list-style-type: none"> • Trauma resolution to recover and repair any damage from adverse childhood experiences such as abuse and neglect, through building resilience and addressing mental health difficulties • Promote and support emotional well-being • Life skills and community inclusion 	<ul style="list-style-type: none"> • Autistic Spectrum Disorder • Learning needs and global development delay • Criminal activity • Risky behaviours • Challenging behaviours • Risk of exploitation • Education attainment • Employability • Financial independence 	<ul style="list-style-type: none"> • Complex disability and/or additional learning needs • Sexualised behaviour • Extremely challenging behaviour including violence against staff and other young people • Risk of absconding • Risk of arson • Psychological and/or psychiatric issues • Solo placement 24/7 and 2:1 or more support ratio

Local analysis indicates there is a range of needs amongst our children & young people, but the predominant need is emotional and behavioural difficulties (EBD) relating to Adverse Childhood Experiences (ACE’s) including sexual and physical abuse and neglect.

In 2018/19 the total of all children looked after at 31/3/19 was 475 of these: 396 (82%) were looked after as a result of abuse, neglect and socially unacceptable behaviour. There were, however, 894 children who experienced an episode of care in the same period.

A number of children were looked after due to having complex disability needs (12 = 2.5%).

Of the total number of children looked after in the period 2018/19:

25% had an Education Health Care Plan*

31% had Special Educational Needs Support*

44% had no identified Special Educational Needs*

**indicative*

Most of the current cohort do not require a specialist residential care provision; a good quality home registered for supporting children with educational & behavioural difficulties would be sufficient to meet needs. Similarly, only a small cohort of children with more specialist needs or for personal safety reasons require an out of area placement.



From analysis of the needs and sufficiency data we can make the following assumptions:

- The number of children looked after had been reducing over the past three years but have been rising in the current financial year (2017:540, 2018:522, 2019:475) with the prediction from 2020 that the number will remain between 480-500.
- Demand for local beds outstrips supply and this is likely to continue. There is no residential provision for the children Southampton needs to place within their home area. The nearest residential homes are located in Hampshire and Wiltshire.
- The number of episodes of care when children & young people were placed out of area during 2018-2019 were 157;
- Increased placement disruptions result in higher cost placements unplanned endings occurred on 43 occasions related to 35 children, reduced negotiation capacity as the need to find a regulated placement is the over-riding priority;
- Increasing complexity with older young people including self-destructive behaviours and child criminal exploitation

Our Children Looked After Strategy is clear that it is not the intention to actively seek to reduce the number of children looked after, but to ensure only those who need to be in the care of the local authority receive accommodation, with the provision being the most appropriate, able to meet their needs and promoting a step-down approach.

The national shortage of placements for young adolescents with complex and challenging needs often require an emergency placement at short notice/same day. These placements tend to be the most expensive as the local authority are unable to challenge the fee put forward by the private provider, given the need to appropriately accommodate the young person without resorting to using unregulated accommodation.

The pressure on the External Placement Budget continues to grow at a pace. The table below indicates the rising costs:

Financial Year	Independent Fostering Placements	Residential Placements (all categories)	Total
2018-2019	6,169,694	4,601,859	10,771,283
Forecast 2019-2020 (at Dec 2019)	7,532,076	6,295,101	13,827,177

The trend of increasing costs, as outlined in this report, is set to continue. In the current financial year, pressure on the External Placement Budget is expected to increase by more than £2M. A breakdown of emergency placements and the committed spend for the three months September-November is set out below.

Analysis of emergency placements September - November 2019 (3 months) committed spend

	No: of c&yp placed	Length of placement	Weekly cost	Total per month

September	6	3 time limited 3 unspecified 'ongoing'	36,117	145,899
October	6 (2 had two placements in the month resulting in 8 placements)	3 time limited 3 unspecified 'ongoing'	52,496	168,356,
November	5 (1 had 2 placements in the month) resulting in 6 placements	all unspecified 'ongoing'	37,146	93,048
Grand Total				407,303

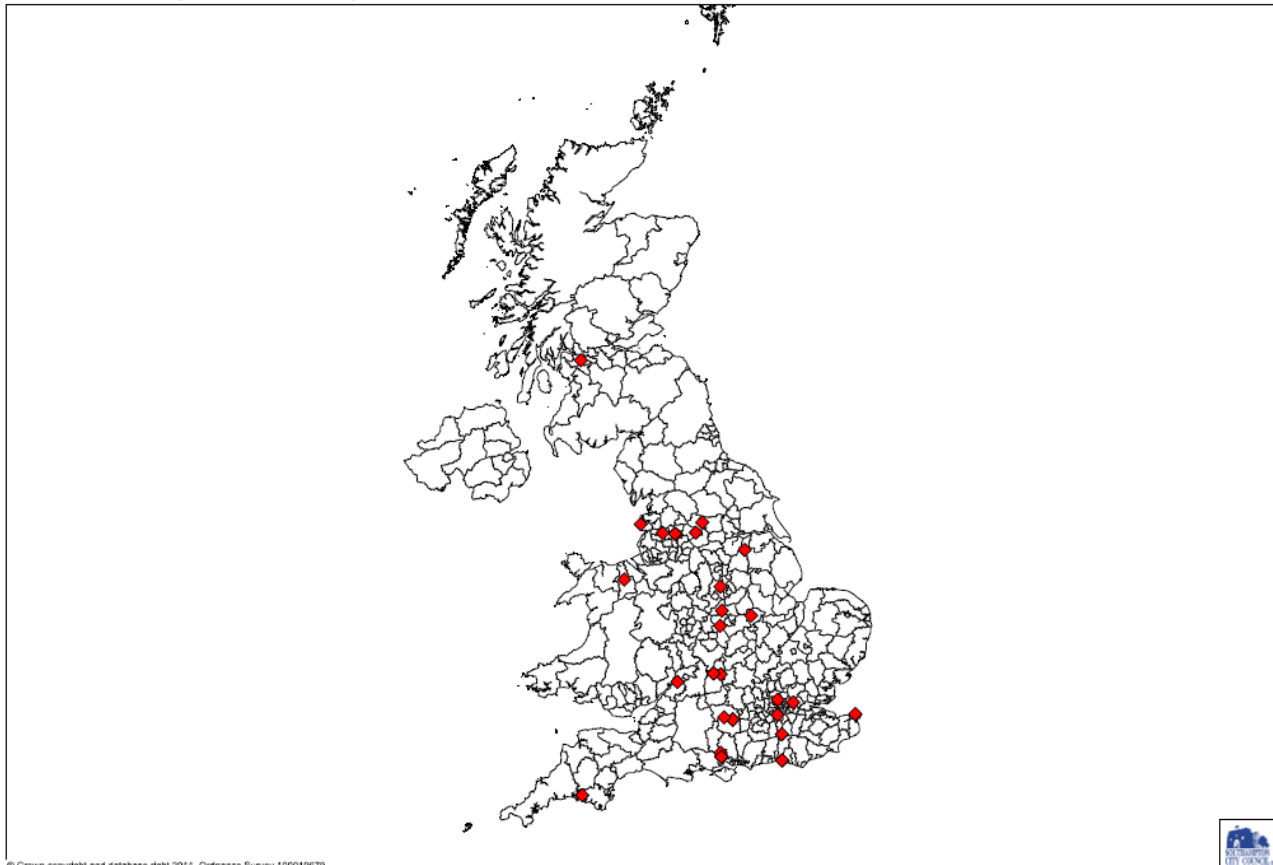
Notes: calculations based on day child placed to end of month or end of placement

November calculations taken to end of month

Current residential placements for Southampton's children and young people

In order to demonstrate where Southampton children are placed, the map below evidences the geographical distance from Southampton some children experience.

Residential LAC (as of 12/02/2020)



5 Financial Analysis

The Integrated Commissioning Unit has advised that the estimated running cost for 12 children as outlined in the financial modelling, works out to £3362 per week which significantly undercuts the Framework average price of £4,434 per week. There is a view that this is a counterintuitive result as local authority directly managed services tend to be higher than average. In order to address this the following need to be considered:

- The weekly cost of children's home provision is rising, particularly when additional therapeutic packages are required. Providers report that this is due to a range of factors including; rises in the National Living Wage, higher regulatory costs and greater expectations for training of staff as well as better understanding of the effects of compassion fatigue and emotional well-being support for staff.
- Private providers tend to have high insurance costs and need to build in HR, Legal, Governance and Training costs which local authority direct services do not have as they are able to benefit from corporate and service wide provisions
- The return on investment for this Business Case will be the reduction of the External Placement Budget. Private providers will have building costs and even if they purchase them themselves, a number of companies hold the assets in another company and charge rent. Private providers also have to include a profit margin and some must factor in dividends to shareholders.
- All these factors when added together increases the cost of residential placements as can be evidenced by the pressure on the External Placement Budget. This is the reason that

many local authorities are developing their own in-house provision as they can achieve Good and Outstanding Services for the same fee, or less in some cases.

The number of older children being looked after is significant as they are likely to have more complex needs and may remain looked after until 18 years of age, with a commitment to support them until 25 years. There is a rise in the number of children & young people in high cost residential placements with the most expensive placement to date being £12,000 pw for a child placed in a caravan with 1:2 staffing of 12 hours (4 members of staff per 24 hours) due to no placement being offered by any provider, this was an unregulated placement. Plans are in place to increase our foster carers numbers however, this may not address the needs of children with more challenging and complex needs who require therapeutic support until the Advanced Foster Care Scheme is commenced, scheduled for March 2020.

The Advanced Foster Care Scheme will be piloted with six fostering households, recruited both externally and in-house. Some fostering households may be approved for more than one child with the initial capacity of the service anticipated to be 10 children. Carers will be requested to accommodate any child referred to them, unless there was a concern about matching a child with a child already in placement.

The scheme's dedicated supervising social worker would undertake the initial setup of the scheme and support the scheme carers. Carers would also be supported by a 0.5FTE psychologist post, a mental health social worker, three family engagement workers and an administrator.

The first foster carers are anticipated to be approved by December 2020 and available for placements from January 2021.

6 Specification of in-house residential provision for children aged 10-18 years

Modern children's homes are based on a model of care which is as close to family life as possible; with a regular staff team skilled in working with children & young people who present with attachment difficulties and other challenges arising from adverse childhood experiences. It is recognised that for some children the intimacy of living in a foster family is too much for them, they may have difficulties managing attachments to adults or they may not wish to have a replacement family. For these children it is now recognised that residential care can, and does, provide excellent care.

In her social care commentary: creating the environment for excellence in residential practice (published 13th February 2020), Yvette Stanley, National Director, Social Care, Ofsted, shares what a sample of consistently good and outstanding children's do to maintain their success. <https://www.gov.uk/government/speeches/social-care-commentary-creating-the-environment-for-excellence-in-residential-practice>. These findings have been incorporated into this business case.

Mechanisms for oversight and monitoring of the homes

It is recognised that Council members and officers are likely to have some reservations with this proposal due to the reasons for closing its children's homes some 10 years ago. The reasons for the homes closure are given as:

- Poor management and conduct of staff
- Poor location
- Spiralling costs

These issues will now be addressed.

Management of homes and conduct

The involvement of Ofsted is discussed in section 8, however their involvement will also be covered in this section as it applies to the management oversight and conduct of the home. The Children's Homes (England) Regulations 2015 apply to this project together with the Children Act 1989 and associated amendments. Members can access the Children's Homes Regulations by following this link: <http://www.legislation.gov.uk/ukxi/2015/541/contents/made>

Every children's home is required to have a Registered Provider who has the time to robustly manage all Registered Managers appointed. Historically, Registered Providers have been the Director of Children's Services or an Assistant Director however, this is no longer felt to be appropriate as individuals in these roles do not have the time to devote to the homes and are distanced from every day practice. The Registered Provider will be the Service Manager (Residential) which is a new post included in the financial modelling. In order to achieve registration, Ofsted must be convinced that the Registered Provider has the qualifications, time, knowledge and experience to provide robust management oversight, supervision of all Registered Managers, leadership qualities and high aspirations for children looked after. A Registered Provider can have management oversight of multiple homes, but must under law appoint a Registered Manager to each home.

Registered Managers will be interviewed by Ofsted under a 'fit persons interview', their qualifications, skills, experience and knowledge explored together with their capacity to manage a home, as part of the registration of children's homes processes. Safer recruitment practices will be in place, as always, for all staff employed by the Council. A person suitable to act as Registered Manager must have within the last 5 years, worked for at least 2 years in a position relevant to the residential care of children and worked for at least one year in a role requiring the supervision and management of staff working in a care role and have achieved NVQ Level 5 (outlined below) or be working towards it (The Children's Homes (England) Regulations 2015).

The Registered Manager will be supported by two Team Leaders who will manage a team of six care workers for the two bedded homes, up to nine for the short break home. In addition, the home will be supported by a psychologist employed to support all the staff employed to work in residential homes.

The Registered Manager is required to hold a qualification equivalent to Level 5 Diploma in Leadership and Management for Residential Child care. If the Registered Manager does not hold this qualification, they have three years under Regulation to gain this for the date of appointment.

All care staff are required to hold a qualification equivalent to Level 3 Diploma for Residential Childcare and have two years under Regulation to gain this, from the date of appointment.

Scrutiny measures

It is proposed that the Lead Cabinet Member for Children's Services undertakes the same scrutiny by Ofsted by registering them at the same time as the Registered Provider. It is further proposed that the Lead Cabinet Member visits the homes on a regular basis, including attendance at staff meetings in order to satisfy themselves that the conduct of the homes is professional at all times, that aspirations for children are high and that staff are going the 'extra mile' to ensure the children feel safe and secure.

Each home is required to appoint an independent visitor who are required, by law, to visit each home at least on a monthly basis to inspect the homes (Regulation 44). They are required to produce a monthly report which is sent to Ofsted HMCI and included in the policies and procedures will be a requirement to send the report directly to the Lead Cabinet Member for Children's Services and the Executive Director/Director for Children's Services. It is worth noting that the independent visitor will undertake unannounced as well as announced visits.

Every six months, the Registered Manager is required, by law, to undertake a review of the quality of care for children which includes feedback from the children and young people placed, as well as any actions needed to improve or maintain the quality of care provided (Regulation 45). This report must be sent to Ofsted HMCI and as stated above, will be a requirement that this report is sent directly to the Lead Cabinet Member for Children’s Services and the Executive Director/Director for Children’s Services.

Notifications of significant events (Regulation 40) which are:

- Death of a child
- A child involved in, or subject to, or suspected of being involved in CSE
- An incident requiring police involvement which the Registered Manager considers to be serious
- An allegation of abuse against the home or a person working there
- Child protection enquiry involving a child at the home
- Any other incident relating to a child which the Registered Manager considers to be serious

These notifications must be sent without delay to Ofsted HMCI and the local authority, which would be the Service Manager (Residential) who would alert higher management as appropriate. However, as a reassurance the independent visitor will look at all notifications made during the previous month on their regular visit and reporting on any themes or concerns.

Ofsted do read the reports submitted to them i.e. Regulation 40; Regulation 44 and Regulation 45’s, they monitor them closely and use them to inform their inspections. Ofsted can undertake additional inspection visits to the home if they felt they had reason to do so.

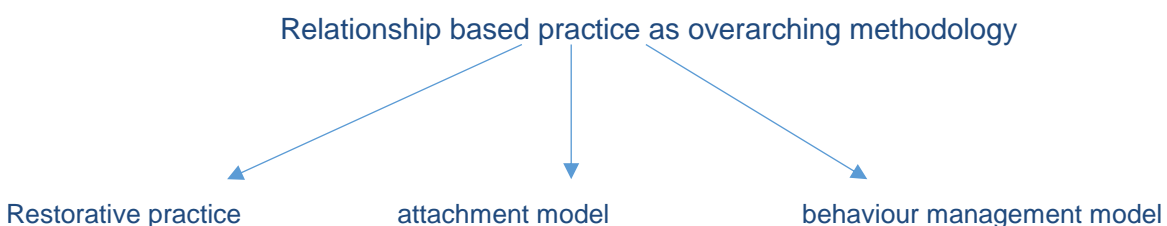
Model of Practice

In order to achieve and maintain an Ofsted ‘Outstanding’ rating, the model of practice must be embedded. This means that, when inspected, the staff can speak to the model of practice and have a clear understanding of how the different elements support each other. In 2018, Eleanor Schooling, National Director Social Care, Ofsted in her blog discussed the importance of having a model of practice i.e. a preferred way of working with children and their families, stating the benefits can be:

- improved and more dynamic assessment
- clearer identification of strengths and risks
- improved focus on the child’s day-to-day lived experience
- better understanding of concerns and what needs to be achieved by parents
- improved social worker morale, supporting staff retention
- greater focus on practice and learning
- more confident social workers.

<https://socialcareinspection.blog.gov.uk/2018/03/01/a-preferred-model-of-practice/>

A model of practice for residential homes is demonstrated below.



(PACE/Solihull approach)

(Team Teach/NAPPI (BILD framework))

This model will be developed with input from 'Outstanding' providers of residential homes such as Hampshire and Warrington with whom contact has already been established.

Location of children's homes

It is understood that the children's homes previously managed by Children's Services were poorly located. A location assessment must be submitted with other registration documents to Ofsted for their consideration. The location assessment must outline all risks and how these are mitigated against. Ofsted are clear that they will not grant registration if they felt:

- The home is poorly located
- The children are likely to experience hostility by neighbours
- The children are unlikely to be included in community activities.

In the past, public meetings were held in village halls hosted by the provider of a proposed children's home in order to inform the community of their plans. This is no longer considered the best way to manage proposed children's homes, rather face to face contact by the Service Manager (Residential) or Registered Manager visiting the neighbours and explaining the plans, results in a good foundation for community inclusion.

Preference is for either detached three bedroomed houses or end of terrace for the longer stay homes and a detached property for the short breaks & emergency home.

The location assessment is a living document and must be reviewed each year, detailing the appropriateness and suitability of the location of the premises taking into account the requirement of regulation 12(2)(c) (the protection of children standard).

Financial modelling

Setting up five two bedded children's homes and one four bedded short break and emergency provision in Southampton to meet some of the existing need (14 bed-spaces) would require a capital investment of £2.3M, revenue costs have been checked and are now complete and will require an investment of £6.1M over a three year period. It is proposed that the introduction of the homes is undertaken in three phases to ensure attention to detail is given to each home, allowing for induction and embedding of the model of practice which will minimise any delay in registration of the homes by the regulator.

Phase 1 2020 – 2021 (Homes 1 & 2)

Set up costs for medium-long term stay home (2 beds) to be operational December 2020:

Capital costs (house, legal & other fees, refurbishment)	£332,500
Revenue costs (Ofsted registration/annual fees, staffing and children's costs)	£238,143

Annual running costs for two children placed £413,794

Set up costs for emergency/crisis unit (4 beds) to be operational December 2020:

Capital costs (house, legal & other fees, refurbishment)	£649,000
--	-----------------



Revenue costs (Ofsted fees, staffing and children's costs)	£330,993
<i>Annual running costs for four children placed</i>	<i>£599,246</i>
Additional revenue costs Phase 1:	
Service Manager (Residential Care) operational July 2020	£59,931
Psychologist operational September 2020	£41,944
Youth Engagement Worker operational October 2020	£15,198
Phase 2 2021-2022 (Homes 3 & 4)	
Set up costs for two medium-long term stay home (2 beds) to be operational April 2021:	
Capital costs (house, legal & other fees, refurbishment) £332,500 x 2	£665,000
Revenue costs (Ofsted fees, staffing and children's costs) £419,554 x 2	£839,108
<i>Thereafter annual running costs per home (average)</i>	<i>£413,794</i>
Additional revenue costs Phase 2:	
Service Manager (Residential Care)	£79,908
Psychologist	£71,904
Youth Engagement Workers x 2	£60,792
Phase 3 2021-2022 (Home 5 & 6)	
Set up costs for two medium-long term stay home (2 beds) to be operational January 2022:	
Capital costs (house, legal & other fees, refurbishment) £332,500 x 2	£665,000
Revenue costs (Ofsted fees, staffing and children's costs) £205,832 x 2	£411,664
<i>Thereafter annual running costs per home (average)</i>	<i>£413,794</i>
Total Capital Investment requested	£2,311,500
Revenue Costs FY20/21 (Houses 1 & 2)	£686,209
Revenue Costs FY21/22	£2,476,416
NB: includes full year costs for Houses 1,2,3 & 4 and part costs for Houses 5 & 6 plus additional staffing	
Revenue Costs FY 22/23 (full year costs for all homes with 14 bed spaces)	£2,880,820
NB: includes additional staffing	

Total Revenue costs requested 2020-2023
£6,125,076

All staff in the homes will have access to a Clinical Psychologist to assist with the development of behaviour management strategies as well as helping them to understand the children's behaviour, the reasons behind any challenges which arise and their response to the child. All staff will be trained to the appropriate NVQ standard as defined by Regulation. Additionally, staff will receive training in the model of practice for each home which is currently being developed.

The programme to develop an Advanced Foster Care service is a timely one. It is envisaged that these foster carers will make strong links with the medium-long stay homes, with a number of the children placed being matched to the carers on a step-down approach while remaining supported by the residential staff, initially, to minimise placement disruptions.

The homes will be located in safe residential locations, close to good transport links, schools & colleges, parks & recreational facilities. A positive location assessment is critical to the success of the application and registration issued by Ofsted. The homes will include staff overnight accommodation as well as access to rooms which allow the children & young people placed to have private visits from significant others.

The longer-term homes will also be registered to take children and young people on a short notice/same day basis. Restricting the homes to just two children will enable excellent matching, which will minimise placement disruption and improve outcomes for the children placed. There is expertise at the most senior level within Children's Services of developing and overseeing multiple children's homes, which will give confidence to the Council that this proposal is built on significant skills, experience and knowledge in this field.

7 Risk Management

Risk	Likelihood H/M/L	Impact	Mitigating action
Funding - Capital and revenue funding will not be granted.	M	If funding is not approved SCC will continue to make residential placements according to the current process and costs.	A phased approach to the project has been developed which also means funding will not all be required in a single financial year.
Placement matching - It may not always be possible to have full occupancy of all homes depending on the needs of individuals.	L	Fixed costs will continue to be occurred in terms of the operation of the homes.	Decision taken to have 2-bedded units to lower this risk. 2 bed-unit means fewer children would be placed together as it has low capacity. Long term SCC could also consider making placements available to other LA's if vacancies exist and are in

			the best interests of young people.
Demand for services – it is likely that SCC will require more placements than these proposals aim to create.	M	SCC will continue to commission both internal and external placements and accept costs for those external placements.	Care plans will review the need of young people and those who can achieve the best outcomes from local provision are more likely to be recommended for placements. In some cases it will be in a young person's best interest to not have a local placement and this proposal supports this approach.
Community resistance - It is possible local residents/stakeholders may resist the opening of these homes	M	Potential negative reputation and poor relationships with stakeholders. Stakeholders could also cause delays to the homes development and cause costs increases to SCC.	Location of homes will be carefully planned and resources identified to work with stakeholders at an early stage.
Ofsted registration – Ofsted only approve registration application once the home is ready to take placements. Should they decline registration the home will not be able to take placements.	L	The purchased home would be unable to take placements.	Early engagement with Ofsted already begun and will continue throughout the project to gain their view on proposals and understand any concerns they have so we can amend proposals.
Reputation – an SCC managed home increases the reputational risk for SCC should any poor practice take place.	L	Potential negative reputation, poor relationships with stakeholders and increase scrutiny on the unit.	Experienced staff will be recruited to meet essential qualification requirements with job descriptions and new policies and procedures will be implemented to ensure good practice.

8 Governance

The Council will need to assure itself that re-introducing residential care provides good care for young people, particularly in light of recent cases which have highlighted the potential for child sexual exploitation, with the Rotherham Inquiry being uppermost in decision makers minds. The Independent Inquiry into Child Sexual Exploitation 1997-2013 undertaken by Alexis Jays OBE states in her Executive Summary *'Over the first twelve years covered by this Inquiry, the collective failures of political and officer leadership were blatant. From the beginning, there was growing evidence that child sexual exploitation was a serious problem in Rotherham. This came from those working in residential care and from youth workers who knew the young people well.'*

<https://www.rotherham.gov.uk/downloads/file/279/independent-inquiry-into-child-sexual-exploitation-in-rotherham>)

In the Cabinet Paper dated 3rd September 2014 'Response to the Independent Report prepared by Alexis Jay' prepared by Martin Kimber, Chief Executive, he states '*The report is critical of past actions in a number of areas, but at the core is poor political and managerial leadership*'. (<https://www.rotherham.gov.uk/downloads/file/278/council-response-to-alexis-jay-report>)

Martin Kimber goes on to say '*The Independent Inquiry highlights the particular vulnerabilities of looked after children. In the past the Council did not have the right level of training for commissioners of services to ensure we placed as appropriately as we might young people who were vulnerable to sexual exploitation. The report author acknowledges that one solution is not suitable for all young people. Whilst some benefitted from being placed out-of-authority, for some it made them more vulnerable as they ran back to Rotherham, or indeed tried to groom others into child sexual exploitation. The key is having good quality child focussed assessments that take account of individual vulnerabilities before seeking an appropriate placement. This is a national issue and I will refer this matter to the Department for Education for consideration. Multi-agency working with the police is stronger and a multi-agency safeguarding hub is operating. National awareness has moved on as a result of Operation Yew Tree, a spate of celebrity prosecutions for child abuse and successful prosecutions of perpetrators of child sexual exploitation*'.

It must be noted that serious failings are not just limited to local authorities, a documentary aired on television 13th December 2017 (Channel 4) 'Who Cares? Children's Homes Undercover' evidenced abuse and serious failings of two major private residential providers. Undercover reporters secured jobs as care staff at residential homes in Shropshire run by the two largest commercial providers of care for looked-after children: Cambian Group, which runs more than 160 homes, and Keys Group, which runs close to 90. (<https://www.theguardian.com/society/2017/dec/13/itv-film-reveals-serious-failings-at-uk-childrens-homes>).

A number of actions detailed below evidence how SCC will ensure lessons learnt from serious failings in both statutory and private sectors will be put into practice, it is also important to note that significant attention will be paid to the location of the homes should this proposal be accepted. Detailed work will be undertaken when selecting areas of the city which support young people to thrive and do not increase any risk factors, this includes consideration of crime rates in local wards of Southampton and other known risk factors specifically related to CSE. It cannot be over emphasised that Ofsted will not register a children's home if they deem it to be inappropriately located or if children are deemed to be likely to face hostility from or are isolated by the community where the home is located.

External Governance

Ofsted

HMCI (Ofsted) registers, inspects and monitors all residential provision in England and as part of this feasibility study, Ofsted's Regulatory Team Manager for the South East has been consulted on the proposals put before the Council and has offered further consultations as needed. Ofsted provides a Guide which accompanies the Children's Homes (England) Regulations 2015 which includes the quality standards which set out the aspirational and positive outcomes homes are expected to achieve.

Changes in Regulation and standards since 2015



When reflecting upon previous practices and concerns relating to previous in-house residential provision, it is important to note that there have been significant changes in Regulation since 2015. The national minimum standards have been replaced with quality standards. Ofsted have produced a Guide to the Children's Homes Regulations including the quality standards (April 2015) which sets out the aspirational and positive outcomes that Ofsted expect the homes to achieve. They also set out the underpinning requirements that homes must meet in order to achieve those overarching outcomes. The key principles of residential child care are:

- Children in residential care should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential
- Residential child care should value and nurture each child as an individual with talents, strengths and capabilities that can develop over time
- Residential child care should foster positive relationships, encouraging strong bonds between children and staff in the home on the basis of jointly undertaken activities, shared daily life, domestic and non-domestic routines and established boundaries of acceptable behaviour
- Residential care should be ambitious, nurturing children's school learning and out-of-school learning and their ambitions for their future
- Residential child care should be attentive to children's need, supporting emotional, mental and physical health needs, including repairing earlier damage to self-esteem and encouraging friendships
- Residential child care should be outward facing, working with the wider system of professionals for each child, and with children's families and communities of origin to sustain links and understand past problems
- Residential child care should have high expectations of staff as committed members of a team, as decision makers and as activity leaders. In support of this, children's homes should ensure all staff and managers are engaged in on-going learning about their role and the children and families they work with
- Residential child care should provide a safe and stimulating environment in high-quality buildings, with spaces that support nurture and allow privacy as well as common spaces and spaces to be active.

The process for registering Children's Homes with Ofsted

There are three stages to registering a children's home with Ofsted which include submitting a location risk assessment, all policies & procedures as set out in Regulation, the names of the Registered Manager for the home and the Responsible Person which will be a senior member of Children's Services; both of whom will be interviewed by Ofsted who will assess their suitability, skills, knowledge and experience to run a children's home. Once registered, Ofsted are required to inspect each children's homes at least twice a year, with one of these being a full inspection. Following a full inspection, inspectors will make a number of judgements, including a judgement on the overall progress and experiences of children living in the home. If inspectors identify a failure to meet a regulation, Ofsted will set requirements that the Registered Manager must meet. Any failure to meet regulations may lead to consideration of enforced action.

A six-monthly review that focuses on the quality of the care provided in the home, experiences of children living there and the impact the care is having on outcomes and improvements for the children must be sent to Ofsted as well as being made available to Corporate Parenting Board.

In order that the Council can be reassured that strong management oversight of the proposed residential provision will occur, it has been agreed that the Responsible Individual will send the Lead Member and the Executive Director the monthly reports prepared by the Independent Person (see below) as well as all Ofsted reports.

Teri Peck, Regulatory Inspection Manager (Ofsted) has offered to meet with the named Councillor together with the author of this report to discuss any concerns members have. Ofsted are in full support of local authorities developing their own provision.

Visits by an Independent Person

An Independent Person must be appointed to carry out monthly visits to each home, on both an announced and unannounced basis, to undertake a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. These reports are inspected by Ofsted during their inspections and will be made available to the senior manager within Children's Services with responsibility for residential care. The reports may contain recommendations for improvement. Should an Independent Person feel the management of the home is of concern they can make contact with Ofsted who may undertake an unannounced visit to the home.

Internal Governance

As corporate parents, councillors and appropriate officers have more understanding of criminal exploitation of children and young people and have access to training to raise awareness of the needs of Looked After Children and CSE. All placements made with independent fostering agencies or residential homes have to be agreed and signed off by the Service Lead, Children's Services. There is active involvement with the Children in Care Council where their care experiences and the quality of support they receive is regularly presented to the Corporate Parenting Board.

Strengthening the scrutiny of practice and care of children's homes is achieved by the appointment of a Service Manager for Residential Care, who will supervise the Registered Managers of the planned homes. This Service Manager will attend the Corporate Parenting Board, reporting regularly on the outcomes of the Independent Visitors visits, Ofsted involvement and visits and any other matters which the Board should be made aware of. It must be noted from the Rotherham Inquiry that until 2009 a negative culture existed which downplayed the scale of child sexual exploitation, and while Southampton Children's Services work in a culture of openness and transparency, senior managers are clear that there can be no room for complacency.

The Service Manager (Residential Care) will report to Children's Services Leadership Team (CSLT) chaired by Service Lead for Children's Services. The Service Manager will receive monthly supervision and regular appraisals. The Service Lead will also undertake announced and unannounced visits to the children's homes.

Regular meetings have been set up attended by all stakeholders to oversee the development and set-up of the residential homes. It is recommended that a named Councillor attends these meetings.

9 Benefit Realisation

The financial calculations are based on places being filled throughout the year, however there will be voids at times due to the matching criteria used which will result in some savings relating to children's costs although staffing costs will remain constant. The consequence of having voids is that this could result in external placements being sourced in the private sector if a child's needs cannot be matched against the existing children in the home. The rationale behind having two bedded homes is that voids will be minimised, with the expectation being that the long stay homes will be fully occupied.

There are a number of benefits from running and managing local authority children's homes, some are included in the Option Appraisal in Section 9, the ones which require closer examination are outlined below:

Benefits for children

The benefits for children are that they can remain within or close to their community, are more likely to be able to attend the same school, can continue with hobbies, talents and interests, have more meaningful and engaging time with their birth families, relatives and friends which could result in a return home or a placement with a friend or family carer.

Children & young people who are placed some distance away from their families and networks do become isolated and begin to dissociate themselves from Southampton. Returning to Southampton when their care episode ends at 18 years of age can result in the young person not feeling settled or safe, which can lead to depression and a feeling of hopelessness. Children and young people, where it has been identified that they should return to Southampton as soon as a suitable residential placement is sourced, must be prioritised for the medium to long term homes.

When considering the safety and welfare of children and young people, it is important to note that the private providers consider the matching of a referred Southampton child and makes the decision to offer a placement in their home or not. The local authority is often unaware of the 'stories' of the other children or young people in the home which can lead to Southampton's children being exposed to criminal exploitation and bullying, more 'missing' episodes as well as difficulties in being able to assess the level of care provided on a daily basis. The Guardian newspaper in February 2019 published an article following representations of a parent of a Bromley child being placed out of area stating:

"The all-party parliamentary group for runaway and missing children and adults has initiated an inquiry into the use of out-of-borough placements. Figures that have already been collated show that the practice has increased by 77% since 2012, which equates to almost 4,000 children. This accounts for more than 60% of all children in residential homes.

The group's chair, Labour MP Ann Coffey, also recently surveyed all UK police forces about the use of vulnerable children by drugs gangs with county lines operations. Many cited evidence of the targeting of children in care, especially those living away from their home areas.

Coffey said: "When children are placed at a distance from their family and friends they become isolated, it increases their chances of going missing, and they are more prone to exploitation by sexual predators and criminal gangs. It's also harder to rehabilitate them within the family and the community."

<https://www.theguardian.com/society/2019/feb/16/social-care-children-out-of-borough-homes-parents>

The placement of children in out-of-area residential care also featured on ITV's Good Morning programme on 23rd December 2019, with Government promising additional funding for local authorities to better manage this issue.

Ofsted commented in their inspection report of Southampton's Children's Services published 9th January 2020 'Most children who come into care are placed in suitable settings. A lack of sufficient local placements means that some matching, particularly for vulnerable adolescents, is resource-led rather than child-led, resulting in some children living in settings a long distance from Southampton.' Ofsted also commented that while 'visits to see children, including a substantial number placed at a long distance from the local authority, largely adhere to their care plan requirements and most children are seen alone. Some children are not seen soon enough following their entry to care.'

Providing local placements for Southampton's children will remove some of the obstacles experienced by staff which has impacted upon their ability to complete some statutory tasks within timescales. Social workers are better able to build relationships with children if they are placed locally, and there is more opportunity for a success plan of rehabilitation home, if the work with the family and child can commence swiftly.

Effects of education instability which is often instigated due to placement moves, is a feature for some of the most vulnerable young people. There can be significant gaps between one education provision ending and another commencing which could be minimised by increasing local placements.

The **Rees Centre** produces research evidence to improve policy and practice in the areas of children's social care and education and a study undertaken in 2015 revealed the following:

- Young people who changed school in Year 10 or 11 scored over 5 grades lower than those who did not
- For every 5% of school absence young people in care scored over 2 grades less at GCSE
- For every additional day of exclusion young people in care scored 1/6th of a grade less at GCSE

<http://www.education.ox.ac.uk/rees-centre/>

Corporate parenting means the collective responsibility of the council, elected members, employees and partner agencies, for providing the best care for children, keeping them safe and maximising their capabilities. The Council have an aspirational vision for all children and young people and the development of an in-house residential service complements the Council's wish to maximise children's life chances and choices.

Benefits for employees

All looked children should receive a visit during the first week of placement, the first month and thereafter normally at six weekly intervals, although more frequent visits can take place. The child is also subject to a Looked After Child Review which takes place during the first month of placement, the third month of placement thereafter on a six-monthly basis. Additionally, the child should have a looked after child medical within the first week of placement, thereafter regular and at least annual health checks. This means that a number of staff need to take days out of their week to visit out-of-area children which can mean up to two days away from the office, subject to the distance. Clearly, it is in everyone's interest to have children placed within Southampton, if at all possible, as this will directly impact positively upon the availability of social workers not only for the child in residential care, but also for other clients.

As well as the cost of social workers and other staff being away from the office, there are also transport, overnight and other associated costs to be taken into account.

The implementation of an in-house residential service will reduce the External Placements Budget as well as having a direct impact on the staffing budget by reducing overnight and other associated costs.

10 Options Appraisal

Option 1: Deliver In house

The pros and cons of this option are considered to be:

Pros	Cons
<ul style="list-style-type: none"> • The Council would have complete control of service quality, design of homes and the management of the home making it far easier to integrate the service within its wider children's services offer. • Staff would be recruited to work flexibly across the residential services and other community-based services. Staff could be trained alongside other children's services staff employed by the council. • Staff would retain links and offer support to children & young people moving on from the home, helping them to settle in and supporting their carers. • The management of the residential provision will be integrated with the management of other children's services, ensuring principles and approaches are common with the rest of the Council's provision. • The Council exposure to high costs for additional 'therapeutic services' would be reduced. • The Council would have greater control over who accesses the provision - exclusivity for Southampton City children • Social workers would have more time to devote to their cases and spend less time travelling • Children and young people would be better able to maintain their family and networks and are more likely to 	<ul style="list-style-type: none"> • Care planning around admission and discharge of children into local placements would need to be carefully developed to avoid voids as much as possible. • Would need to commit to working closely with Ofsted to achieve Good or Outstanding rating. • Reputational risk: Children's Services would have control of placements and whilst will be solely responsible; through effective management and quality assurance, risks of poor delivery and Ofsted inspections can be mitigated against. • Would need to ensure that all support packages are carefully managed and reduced over time, if safe and appropriate to do so, based on the needs of each young person.

Pros	Cons
<p>develop a positive relationship with Southampton</p> <ul style="list-style-type: none"> • Children’s educational needs will be better met • The model of practice will be a relationship based restorative approach incorporating TEAM Teach which is established within Children’s Social Care • Can consider mitigating voids through offer of vacant beds to partner authorities such as Wiltshire & Hampshire on a reciprocal arrangement 	

Option 2: Tender for providers to directly manage homes provided by Southampton City Council

Pros	Cons
<ul style="list-style-type: none"> • Commitment to providers to mitigate set up costs and work in partnership. The timing of a change in approach is good; the wider residential sector is keen to explore other ways of working with local authorities • Can mobilise and allows for more flexibility in approach • A reduction in fee in exchange for the Council support in driving improvements could be considered • Could consider mitigating voids through offer of vacant beds to partner agencies which may be welcomed 	<ul style="list-style-type: none"> • Care planning around the admission and discharge of children into local placements would need to be improved to avoid voids as much as possible. • Providers can still give notice to discharge children resulting in new costly placements • The Council has no control over the provision, although this can be mitigated to some extent through stipulating the terms of the contract and tight contract monitoring. • Would need to commit to changes in practice by working more closely with contracted providers to drive up quality, including practitioner input if Ofsted performance declined.



	<ul style="list-style-type: none"> • Reputational risk the Council will not have control of placements made, but would be jointly culpable if service standards decline as the homes would belong to the Council • Residential staff are managed under a separate management structure, with its own separate governance arrangements, staff development and training, in turn leading to different values/cultures. • Even though the Council provide the buildings, the provider can still decline SCC referrals if they consider them to be inappropriate or do not meet their matching criteria for other children & young people already placed in their homes • Providers motivated to fill voids and will want to offer places to other local authorities. SCC would have to legally negotiate to control the sale of beds. • The provider would not find this an attractive offer
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Option 3: Do nothing – continue with current contractual arrangement or tender for providers to provide services

Pros	Cons
<ul style="list-style-type: none"> • The Council does not have the bureaucratic burden of registering the provision under OFSTED and maintaining registration • The Council does not have the additional administrative and managerial burden of recruiting, training and supervising residential staff and running and maintaining the buildings • The Council holds no risk in terms of redeploying staff or paying redundancy should it decide it no longer requires the service at a later date. 	<ul style="list-style-type: none"> • The Council has no control over the provision, although this can be mitigated to some extent through stipulating the terms of the contract and tight contract monitoring. • Immediate notice of closure of homes due to OFSTED involvement has occurred on a number of occasions in 2019 resulting in children being moved without notice to alternative care provision. • Would need to commit to changes in practice by working more closely with contracted providers to drive up quality,



	<p>including practitioner input, if Ofsted performance declined.</p> <ul style="list-style-type: none"> • Residential staff are managed under a separate management structure, with its own separate governance arrangements, staff development and training, in turn leading to different values/cultures. • The opportunity to integrate the residential provision within the wider children's offer, with staff working flexibly across settings, would be greatly reduced. • Even though the Council could block book beds, should the provider engagement exercise be successful in the future, the provider can still decline SCC referrals if they consider them to be inappropriate or do not meet their matching criteria for other children & young people placed. • Price pressures will not be addressed. This is likely to mean SCC are not getting the best prices possible and a greater reliance on out of area provision. • SCC's influence in shaping the local market and driving up the quality of individual homes is limited due to relatively low demand. • Children's education attainment is compromised.
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11 Recommendations

- 11.1 It is recommended to proceed with Option 1, a new way of providing high quality placements locally for Southampton's children and young people. This option offers security for investment in homes and staff, and would also give Southampton the most effective levers to drive up the quality of provision. This Option provides for 14 residential bed spaces becoming available within a two-year period. A phased approach allows Children's Services to build on successful implementation and further develop residential provision according to need.
- 11.2 It is proposed to proceed as soon as Cabinet & Council approval is secured as children cannot be placed in the homes until Ofsted have approved the registration which will take some time. Prior to the submission to Ofsted for registration, the homes must be compliant with regulations, the majority of staff recruited and ready to commence employment as soon as registration is achieved.
- 11.3 It is proposed that the project consists of three phases:
- Phase 1 – one medium-long term home and one time-limited emergency/crisis and planned breaks unit. The aim is to have the homes operational by December 2020.
 - Phase 2 – two medium-long term homes to be operational by April 2021
 - Phase 3 – two medium-long term homes to be operational by January 2022.
- 11.4 It is recommended that a Housing Review takes place to identify and map all available accommodation for teenagers aged 17+. A number of young people need additional support especially when being stepped down from residential care. This is a good opportunity to identify gaps in available accommodation and put plans in place to address these. Ofsted noted, in their recent report, the inappropriate use of bed & breakfast accommodation for young people, insisting this is discontinued immediately. The mapping of all available accommodation for this particular age-group also feeds into the Sufficiency Strategy. The Service Manager (Permanence) will lead on this piece of work.
- 11.5 A meeting is set up with a named Councillor, report author and project team lead with Ofsted's Regulatory Inspection Manager for the South East to discuss the proposals and concerns from members.
- 11.6 A named Councillor is invited to attend the Project Meetings which will oversee the development and set up of the children's homes.



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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.

Name or Brief Description of Proposal	Local Placement Plan – Children’s Residential Home
Brief Service Profile (including number of customers)	
<p>Southampton City Council (SCC) are proposing to open council owned and maintained residential homes for Looked after Children in the City. These would be Ofsted regulated services which would ensure that fewer placements are made out of area and more Southampton children could have placements that meet their needs in the City.</p> <p>SCC have seen a significant increase in the numbers of children coming into care over the five years of 2010 to 2015, rising to a high of 637 in the summer of 2015. Whilst this number has been steadily reducing since then through a persistent focus on achieving permanency for children, the rate (105 per 10,000) is still higher than would be anticipated for a city of Southampton’s size and demographic. At the time of writing the number of looked after children remains just below 500.</p> <p>The City does not have enough residential care provision and what exists is delivered by the independent sector. Presently there are not any block contracts in place to ensure Southampton’s children can be guaranteed a placement, which means that children who require residential provision are often placed out of area. As of March 2019, the Council had approximately 31 children placed in independent residential accommodation at a total cost of £4.6M. Care packages have been increasing on an annual basis and due to the demand for placements, private providers can refuse placements if additional support fees are not agreed, knowing that the local authority is</p>	

unlikely to be able to source another placement. A significant proportion of the children in residential provision are placed more than 50 miles away from Southampton, which is both detrimental to children and young people who subsequently find it harder to maintain networks and stability, as well as presenting a financial and time pressure for the council.

SCC has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible. Children and young people in the care of SCC require a range of placements to meet their needs. These placements include residential child care used for children and young people who struggle to manage relationships, as well as those who are needing an emergency placement but due to the lack of foster care placements, end up being placed in a residential facility.

The proposal is therefore to acquire and develop 6 homes located within Southampton. These will be residential homes for Looked after Children between the ages of 10 and 18. Five homes will be a home for 2 young people each and will focus on longer term placements. One home will have 4 beds available and be used for shorter term and emergency placements. This means SCC will have 14 additional placements locally within the city which will support a group of young people who cannot currently have their needs met with Southampton residential homes.

Summary of Impact and Issues

The biggest issues currently faced by children in residential provision is that a large proportion of them are placed out of area. This means they are often separated from their valuable networks while in their placement and means re-integration to the local area when their placement ends is more difficult.

Additionally where a large proportion of children in residential placements are greater than 50 miles away this causes additional pressure for professionals working with the young person as all visits are logistically more difficult to organise and cost SCC both greater in travel time and travel costs.

These proposals, while having many associated benefits also has a number of issues which will not be fully overcome by the proposals. Two key issues will remain:

- Not all children in current placement outside of Southampton will be guaranteed a local placement. This may not be in their best interests and a change in placement may in itself cause disruption to the young person.
- Not all children who require residential placements in the future are guaranteed to benefit directly from these proposals. The number of placements to be created are limited and depending on the individual

young persons needs, there remain a possibility they would not be able to be supported by these proposed residential homes (examples include those with significant disabilities and those requiring specialist care).

Potential Positive Impacts

The following points have been identified as potential positive impacts of these proposals:

- Greater ability to make placements close to home and school for young persons.
- Achieve better outcomes for young persons who can have placements closer to family/friends networks and continuity.
- Creation of approximately 50 new jobs across the residential units.
- Reduce time spent for professionals (social workers, virtual school, independent reviewing officer etc.) travelling to non-local placements. Additionally, this will reduce travel costs for these professionals travelling to non-local placements.
- SCC will have increased oversight, decision making, and management of placements due to the fact the council will own the residential home.
- The proposed regulating body for the residential homes (Ofsted) have supported the proposals at this stage.
- Other local authorities have been identified also developing similar plans suggesting SCC is moving in the same direction as many other local authorities.
- Increased ability to implement effective step-down procedures with better links to advanced foster care.

Responsible Service Manager	Rebekah Pearson, Permanence Manger & Consultant
Date	19 Feb 2020
Approved by Senior Manager	Hilary Brooks, Service Director - Children and Families Services
Date	19 Feb 2020

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	The greatest impact of the proposal is likely to be for young	In order to minimise the negative impacts and

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>people between the ages of 10 to 18 whose needs require them to have a residential unit placement. For some young people currently in residential placements this may mean a change of placement, however this is also likely to impact individuals who require placements in the future who may or may not have lived within a residential home in the past. With a limited number of spaces available, it also means logistically placements in SCC homes may not be available for all young people.</p> <p>Current analysis of data shows children currently in residential placement are of the following ages:</p> <p>9 years old – 1 young person 10 years old – 3 young people 11 years old - 4 young people 12 years old - 1 young person 13 years old - 5 young people 14 years old – 3 young people 15 years old – 7 young people 16 years old – 4 young people 17 years old – 2 young people</p> <p>The biggest impact for these young people will be the fact that these units are within their home city and mean they can be placed in a familiar location and will not be separated from local networks, environment, family and friends. This provides a much more stable environment for young people and has been shown to improve outcomes for individuals.</p>	<p>support individuals, ALL placement decisions are made on a case by case basis. Therefore a proposed placement in an SCC home is not guaranteed and is not always appropriate, thus the needs of the individual will be considered and assessed to ensure the most appropriate placement is always chosen.</p> <p>These proposals also offer some young people an opportunity to step down into advanced foster care, this may not be a realistic opportunity for all young people placed geographically far away as it does not allow for a phased and planned transition.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Disability	<p>Current data shows 20 out of 30 children placed in residential homes which equates to 66% of placements have a disability recognised as they also have an Education and Health Care Plan.</p> <p>These proposals may positively impact individuals who have mild to moderate learning disabilities and require residential care as they could be supported locally via these proposals.</p> <p>These proposals would not impact individuals who require specialist care (services under jigsaw teams).</p>	<p>All placements would be made in the best interest of a young person and in line with their care assessment and care plan.</p> <p>In these circumstances staff would be trained to a level that allows them to support individuals with such needs.</p> <p>In the future proposals could be considered for short breaks which would support individuals with disabilities however it would be important to have established the current homes proposal before this was considered to ensure the focus remains on residential care provision.</p>
Gender Reassignment	<p>Currently no data is available as data is not reported in this way. We would report an individual's recognised gender not a change in gender.</p>	<p>While it is not currently known if this is an impacted criteria, if such circumstances arise trained staff would manage such cases appropriately in order to support the young person.</p> <p>A care assessment and care plan for a child would always take into account these factors if relevant when making a placement decision. Only residential homes which can support young people with such needs would</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		accept placements.
Marriage and Civil Partnership	No identified impact.	
Pregnancy and Maternity	<p>Pregnancy – while currently information suggests no current children in residential units are pregnant there is a small chance that a young person may become pregnant during a placement in a residential unit.</p> <p>Maternity – No identified impact at this point in time as a young person would not be placed in a residential unit in these circumstances, their needs would be met by alternative provision such as foster care or child and baby units.</p>	<p>While it is not currently known if this is an impacted criteria, if such circumstances arise trained staff would manage such cases appropriately in order to support the young person.</p> <p>A care assessment and care plan for a young person would always take into account these factors if relevant when making a placement decision.</p>
Race	<p>These proposals do not directly relate to an individual's race however these factors would be taken into account when considering which placements are most suitable for a young person.</p> <p>Currently young people in residential placements have the following ethnicity recorded:</p> <p>Mixed: White & Black African – 2 young people White British – 25 young people White other - 3 young people</p>	<p>When making a placement decision an individual's race would be considered by trained staff to ensure the placement does not cause negative impacts.</p> <p>All young people have an assessment prior to any placement which would include any cultural considerations linked to race, when looking at appropriate placements</p>
Religion or Belief	These proposals do not directly relate to an individual's religion or belief however these factors would be taken into account when considering which	When making a placement decision an individual's religion or beliefs would be considered by trained

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>placements are most suitable for a young person.</p> <p>Currently young people in residential placements have the following religion or belief recorded:</p> <p>Catholic – 3 young people Christian - 7 young people Muslim - 1 young person No religion recorded- 18 young people Unable/refused to provide information - 1 young person</p>	<p>staff to ensure the placement does not cause negative impacts.</p> <p>All young people have an assessment prior to any placement which would include any religious considerations when looking at appropriate placements.</p>
<p>Sex</p>	<p>Of current placements as at the end of December 2019 the mix of sex/gender for those in residential placements is as follows:</p> <p>Female: 9 young people or 30% Male: 21 young people or 60%</p>	<p>Currently no decision has been taken as to whether or not the different residential units will take single sex placements or mixed genders. These decisions will be taken at the point of registration. This allows for decisions to be taken based on the needs of young people and the demand for different genders to be considered.</p> <p>Registration can reflect what's required both in terms of greatest demand but also which placements are harder to find. SCC would also be able to amend registrations, if approved by Ofsted, should it be required over time.</p> <p>All young people have an assessment prior to any placement which would</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		include any gender considerations when looking at appropriate placements.
Sexual Orientation	Significant numbers of individual's in current placement have expressed challenges in identifying their sexual orientation or have changed their orientation, often on multiple occasions.	<p>All staff would be trained to manage and be sensitive to a young person's sexual orientation therefore enabling staff to manage cases appropriately in order to provide appropriate support to the young person.</p> <p>All young people have an assessment prior to any placement which would include any sexual orientations considerations when looking at appropriate placements.</p>
Community Safety	It has been identified that some young people in residential care may also be considered for foster care as a step-down procedure. Due to the level of training required it can be considered less risky for community safety when young people are in a residential environment.	Careful consideration will be given to the location of all residential units to ensure placements are made in safer areas of the city which support young people. This would be evidenced and considered through location risk assessments required as part of any future Ofsted registration.
Poverty	No identified impact.	
Health & Wellbeing	It is anticipated that local placements for Southampton young people will have positive impacts on family, friends and networks. They will be able to	All placements would be made in the best interest of a young person and in line with their care assessment and care

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>maintain closer relationships and feel more integrated to the location where they are likely to gain their independence in the future. Additionally, there are also expected to be positive impacts for the family of the young person if they are still in contact.</p>	<p>plan.</p>
<p>Other Significant Impacts</p>	<p>No identified impact.</p>	

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DECISION-MAKER:		CABINET	
SUBJECT:		PLACEMENT COMMISSIONING SUFFICIENCY STATEMENT AND STRATEGY 2020-2025	
DATE OF DECISION:		17 MARCH 2020	
REPORT OF:		CABINET MEMBER FOR ASPIRATION, CHILDREN AND LIFELONG LEARNING	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Donna Chapman, Associate Director, Integrated Commissioning Unit	Tel: 023 80296002
	E-mail:	D.chapman1@nhs.net	
Director	Name:	Hilary Brooks, Director of Children's Services Stephanie Ramsey, Director of Quality and Integration	Tel: 023 80834899 02380296941
	E-mail:	Hilary.brooks@southampton.gov.uk Stephanie.Ramsey@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
NOT APPLICABLE			
BRIEF SUMMARY			
<p>Local authorities are required to take steps that secure, so far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority are looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area ('the sufficiency duty'). In order to meet this duty, Councils will have in place a Placement Sufficiency Strategy which analyses need, reviews existing provision and identifies areas for development/improvement to meet the sufficiency duty.</p>			
<p>This report summarises the refresh of the Council's Placement Commissioning Sufficiency Statement and Strategy. The strategy will cover the period 2020 – 2025 with the opportunity to review and update annually.</p>			
RECOMMENDATIONS:			
	(i)	To approve the Council's Placement Commissioning Sufficiency Statement and Strategy 2020-2025	
REASONS FOR REPORT RECOMMENDATIONS			
1.	Southampton City Council's current Placement Commissioning Sufficiency Strategy expires on 31 March 2020 and there is therefore a need to produce and publish a new strategy.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	Not Applicable – Statutory Guidance states that 'Local authorities must be able to show that at a strategic level they are taking steps to meet the sufficiency duty, so far as is 'reasonably practical'. The Council's Placement		

	Commissioning Sufficiency Statement and Strategy ensures that it fulfils this requirement.
DETAIL (Including consultation carried out)	
	Vision
3.	<p>Our vision for placement provision as set out in the strategy is that:</p> <ul style="list-style-type: none"> • Children will be supported to stay with their families where it is safe to do so • We will achieve permanency through adoption, special guardianship and permanent fostering in a timely manner • Most children will live in a local, family placement • Children with disabilities will have the same access and opportunity for placements as their non-disabled peers • Care leavers will be able to access 'Staying Put' foster care, supported lodgings and supported accommodation • We will improve the timeliness of care planning and utilise strategic commissioning to improve timely access to a mixed range of placements that meet our local needs
4.	<p>Our aim is to work restoratively, assertively and productively with families to ensure that only those children who need to be in the care of the local authority receive accommodation, with the provision being the most appropriate, able to meet their needs and promoting a step-down approach. At the same time we want to ensure that when children do need to be in care, the majority can be placed within a 20 mile radius of the city, and where possible achieve continuity of their education, health, wider care needs and social networks to support stability in their lives.</p>
	Overview of Content of Strategy
5.	<p>The range of accommodation within the scope of the sufficiency duty includes foster care, residential care, semi independence provision and housing, within Southampton or relatively close to the city, in order to meet the needs of the diverse range of children in our care.</p>
6.	<p>Southampton currently commissions/provides a wide range of options as part of ensuring that it can access the full range of provision needed to meet the varying needs of the local children and young people in its care. Southampton's current provision options for meeting the short, medium and long term needs of our children and young people include the following:</p> <ul style="list-style-type: none"> • Local authority foster carers • Independent foster carers (IFAs) • Residential children's homes • Supported accommodation • Adoption
7.	<p>Some of the commissioned provision currently in place is coming towards the end of its contract life cycle (e.g. IFAs, Supported Housing for vulnerable young people and care leavers) and will need to be re-tendered to ensure the continued access to the range of placement options that will offer quality and stability of care for children and value for the council. The strategy will therefore guide the commissioning intentions for these re-procurements.</p>

8.	<p>The strategy includes an update on :</p> <ul style="list-style-type: none"> • Placement options: the accommodation and placement provision that we currently have, how this has changed, and how we want it to change to continue to meet the needs of the children and young people in our care sufficiently and to the quality we seek. • Looked After Children population: Southampton's current comparative levels of Looked After Children compared to England and similar areas, and the make-up and characteristics of the children in our care in terms of their age profile, gender profile and ethnicity.
	<p>Priorities</p>
9.	<p>Based on current provision and the latest data on local need, the Strategy sets out a number of key priorities which are summarised below:</p> <p>Local Authority foster carers:</p> <ul style="list-style-type: none"> • Increase the number of local authority foster carers and retain existing carers. • Promote kinship and 'connected' care at the earliest opportunity to keep children within their families and communities. • Increase the range of placements offered by local authority foster carers, with a focus on those children with complex needs and behaviours. <p>Independent fostering agencies:</p> <ul style="list-style-type: none"> • Continue to ensure that we are using the contract effectively – ensuring all placements continue to meet the needs. • Explore options for increasing access to local placements to bring children and young people closer to home where they can access local services and support networks. • Re-procurement of the contract for 2021 onwards, with a specific focus on strengthening provision in those areas which have been historically difficult to source, in particular same day placements, sibling groups and children who present with complex needs and behaviours. <p>Residential children's homes:</p> <ul style="list-style-type: none"> • Ensure that all provision with independent residential children's homes is focussed on providing safe, stable and good quality care, with a view for the children and young people placed with them to be returned back to a family and friends network wherever possible. • Continue to explore and progress options for increasing access to local placements to bring children and young people closer to home where they can access local services and support networks. <p>Housing with Support:</p> <ul style="list-style-type: none"> • Ensure, in collaboration with the council Housing Services and supported housing landlords, that the range of 16+ supported accommodation is suitable for young people, young parents and their children. • Continue to develop the range of commissioned supported and specialist accommodation provision for young people and young parents aged 16+ with complex needs. • Provide sufficient emergency supported accommodation to young people

	and parents in urgent need. Adoption: <ul style="list-style-type: none"> Work with partners to contribute to the implementation and governance of Adopt South to ensure sufficiency of adoptive placements and adoption support.
10.	Section 8 of the strategy sets out the actions which will be taken to progress these priorities and how success will be measured. Where these actions entail substantial change or investment eg. Re-procurement of provision, development of in-house residential provision, separate proposals will be progressed through the appropriate governance processes.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
11.	Capital and revenue implications associated with specific proposals linked to the priorities in the strategy will be subject to a separate business case for the respective proposal.
<u>Property/Other</u>	
12.	Property implications associated with specific proposals linked to the priorities in the strategy will be subject to a separate business case for the respective proposal.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
13.	Since the implementation of the Children Act 1989 local authorities have been required to take steps that secure, so far as is reasonably practicable, sufficient accommodation for children looked after within their local authority area (Section 22G Children Act 1989). This section of the 1989 Act was also inserted into Section 9 of the Children and Young Persons Act 2008. This is now referred to as 'the sufficiency duty'.
14.	The Statutory Guidance states that 'Local authorities must be able to show that at a strategic level they are taking steps to meet the sufficiency duty, so far as is 'reasonably practical'.
<u>Other Legal Implications:</u>	
	None
RISK MANAGEMENT IMPLICATIONS	
15.	Risks associated with specific proposals linked to the priorities in the strategy will be subject to a separate business case for the respective proposal.
POLICY FRAMEWORK IMPLICATIONS	
16.	The Placement Commissioning Strategy 2020-25 will support Southampton's vision of being a city of opportunity, as well as the goals of being fairer and healthier, by ensuring suitable accommodation for children and young people in the council's care. The strategy forms a key part of the delivery of the council's 'welfare' agenda outlined in the council's corporate plan.

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Placement Commissioning Sufficiency Statement and Strategy 2020-2025
2.	Equality and Safety Impact Assessment
3.	DPIA Checklist

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
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) 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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SOUTHAMPTON
CITY COUNCIL

LOOKED AFTER CHILDREN AND CARE LEAVERS

**PLACEMENT COMMISSIONING
SUFFICIENCY STATEMENT AND
STRATEGY
2020-2025**

CONTENTS

1. Introduction	Page 3
2. Our Vision for Sufficiency	Page 4
3. Progress Since the Last Strategy	Page 5
4. The Legal Context	Page 6
5. Key Facts and Figures	Page 9
a. Local Context	
b. Looked After Children	
c. Care Leavers	
6. Participation and engagement of children and young people	Page 14
7. Priorities for Developing Placement Sufficiency 2020-2025	Page 15
a. Local Authority Foster Carers	
b. Independent Fostering Placements	
c. Residential Children's Homes	
d. Supported Accommodation	
e. Adoption	
8. Summary of Sufficiency Priorities 2020-2025	Page 27

1 INTRODUCTION

- 1.1 The Southampton Looked After Children and Care Leavers Placement Commissioning Sufficiency Statement and Strategy 2020 – 2025 provides an update to the previous document dated 2017 – 2020. It includes key information regarding the profile of Southampton Looked After Children, care leavers and both the range of accommodation currently provided, and that which we plan to put in place to best meet the needs of the children and young people for whom Southampton City Council acts as a corporate parent. This Placement Commissioning Sufficiency Statement and Strategy considers the placements that will be required to enable the Council to ensure that there is sufficient provision in place to meet need locally wherever possible, with minimum disruption to the lives, education, care and health care of local children. It also aims to ensure that the provision has the flexibility in terms of quality and responsiveness to provide stable placements that meet children’s needs and aspirations and provide maximum scope for children to either experience, or move towards experiencing a safe family home environment during childhood and adolescence.
- 1.2 Constant changes in a complex market place of provision that includes Local Authority provision, intra authority adoption agencies and private and independent sector providers makes it difficult to fully analyse or predict where the shortfalls are or indeed where they may arise. This strategy includes actions to demonstrate how the city aims to increase the range and choice of accommodation to meet the presenting needs of the children in care and care leaver populations both now and over the next five years.
- 1.3 As part of a systematic review of the current structure for provision of services and in response to a wider range of challenges, an overarching Children’s Services Transformation Programme (CSTP) is in place within Southampton Children’s Services in order to focus on the development of early intervention and prevention, and for those children who need to be looked after away from home, to drive forward timely permanence.
- 1.4 The CSTP will transform and redesign services across the city in order to deliver the agreed vision as follows:

‘An Early Intervention city with a multi-agency, integrated service provision that works to ensure children’s needs are met at the earliest stage. Where possible, and children’s welfare is assured, these needs will be met within their family and community resources.’

2 OUR VISION FOR SUFFICIENCY

2.1 Our vision for placement provision is that when children cannot safely and effectively be brought up within their own families, interventions will be timely and service provision will be of a good quality and standard. We aim to provide the best placement to meet the child's needs and only for as long as necessary, progressing to timely permanence when appropriate. Providing Looked After Children and care leavers with a sense of security, continuity and commitment is crucial to their experience of care. This sense of permanence and stability can be achieved through a variety of means:

- Reunification with their birth family
- Living with extended family or friends
- Being placed with permanent foster carers until they reach adulthood
- Adoption or other legally permanent order
- Development of tenancy and living skills to enable independent living.

2.2 Our vision for placement provision as set out in the strategy is that:

- Children will be supported to stay with their families where it is safe to do so
- We will achieve permanency through adoption, special guardianship and permanent fostering in a timely manner
- Most children will live in a local, family placement
- Children with disabilities will have the same access and opportunity for placements as their non-disabled peers
- Care leavers will be able to access 'Staying Put' foster care, supported lodgings and supported accommodation
- We will improve the timeliness of care planning and utilise strategic commissioning to improve timely access to a mixed range of placements that meet our local needs

2.3 Southampton has high numbers of Looked After Children in comparison to many other cities, at a rate of 97 per 10,000 children (December 2019), compared to the national average of 64 per 10,000. We strive to ensure that only those who need to be in the care of the local authority receive accommodation, with the provision being the most appropriate, able to meet their needs and to promote a step-down approach. However the high levels of children we look after has had and continues to have a significant impact on the availability of placements in Southampton, meaning that it can often be difficult to find the right placement close to home.

3. PROGRESS SINCE THE LAST STRATEGY

3.1 Specific areas of progress include:

- Procurement of the Independent Fostering Agency (IFA) framework contract as a consortium with 14 other Local Authorities which commenced April 2017. The Framework includes 49 providers of whom 16 have carers within Southampton. The framework provides access to placements designed as a step down and alternative to residential.
- Re-procurement of the Children’s Residential Care framework contract as a consortium with 18 other Local Authorities which commenced July 2018.
- Re-procurement of Housing Related Support and commencement of 4 new contracts providing housing and floating support, hostel support and supported lodgings for young people and young parents from July 2017. The contracts provide 162 units of supported accommodation including a range of self-contained and shared accommodation. In addition, the Council has collaboratively commissioned a range of post 16 supported accommodation options for young people with more complex needs which commenced in late 2018.
- Development of the Council’s Foster Care Strategy (“Placement Strategy 2019 – 2024”) which seeks to a) increase the proportion of Southampton Looked After Children being placed with Southampton foster carers by accessing and training the best carers; b) make fostering with Southampton more attractive by developing the specialist pathway of training linked to enhanced financial rewards and c) match carers and support them to prevent placement breakdowns.
- Establishment of the Council’s own Edge of Care Service in January 2018 which works with families of children aged 8-17 years subject to Public Law Outline (PLO) or pre-proceedings meeting or child protection planning
- Adopt South, Regional Adoption Agency, formed 1st April 2019 through a partnership between Hampshire County Council, Isle of Wight Council, Portsmouth City Council and Southampton City Council, with support from voluntary sector adoption agencies, Adoption UK, Barnardos and Parents and Children Together (PACT). Adopt South began operating as a Regional Adoption Agency on 1st April 2019 and is responsible for:
 - Recruiting, assessing and approving adopters across the partnership’s region
 - Matching children in need of adoptive families
 - Supporting families post Adoption Order

4 THE LEGAL CONTEXT

Sufficiency Duty

4.1 Since the implementation of the Children Act 1989 local authorities have been required to take steps that secure, so far as is reasonably practicable, sufficient accommodation for Looked After Children within their local authority area (Section 22G Children Act 1989). This section was inserted into the Children Act 1989 by Section 9 of the Children and Young Persons Act 2008. This is now referred to as 'the sufficiency duty'.

4.2 The Statutory Guidance on securing sufficient accommodation for Looked After Children provides examples of best practice in securing sufficiency that include the following:

- That all children are placed in appropriate placements with access to the support services they require in their local authority area, except where this is not consistent with their welfare;
- That the full range of universal, targeted and specialist services work together to meet children's needs in an integrated way in the local area, including children who are already looked after, as well as those at risk of care or custody;
- Where it is not reasonable or practical for a child to be placed within her/his local authority area, there are mechanisms in place to widen the range of provision in neighbouring areas, or region which is still within an accessible distance, while still being able to provide the full range of services to meet identified needs;
- That partners, including housing, work together to secure a range of provision to meet the needs of those who become looked after at the age of 16 and 17 years, and support the continuity of accommodation beyond the age of 18 years;
- And in addition to meeting relevant national minimum standards, services are of high quality to secure the specific outcomes identified in the care plans of Looked After Children.

4.3 The Statutory Guidance states that 'Local authorities must be able to show that at a strategic level they are taking steps to meet the sufficiency duty, so far as is 'reasonably practical'.' It further explains what is meant by 'reasonably practical', and it includes the following:

- that it is a general duty that applies to strategic arrangements, rather than to the provision of accommodation to a particular, individual child;
- it does not require local authorities to provide accommodation within their area for every child they look after;
- there may be a significant minority of children for whom it is not 'reasonably practical' to provide a certain type of accommodation within the area;
- in accordance with section 22C (5) of the 1989 Act, the overriding factor is that the placement must be the most appropriate placement available;
- after the above, the local authority must give preference to a placement with a friend, relative or other person connected with the child and who is a local authority foster parent [section 22C (7) (a)]. Failing that, the local authority must, so far as reasonably practicable, in all circumstances find a placement that:
 - is near the child's home [section 22C(8)(a)];
 - does not disrupt his education or training [section 22C(8)(b)];
 - enables the child to live with an accommodated sibling [section 22C(8)(c)];
 - where the child is disabled, is suitable to meet the needs of that child [section 22C(8)(d)]; and
 - is within the local authority's area, unless that is not reasonably practicable [section 22C(9)].

4.4 The term 'Looked After Children' as defined in the 1989 Act refers to all children and young people being 'looked after' by the local authority. Looked After Children and young people may be subject to care orders or interim care orders; placed or authorised to be placed, with prospective adopters; voluntarily accommodated under s20 of the 1989 Act, including unaccompanied asylum seeking children and finally those subject to court orders with residence requirements i.e. a secure order or remanded to local authority accommodation.

Care Leavers

4.5 The term 'care leavers' as for the purposes of the Children and Social Work Act 2017 refers to eligible, relevant and former relevant children:

- Eligible children (Schedule 2 paragraph 19B Children Act 1989) are those young people aged 16 and 17 who are still in care and have been 'looked

after' for (a total of) at least 13 weeks from the age of 14 and including their 16th birthday;

- Relevant children (s23A Children Act 1989) are those young people aged 16 and 17 who are not current looked after by the local authority, but were 'looked after' for (a total of) at least 13 weeks from the age of 14, and have been 'looked after' at some time while they were 16 or 17;
- Former relevant children (s23C Children Act 1989) are those young people aged 18, 19 or 20 who have been eligible and/or relevant.

4.6 The Children and Social Work Act 2017 has also inserted further duties into the Children Act 1989 in respect of the Local Authority's duties towards former relevant children, generally extending the Local Authority's ability to respond positively to requests for support from former relevant children aged 21 to 25 who are continuing their transition to independence and adult life. The new duties include:

- A duty to offer personal adviser support to all former relevant children that the Local Authority had duties to under s23C of Children Act 1989, up to the age of 25. This includes those who return to the Local Authority and request support at any point after the age of 21 and up to the age of 25. The Local Authority must provide the former relevant child with a personal adviser until the young person reaches the age of 25, or earlier, should the former relevant child indicate that they no longer want a personal adviser. The Local Authority must carry out an assessment in relation to the former relevant child (which may or may not include support with accommodation issues), and develop a Pathway Plan setting out the type of support the Local Authority will provide.
- A duty to publish a local care leaver Offer that sets out care leavers' legal entitlements and any additional support the Local Authority provides.

Housing

4.7 Local Authorities including Local Housing Authorities have a duty to accommodate all homeless 16 and 17 year olds and care leavers under statutory legislation (Children Act 1989, The Children Leaving Care Act 2000, Housing Act 1996 (as amended) and the Homeless (Priority Need) Order 2002). For all homeless 16-17 year olds, who are not Looked After Children the local authority must undertake a Child in Need assessment and if necessary provide interim accommodation whilst this takes place. If the housing service is the first point of contact for homeless 16-17 year olds, interim accommodation may be provided under homelessness duties (Housing Act 1996 S188) pending a Child In Need assessment by Children's Services.

- 4.8 The respective responsibilities of both the Housing Authority and Social Care Authority, when preventing homelessness or placing young people in supported housing are outlined in the Council's Joint Protocol (Children and Families and Housing Services). The protocol outlines the legal duties under The Children Act 1989 and Housing Act 1996 for 16 and 17 year old young people who are homeless and is compliant with the relevant Southwark case law. The objective of this protocol is to ensure and safeguard the wellbeing of the young person and to prevent homelessness, returning the young person home to their family only where appropriate. If a return is not possible, the council will find the most suitable accommodation for the young person and support them to remain in accommodation. All agencies involved with the care and support of a young person will work collaboratively to ensure that relevant and timely risk information is shared and that disputes about solutions are worked through together to ensure that risks are reduced, mitigated or planned for.

5 KEY FACTS AND FIGURES

Local Context

- 5.1 Southampton is on the south coast of England and is the largest city in Hampshire. It is a diverse city with a population of 256,459 comprising 106,237 households, 60,083 children and young people aged (0-19 years), 53,000 residents who are not white British and approximately 43,000 students. The population of Southampton is predicted to rise by nearly 6.5% by 2025, with the over 65s and under 15s populations projected to increase by approximately 16% and 5% respectively.
- 5.2 Whilst the city has achieved significant growth in the last few years in line with the affluent south, the city's characteristics relating to poverty and deprivation present challenges more in common with other urban areas across the country with high levels of deprivation. The Index of Multiple Deprivation 2019 (IMD 2019) illustrates how Southampton has become relatively more deprived since 2015. Based on average deprivation score, Southampton is now ranked 61st (where 1 is the most deprived) out of 326 local authorities, compared to its previous position of 67th in 2015. Southampton still has 19 Lower Super Output Areas (out of 148) within the 10% most deprived in England and 1 in the 10% least deprived (previously zero).
- 5.3 The projected increased service demand in line with population growth, in the context of increased deprivation between 2015 and 2019 indicates that

the Council will need to make changes and improvements to support better outcomes for children and young people in the city.

Looked After Children

5.4 The number of Looked After Children in Southampton has reduced since 2017 from 540 to 481 in March 2019 (a reduction in the rate per 10,000 children from 108 to 95). However this is still higher than both the England and Statistical Neighbour average (65 and 87 per 10,000 respectively). Whilst the rate has fallen from the previous year (the rate was 104 per 10,000), it remains high.

Table 1 Number of Looked After Children

Number of Looked After Children at 31 Mar.		2014/15	2015/16	2016/17	2017/18	2018/19
All Looked After Children at 31 March	LA	580	590	540	522	481
LAC at 31 March per 10,000 population 0 to 17 yrs.	LA	120.00	120.00	108.00	104.00	95.00
	SN	75.00	75.70	79.00	83.00	87.00
	England	60.00	60.00	62.00	64.00	65.00

Latest data (source Local Authority Interactive Tool)

5.5 The number of new children entering into care during 2018/19 has fallen from the previous year from 178 to 170. The statistical neighbour rate of children who came into care in 2018-19 was 34 and the national rate was 27; Southampton's rate in the same year was 33.

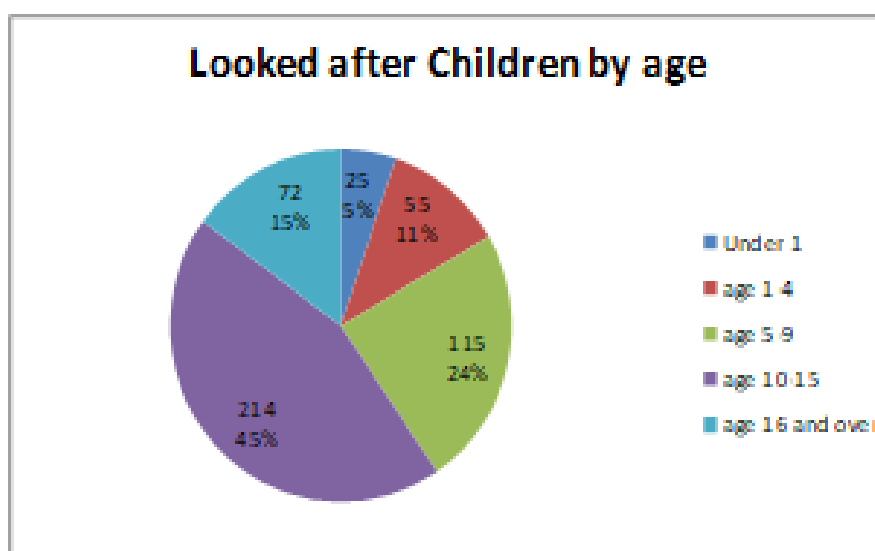
5.6 Table 2 below shows the number and rate of children ceasing to be looked after. The number of children ceasing to be looked after in 2018/19 has increased slightly from 197 the previous year to 214. The rate is high compared with statistical neighbours (42 compared to 31), but this is likely to reflect the previously high level of Looked After Children.

Table 2 Number of LAC, new and ceasing LAC

	LAC 31/03/2019		New LAC 18/19		Ceasing CLA 18/19		
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Ceasing as % of total at end of year
Southampton	481	95	170	33	214	42	44%
SN average	515	87	205	34	184	31	36%
England	78,150	65	31,680	27	29,460	25	38%

5.7 Overall, there continues to be more boys than girls looked after. At the end of 2018-19, there were 280 boys (58%), and 201 girls (42%) looked after. This is similar to the previous year, when 56% of Looked After Children were boys and 44% girls.

5.8 Analysis by age demonstrates that the largest proportion of children in care in Southampton are aged 10-15 years (214 or 45%). Children aged 5-9 account for 24% (115), over 16 year olds 15% (72), 1-4 year olds 11% (55) and under 1s 5% (25).



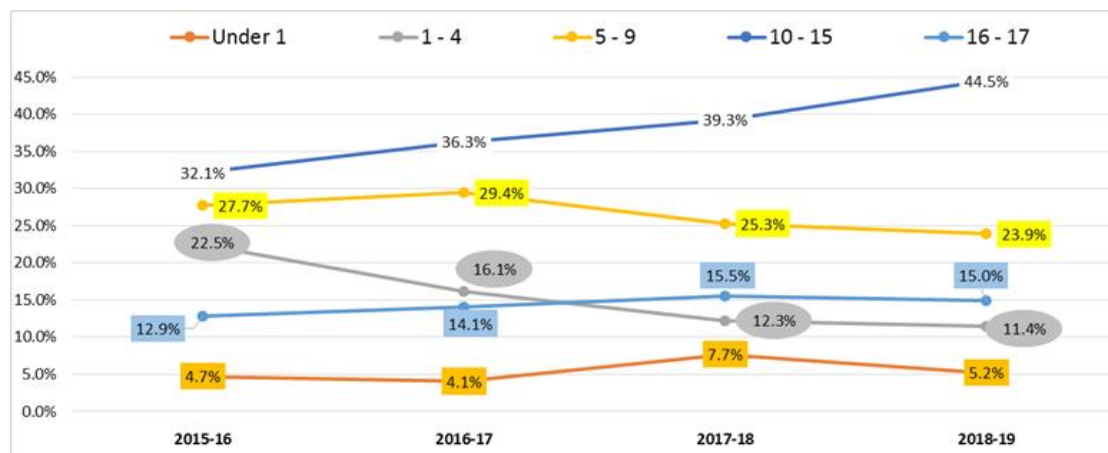
5.9 Table 3 below shows the breakdown in age for each year, since 2015/16. Compared to previous years, there has been a significant reduction in both the absolute number and the proportion of 1-4 year olds in care (from 22.5% in 15/16 to 11.4% in 18/19), a reduction in the absolute number and proportion of 5-9 year olds in care (27.7% in 15/16 compared to 23.9% in 18/19) but a significant increase in both the number and proportion of 10-

15 year olds (32.1% in 15/16 compared to 44.5% in 18/19 – 190 in 15/16 and 214 in 18/19).

Table 3 age breakdown of LAC

Age	March 2016	%	March 2017	%	March 2018	%	March 2019	%
Under 1	28	4.7	22	4.1	40	7.7	25	5.2
1-4	133	22.5	87	16.1	64	12.3	55	11.4
5-9	164	27.7	159	29.4	132	25.3	115	23.9
10-15	190	32.1	196	36.3	205	39.3	214	44.5
16 and over	76	12.9	76	14.1	81	15.5	72	15.0
Total	591		540		522		481	

The chart below shows how the proportion of Looked After Children in each age group has changed over the last 4 years.



Ethnicity

5.10 In 2018-19, white children continued to represent the largest cohort of Looked After Children at 81.1%. This is in line with national figures for 2019, with 73.9% of Looked After Children being white in England. 10.8% of Southampton Looked After Children are recorded as mixed race (compared to 9.7% for England), 2.9% as Asian (compared to 4.5% for England) and 2.7% as black (compared to 7.6% for England).

Placement stability

5.11 Research highlights the importance of stability, security and lasting relationships as fundamental for the healthy development of children. The percentage of Looked After Children who had had three or more placements as at the end of the financial year 2018-2019 was 12%, compared to Statistical Neighbour average (10%) and England (10%).

5.12 As at 2018-2019, 21% of Looked After Children were placed within 20 miles from their home compared to 20% (England) and 18% (SN). Generally, being placed close to home (e.g. within the city boundaries, and / or within 20 miles from home) is seen as a factor supporting children to maintain networks and stability.

Placements Type

5.13 Table 4 below shows placements broken down by placement type. As at the end of March 2019, of the Looked After Children in Southampton, 74.6% (354) were in foster care (excluding those placed for adoption with current foster carers) which comprises 35.4% (168) with in-house mainstream carers, 9.1% (43) with parents, and 30.1% (143) placed with Independent Fostering Agencies (IFAs). 6.5% (31) of children were placed in residential care.

Table 4 Placement type

	Mar-17		Mar-18		Mar-19	
	No.	%	No.	%	No.	%
In House Fostering	175	32.3	201	38.4	168	35.4
IFAs	142	26.2	140	26.8	143	30.1
Inter-Agency	35	6.5	15	2.9	13	2.7
With Parents	53	9.8	46	8.8	43	9.1
Residential - Independent Sector	29	5.4	37	7.1	31	6.5
Supported Placements or Rent	10	1.8	8	1.5	6	1.3
UASC	10	1.8	14	2.7	14	2.9
Friends and Family fostering	88	16.2	62	11.8	57	12.0
Total	542	100.0	523	100	475	100

Data source: Finance

- 5.14 Wherever possible, the Council will seek to place children in family based settings and is looking to expand the range of foster care placements to achieve this; however there are always some children who will need residential.

Care Leavers

- 5.15 At the end of March 2019, 82% of care leavers aged 17 and 18 and 83% of care leavers aged 19-21 were in contact and in suitable accommodation. The statistical neighbour average was 88% and 83% respectively and the England average was 88% and 85% respectively. This represented an upward trend in performance since March 2014, when the percentage was 70%; however demonstrates that there is still a long way to go to improve housing options for care leavers in line with statistical neighbour and England averages.
- 5.16 In terms of education and employment, 57% of Southampton care leavers aged 17 and 18 and 45% of care leavers aged 19-21 were in employment, education or training in 2018/19. This compares to 61% and 45% respectively for our statistical neighbours and 64% and 52% respectively for England, demonstrating that Southampton needs to do more to ensure that its care leavers are supported to remain in education/training or gain employment.

6 Participation and engagement of children and young people

- 6.1 The active participation of children and young people is a key priority for Children's Services and its partners. Southampton is working towards establishing an offer to meaningfully engage and participate young people via the dedicated Looked After Children / Care Leaver Participation Worker to work with the teams to increase participation opportunities, including the engagement of the Children in Care Councils and Care Leavers Forum. Consultation with young people and other feedback from the Children in Care Councils and Care Leavers Forum will feed into service development and inform the Council's Corporate Parenting Board. Engagement of the Children in Care Council and Care Leavers Forum should take place in relation to the emerging internal strategies and plans that the Council has for developing its approach to securing the best placements for children and young people.
- 6.2 The application of this Strategy will be reviewed with children who have experience of being in care on an annual basis to ensure that there is purposeful and meaningful feedback from children regards the quality of their experiences.

7 PRIORITIES FOR DEVELOPING PLACEMENT SUFFICIENCY 2020-2025

A) Local Authority Foster Carers (further detail can be found in the Council's Placement Strategy 2019 – 2024)

Objective

- To provide a range of high quality and specialist foster care placements which reflect need and the diversity of the population

Current Position

7.1 As at 31 December 2019, there were 164 in house foster carers registered with the authority, looking after 173 children. At any one time approximately 5% of registered in house foster carers are not available to foster due to personal circumstances or concerns around their suitability to foster. On the 31 December 2019 seven foster carers were not available to foster. The vacancy rate at any one time is approximately 10% and this mainly relates to carers who are approved for children aged 0-4 years. 37 foster carers are offering long term homes to children.

In addition to this there were a further 47 carers who are caring for specific children as 'connected' carers – family, friend or adults known to the child, looking after 54 children. These tend to be long term arrangements.

7.2 During the last 12 months there has been a net loss of 4 in house carers. The aspiration to recruit more foster carers to achieve a target of 200 by 2020 has not as yet been achieved. A number of well-resourced marketing campaigns over the last three years have generated limited enquiries and alternative strategies to recruit foster carers are being piloted.

7.3 The data in table 4 above shows that the Council is still very reliant on IFAs, many of whom will be outside the city. There is therefore a need to continue to grow the Council's own local foster carers to reflect local need and demographics of its Looked After Children population. Analysis of placement requirements indicates that demand for placements relates to infants, 10 year olds, and teenagers. There is a small but significant demand for placements relating to same day demand, sibling groups and children who present with complex needs and behaviours.

Priorities: what do we need to focus on?

- Increase the number of local authority foster carers and retain existing carers.
- Promote kinship and 'connected' care at the earlier opportunity to keep children within their families and communities.
- Increase the range of placements offered by local authority foster carers, with a focus on those children with complex needs and behaviours (Tier 4 foster carers).

Actions: What are we going to do?

- Enhance traditional recruitment and marketing activities whilst piloting innovative strategies to attract carers through engagement with local communities, employers and partnerships.
- Enhance the support offer to foster carers with a focus on retention and supporting our carers.
- Align our recruitment and retention strategy with learning and recommendations arising from the SE Sector Led Improvement Project on the recruitment and retention of local authority foster carers.
- Establish a specialist foster care scheme offering placements to children with complex needs and behaviours and those children requiring a step down from a residential placement (Tier 4 foster carers).

How will we measure success?

- Increase in the number of in house foster carers
- A specialist foster care scheme in place (Tier 4 foster care scheme).
- Reduction in avoidable use of residential placements
- The annual foster carer feedback survey indicating the proportion of foster carers feeling valued and supported
- Placement stability – reduction in % of children who have 2 or more placement moves

B) Independent Fostering Placements

Objective

- To increase access to local high quality, value for money placements which meet the diversity of local need and ensure that all placements promote the overall safety and care of the children and young people placed.

Current Position

- 7.4 Southampton relies on a mixed economy of provision to meet the capacity and range of needs. In terms of commissioning placements externally from the independent sector, i.e. Independent Fostering Agencies (IFAs), Southampton is one of 14 authorities in the south coast region who have commissioned IFA placements via a Framework Contract. The IFA framework sets out clear guidance on the type, volume, and locality of IFA placements required, helping to shape the market. Providers are also required to submit detailed costs, which enable participating authorities to have a clear understanding of what they are purchasing.
- 7.5 Following the procurement process, Providers were selected to join one or more of four Lots within the framework contract. The framework replaced the previous Framework and provides a significant number of new providers offering placements. There are 12 providers on the IFA consortium who have carers within Southampton and 50 providers on the new contract. The framework provides access to placements designed as a step down and alternative to residential, though the numbers are limited. Table 5 below shows the number of providers on each of the Lots within the Framework and how this compares to the number of providers available prior to the Framework (NB. Some providers will be on more than one Lot).

Table 5 IFA Providers

Number of Providers	Old	New	Increase
Lot 1 General	41	47	15%
Lot 2 Disabled Children	34	42	24%
Lot 3 Parent and Child	17	43	153%
Lot 4 Alternative to Residential	0	10	N/A

- 7.6 The contract was implemented in April 2017 and spans a period of four years. Southampton City Council is leading the procurement of a new contract from April 2021.

7.7 Usage of the framework continues to increase across the Local Authority Consortium. As at 2019, there was a maximum capacity of 1244 placements across the whole Framework of which 1163 were in use, equating to a usage rate of 93%. This compares to a usage rate in 2018 of 93% and in 2017 of 86%. However there is still a shortfall in sufficiency for specific types of placement within the market with local Authorities (including Southampton) highlighting difficulties in placing teenagers, particularly those with challenging behaviour.

Tables 6 and 7 below show Southampton’s usage of the Framework for the last 3 years.

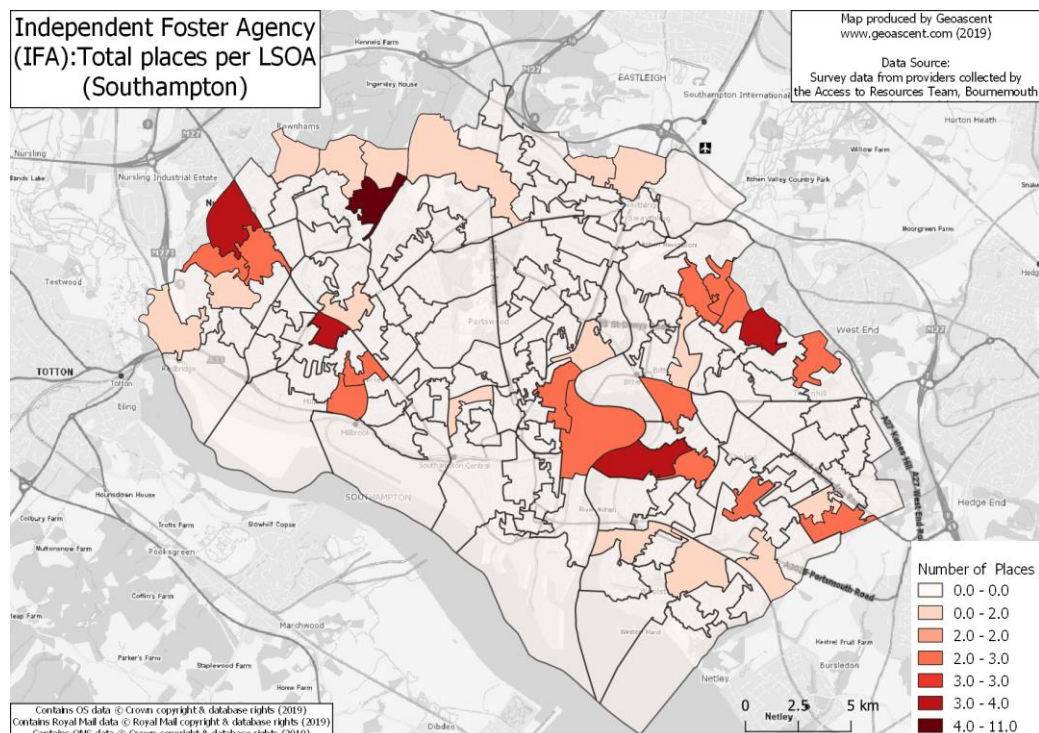
Table 6 Southampton IFA Placements by Age

0-4			5-10			11+		
2017	2018	2019	2017	2018	2019	2017	2018	2019
28	25	26	43	39	41	40	38	43

Table 7 Southampton IFA Placements by Lot

Lot 1			Lot 2			Lot 3			Lot 4		
2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
46	45	42	4	2	6	6	7	5	2	2	4

The chart below shows IFA placements within the City:



- 7.8 Over time, the Council is seeking to reduce its reliance on IFAs in favour of its own local Foster Carer provision; however there will remain a need to increase the proportion of IFA placements that are available within or close to Southampton and those that are able to support young people with more complex needs as an alternative to residential provision, thereby reducing reliance on residential care.

Priorities going forward: what do we need to focus on?

- Continue to monitor the contract and ensure that we are using the contract effectively.
- Ensure all placements continue to meet the needs
- Explore options for increasing access to local placements to bring children and young people closer to home where they can access local services and support networks.
- Re-procurement of the contract for 2021 onwards, with a specific focus on strengthening provision in those areas which have been historically difficult to source, in particular same day placements, sibling groups and children who present with complex needs and behaviours.

Actions: What are we going to do?

- Use monitoring information to ensure providers are meeting our needs.
- Review and develop service specification for new 2021 contract with a specific focus on strengthening provision in those areas which have been historically difficult to source, in particular same day placements, sibling groups and children who present with complex needs and behaviours.
- Continue to explore opportunities for block purchasing local placements, including collaborative arrangements with other authorities to make this more attractive to the market

How will we measure success?

- % of children placed with IFAs
- Reduction in use of residential placements
- % of children placed within 20 miles

- Placement stability – reduction in % of children who have 2 or more placement moves

C) Residential Children’s Homes

Objective

- To ensure that all provision with independent residential children’s homes is safe, stable and good quality.
- To achieve better access to affordable high quality residential children’s home placements within or close to Southampton.

Current Position

- 7.9 Residential provision is only utilised when family placements have either ceased to be successful or are not considered to be appropriate for the child’s needs or behaviours at the point of placement.
- 7.10 Southampton currently has no residential beds provided in-house. All residential placements are therefore currently purchased from the external market.
- 7.11 The Council is party to a Children’s Residential Care Framework Agreement which is commissioned via a collaboration of 18 Local Authorities across the South led by Bournemouth, Christchurch and Poole (BCP) Council, and established in July 2018. The contract is designed to unify purchasing processes across local authorities to ensure quality standards and outcomes for children as well as enabling the achievement of best value.
- 7.12 Over time, the Council is looking to reduce its reliance, where possible, on residential provision, in favour of placing children in family based settings; but, recognising that there will always be some children whose needs are best met in a residential care environment, the Council is looking to increase access to residential provision that is located within the city. In response to the need to place children closer to home, Southampton City Council approved in November 2019 a proposal to commission a call off from the Children’s Residential Care Framework for Block contract arrangements with local residential providers.

- 7.13 In addition, the Council is also considering establishing its own in-house residential provision within the City, framed around a model of smaller Council run Children’s Residential homes, each for two children and young people, alongside a separate assessment/respite provision.

Priorities going forward: what do we need to focus on?

- Ensure that all provision with independent residential children’s homes is focussed on providing safe, stable and good quality care, with a view for the children and young people placed with them to be returned back to a family and friends network wherever possible.
- Continue to explore and progress options for increasing access to local placements to bring children and young people closer to home where they can access local services and support networks.

Actions: What are we going to do?

- Continue to monitor the quality of the residential provision within which Southampton children are placed
- Continue to explore and progress options for securing access to residential provision within the local area, including seeking block contract arrangements with local providers on the Children’s Residential Care Framework and seeking to develop local council run residential care provision within the city

How will we measure success?

- % of children placed within 20 miles
- Placement stability – reduction in % of children who have 2 or more placement moves

D) Supported Accommodation

Objective

- The purpose of supported accommodation is to ensure that all vulnerable young people have safe, suitable, accommodation that meets their needs and

enables them to achieve timely move-on and move towards a productive, independent adulthood.

Current Position

7.14 Care leavers have the choice to “Stay Put” (SP) with their carers where it is their wish to do so and the carer is able to offer this resource. Southampton currently has 34 (23% of total) care leavers using the SP option. This applies to those placed with in-house foster carers and those placed with IFAs. ‘Staying Put’ enables young people to stay with their foster carers until the age of 21 years, regardless of whether they are in employment, education or training.

7.15 For those care leavers who do not remain with carers, the most common route to independence in Southampton (after those who return to live with their families) is to enter our commissioned supported accommodation provision. In 2016, Southampton reviewed its housing related services and retendered services in order to improve placement choice and quality for young people. The services were split into the following Lots which form four contracts:

- Lot 1 - Housing and Flexible Floating Support for Young People
- Lot 2 - Housing Support for Young People, Young Parents and a Flexible Floating Support service
- Lot 3 - Hostel Support to Young People
- Lot 4 - Supported Lodgings Service

7.16 The four new contracts started in July 2017 and provide 162 units of supported accommodation with additional floating support for 50 young people. The provision includes a range of self-contained and shared accommodation and supported lodgings. It is an expectation that all residents are engaged in education, employment or training.

7.17 The 2016 housing related support review highlighted that for some groups of young people there was a need for more intensive levels of support and tailored accommodation. In response to this need the Council joined up with 6 other local authorities (Hampshire, Bournemouth/Christchurch/Poole, Dorset, Portsmouth, Wokingham and Bracknell Forest) to commission a framework with a range of post 16 supported accommodation options to support young people with more complex needs. The Framework provides alternatives to more expensive support options including Independent Foster Agencies (IFA) or residential provision and provides a range of

accommodation and support, from buildings based supported accommodation with staff on site, to supported lodgings within the homes of trained hosts, through to flexible outreach support. There are four Lots:

- Looked After Children, including separated children seeking asylum (16-25 years)
- Care leavers (16-25 years)
- Young people with complex needs (16-25), including those diagnosed with mental health conditions, step down from residential care and those leaving secure accommodation or being released from a custodial sentence or those repeatedly evicted from other provision
- Parent and child (16-25)

7.18 Table 8 below shows the number of young people currently supported by each of the provisions.

Table 8: Number of young people placed over last 12 months in Supported Accommodation

Provision	No. Southampton young people
Contract for Housing and Flexible Floating Support for Young People	59
Contract for Housing Support for Young People, Young Parents and a Flexible Floating Support service	52
Contract for Hostel Support to Young People	66
Contract for Supported Lodgings Service	13

7.19 Whilst data shows that there has been an improvement in the proportion of care leavers in suitable accommodation since 2014 (see Section 5.15), comparison with Southampton’s statistical neighbours and England average shows that the city still has a long way to go to improve outcomes for care leavers (82% 17-18 year olds in suitable accommodation compared to 88% for our statistical neighbours and nationally) and so there is a need to increase the range and number of accommodation options for care leavers, particularly for those with more complex needs. There is also a need to further develop the support available to improve employment, education and training outcomes for this group – only 57% of Southampton care leavers aged 17 and 18 and 45% of care leavers aged 19-21 are in employment, education or training compared to 61% and 45% respectively for our statistical neighbours and 64% and 52% respectively for England.

Priorities: what do we need to focus on?

- To ensure, in collaboration with the council housing services and supported housing landlords, that the range of 16+ supported accommodation is suitable for young people, young parents and their children
- Continue to develop the range of commissioned supported and specialist accommodation provision for young people and young parents aged 16+ with complex needs.
- Provide sufficient emergency supported accommodation to young people and parents in urgent need.

Actions: What are we going to do?

- Continue to prioritise the needs of young people, including care leavers, 16-17 year olds at risk of homelessness to access the range of housing provision in the city.
- Undertake a review of the types and range of Post 16 supported accommodation required. This review will inform future decisions in respect of:
 - The contract extension of existing provision.
 - The commissioning of future supported service provision based on identified need and priorities.

How will we measure success?

- % use of available supported accommodation
- % of care leavers accessing suitable accommodation
- % of care leavers in EET
- % of care leavers moving on from supported housing in a planned way

E) Adoption Placements

Objective

- Children whose permanence is to be achieved through adoption have access to a range of adoptive families who are supported to meet their long term needs.

Current Position

- 7.20 Adoption remains a suitable option for achieving a permanent home for a small cohort of children. At the year-end 48 children were adopted during 2018/19.
- 7.21 As at the end of financial year 2018/19, there were a total of 17 new adopters approved in Southampton, an average of four per quarter.
- 7.22 From April 2019 the provision of adoptive placements has been provided by Adopt South. In its first quarter (1 April 2019 – 30 June 2019) Adopt South approved 29 adopters. This has resulted in Southampton children having access to a greater pool of prospective adopters. At the end of December 2019, 10 children had an adopted family identified, with 11 waiting for an adoptive family to be found.
- 7.23 Support to adopters is available through Adopt South who provide a range of support services to support adopters in meeting the long term needs of children. The Adoption Support Fund remains available to assist with accessing specialist support to adopters.
- 7.24 Adopt South collates and monitors performance data and a quarterly performance report is provided to partners. This report is scrutinised by the governance board, the senior operational managers group and reported to various forums for information and scrutiny as required i.e. Corporate Parenting Board.

Priorities going forward: what do we need to focus on?

- Work with partners to contribute to the implementation and governance of Adopt South to ensure sufficiency of adoptive placements and adoption support.

Actions: What are we going to do?

- Take an active role on Adopt South's governance board and operational group to ensure that the needs of Southampton children are met.
- Contribute staff to the Adopt South workforce.

- Monitor and review Adopt South’s performance in finding adoptive families for Southampton children, holding Adopt South to account via governance arrangements.

How will we measure success?

- Increase in the numbers of adoptive families available through Adopt South (less reliance on external agencies)
- Decrease in the average days taken to match a child to adoptive family

7.25 To summarise, the table below sets out again the numbers of Southampton Looked After Children by type of placement as at March 2019 and the intended direction of travel:

	Mar-19	Direction of travel
	No.	
In House Fostering	168	Increase overall and specifically increase the numbers of carers able to meet the needs of more complex children/young people (Tier 4 scheme)
IFAs	143	Reduce proportion of children placed with IFAs in favour of in house foster care Increase proportion of IFA placements that are available within or close to Southampton and that are able to meet the needs of more complex children, as an alternative to residential care
Residential - Independent Sector	31	Increase the proportion of placements that are available within or close to Southampton
Supported Placements or Rent	6	Increase the range of accommodation options within the city and strengthen the support available, particularly for young people with more complex needs, e.g. those diagnosed with mental health conditions, those stepping down from residential care and those leaving secure accommodation or being released from a custodial sentence or those repeatedly evicted from other provision

8 SUMMARY OF SUFFICIENCY PRIORITIES 2020-2025

Theme	Priorities	Actions	Measures
Local Authority Foster Carers	<ul style="list-style-type: none"> • Increase the number of local authority foster carers and retain existing carers. • Promote kinship and ‘connected’ care at the earlier opportunity to keep children within their families and communities. • Increase the range of placements offered by local authority foster carers, with a focus on those children with complex needs and behaviours (Tier 4 Foster Carers). 	<ul style="list-style-type: none"> • Enhance traditional recruitment and marketing activities whilst piloting innovative strategies to attract carers through engagement with local communities, employers and partnerships. • Enhance the support offer to foster carers with a focus on retention and supporting our carers. • Align our recruitment and retention strategy with learning and recommendations arising from the SE Sector Led Improvement Project on the recruitment and retention of local authority foster carers. • Establish a specialist foster care scheme (Tier 4) offering placements to children with complex needs and behaviours and those children requiring a step down from a residential placements. 	<ul style="list-style-type: none"> • Increase in the number of in house foster carers • A specialist foster care scheme in place (Tier 4 scheme). • Reduction in use of residential placements • The annual foster carer feedback survey indicating the proportion of foster carers feeling valued and supported • Placement stability – reduction in % of children who have 2 or more placement moves

Theme	Priorities	Actions	Measures
Independent Fostering Placements	<ul style="list-style-type: none"> Monitoring the contract and ensuring that we are using the contract effectively – ensuring all placements continue to meet the needs To explore options for increasing access to local placements to bring children and young people closer to home where they can access, local services and support networks. Re-procurement of the contract for 2021 onwards, with a specific focus on strengthening provision in those areas which have been historically difficult to source, in particular same day placements, sibling groups and children who present with complex needs and behaviours 	<ul style="list-style-type: none"> Use monitoring information to ensure providers are meeting our needs. Re-commission new 2021 contract with a specific focus on strengthening provision in those areas which have been historically difficult to source, in particular same day placements, sibling groups and children who present with complex needs and behaviours. Continue to explore opportunities for block purchasing local placements, including collaborative arrangements with other authorities to make this more attractive to the market. 	<ul style="list-style-type: none"> % of children placed with IFAs % of children placed within 20 miles Reduction in use of residential placements Placement stability – reduction in % of children who have 2 or more placement moves
Residential Children's Homes	<ul style="list-style-type: none"> Ensure that all provision with independent residential children's homes is focussed on providing safe, stable and good quality care, with a view for the children and young people placed with them to be 	<ul style="list-style-type: none"> Continue to monitor the quality of the residential provision within which Southampton children are placed Continue to explore and progress options for securing access to residential 	<ul style="list-style-type: none"> % of children placed within 20 miles Placement stability – reduction in % of children who have 2

Theme	Priorities	Actions	Measures
	<p>returned back to a family and friends network wherever possible.</p> <ul style="list-style-type: none"> Continue to explore and progress options for increasing access to local placements to bring children and young people closer to home where they can access local services and support networks. 	<p>provision within the local area, including seeking block contract arrangements with local providers on the Children's Residential Care Framework and seeking to develop local council run residential care provision within the city</p>	<p>or more placement moves</p>
Supported Accommodation	<ul style="list-style-type: none"> To ensure, in collaboration with the council Housing Services and supported housing landlords, that the range of 16+ supported accommodation is suitable for young people, young parents and their children Continue to develop the range of commissioned supported and specialist accommodation provision for young people and young parents aged 16+ with complex needs. Provide sufficient emergency supported accommodation to young people and parents in urgent need. 	<ul style="list-style-type: none"> Continue to prioritise the needs of young people, including care leavers, 16-17 year olds at risk of homelessness to access the range of housing provision in the city. Undertake a review of the types and range of Post 16 supported accommodation required to inform future decisions regarding contract extension and the commissioning of future service provision based on identified need and priorities. 	<ul style="list-style-type: none"> % use of available supported accommodation % of care leavers in suitable accommodation % of care leavers in EET % of care leavers sustaining their accommodation % of care leavers moving on from supported housing in a planned way

Theme	Priorities	Actions	Measures
Adoption Placements	<ul style="list-style-type: none"> • Work with partners to contribute to the implementation and governance of Adopt South to ensure sufficiency of adoptive placements and adoption support. 	<ul style="list-style-type: none"> • Take an active role on Adopt South’s governance board and operational group to ensure that the needs of Southampton children are met. • Contribute staff to the Adopt South workforce. • Monitor and review Adopt South’s performance in finding adoptive families for Southampton children, holding Adopt South to account via governance arrangements. 	<ul style="list-style-type: none"> • Increase in the numbers of adoptive families available through Adopt South (less reliance on external agencies) • Decrease in the average days taken to match a child to adoptive family



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.

<p>Name or Brief Description of Proposal</p>	<p>Looked After Children and Care Leavers Placement Commissioning Sufficiency Statement and Strategy 2020-2025</p>
<p>Brief Service Profile (including number of customers)</p>	<p>Local authorities are required to take steps that secure, so far as reasonably practicable, sufficient accommodation within the authority’s area which meets the needs of children that the local authority are looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority’s area (‘the sufficiency duty’). In order to meet this duty, Councils will have in place a Placement Sufficiency Strategy which analyses need, reviews existing provision and identifies areas for development/ improvement to meet the sufficiency duty. As at March 2019, Southampton City Council had 481 Looked After Children.</p>
<p>Summary of Impact and Issues</p>	<p>This impact assessment identifies a range of potential impacts, sensitivities and issues that are present in relation to Southampton’s population of Looked After Children who require accommodating in a range of provision.</p>

	The overall impact of the proposal is to achieve a degree of confidence that the Council is able to provide a range of placement provision that is capable of meeting the diverse and sometimes highly complex needs of its Looked After Children now and into the future.
Approved by Senior Manager	Donna Chapman
Signature	
Date	26 February 2020
Potential Positive Impacts	<p>The overall positive impacts of this Strategy include:</p> <ul style="list-style-type: none"> • Achieves better degree of confidence that suitable placements/accommodation will be available for Southampton Looked After Children and Young People – by analysing the need and current provision and identifying key actions to be taken to ensure that provision is sufficient to meet the wide range of needs now and into the future • Ensures that Southampton City Council adopts robust planning to meet future accommodation needs for children and young people in care. • Meets a legal obligation to provide a Sufficiency Strategy.
Responsible Service Manager	Russell Turner, Service Development Officer, Integrated Commissioning Unit
Date	26 February 2020

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	The Strategy sets out how the Council will meet the accommodation/ placement needs for Looked After Children and Care Leavers 0-25. In doing so, it recognises that there are particular challenges in sourcing appropriate, local placements for certain age groups, e.g. adolescents – and in doing so highlights this as a particular area for future development.	No mitigation necessary. By identifying specific areas of unmet need, the Strategy is intended to provide a degree of confidence that future need will be met through a range of provision.

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	It also specifically highlights the need to improve housing, further education, employment and training outcomes for care leavers and vulnerable young people.	
Disability	Looked After Children and young people and care leavers are more likely than their peers to have Special Educational Needs and/or disabilities. The Strategy includes the needs of Looked After Children with disabilities and provides a degree of confidence that this need will be met	No mitigation necessary. The Strategy is intended to provide a degree of confidence that future need is met through a range of provision.
Gender Reassignment	No impact anticipated.	No mitigation necessary.
Marriage and Civil Partnership	No impact anticipated.	No mitigation necessary.
Pregnancy and Maternity	Looked After Children and young people and care leavers could potentially become pregnant although support will be given to develop their skills to ensure they stay safe.	Planning needs for those to become pregnant will be included within the sufficiency planning work
Race	The Strategy provides specific data on ethnicity of Southampton's Looked After Children and young people population with a view to ensuring that a diverse range of placement provision is developed that reflects different cultural and racial needs.	No mitigation necessary. Strategy is intended to provide a degree of confidence that future need is met through a range of provision.
Religion or Belief	No impact anticipated	No mitigation necessary.
Sex / Gender identity	No impact anticipated.	No mitigation necessary.
Sexual Orientation	No impact anticipated.	No mitigation necessary.
Community Safety	Looked After Children and Young People are more vulnerable than their peers to being involved in the criminal justice system or victims of crime. They are also more likely to be targeted for criminal or sexual exploitation. There is a strong focus within the strategy for increasing	No mitigation necessary. The Strategy is intended to provide a degree of confidence that future need is met through a range of provision.

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>access to local placements where young people can access local services and support networks. There is also a strong focus in the strategy on increasing local foster care placements, including for young people with more complex needs/ challenging behaviours. Providing a safe family based environment improves the protective factors for this vulnerable group.</p>	
Poverty	<p>Looked After Children and young people are more likely than their peers to have come into care from an area of deprivation and a household of poverty. The strategy includes a strong focus on improving outcomes for Looked After Children and Care Leavers – particularly in terms of expanding the range of supported accommodation available to support young people in their transition to adulthood, e.g. preparing for and maintaining tenancies, further education, training and employment.</p>	<p>No mitigation necessary. The Strategy is intended to provide a degree of confidence that future need is met through a range of provision.</p>
Other Significant Impacts	<p>Children and young people in care are more likely than their peers to have suffered from, and / or be suffering from mental health problems, poor emotional wellbeing or historic trauma, domestic and/or sexual abuse that affects their relationships with others. Again by increasing access to local placements there are particular benefits associated with access to local support networks and services. For example, local CAMHS are able to continue working with young people known to them. At the same time, the strategy does acknowledge that for some children/young people, a placement outside the city would be more appropriate.</p>	<p>No mitigation necessary. The Strategy is intended to provide a degree of confidence that future need is met through a range of provision.</p>

Data Protection Impact Assessment

What is a Data Protection Impact Assessment?

A Data Protection Impact Assessment (“DPIA”) 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 DPIA 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 DPIA should benefit the Council by producing better policies and systems, and improving the relationship with individuals.

Why should I carry out a DPIA?

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

Not only is it a legal requirement in some cases, it is often the most effective way to demonstrate to the Information Commissioner’s Officer how personal data processing complies with data protection legislation.

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

A DPIA 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 DPIA?

The core principles of DPIA 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 Step 1 of this document should help you identify the need for a DPIA 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 DPIA?

Responsibility for conducting a DPIA should be placed at senior manager level. A DPIA has strategic significance and direct responsibility for the DPIA 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 DPIA 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 DPIA.

How do I carry out a DPIA?

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

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

After Step 5, the Information Lawyer (Data Protection Officer) will review the DPIA within 14 days of receipt, and complete the rest of the assessment within 28 days. The DPO will identify any privacy risks, and proposed measures to address them.

These measures must then be agreed by the project lead, Information Asset Owner or Administrator, and, in some cases, the Senior Information Risk Owner.

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

Data Protection Impact Assessment Template			
Version	3.1	Approved by	Data Protection Officer
Date last amended	2 nd November 2018	Approval date	2 nd November 2018
Lead officer	Chris Thornton, Information Lawyer (Data Protection Officer)	Review date	2 nd November 2019
Contact	information@southampton.gov.uk	Effective date	2 nd November 2019

Project Details

Name of Project
Looked After Children and Care Leavers Placement Commissioning Sufficiency Statement and Strategy 2020-2025
Brief Summary of Project
<p>Local authorities are required to take steps that secure, so far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority are looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area ('the sufficiency duty'). In order to meet this duty, Councils will have in place a Placement Sufficiency Strategy which analyses need, reviews existing provision and identifies areas for development/ improvement to meet the sufficiency duty.</p> <p>This report summarises the refresh of the Council's Placement Commissioning Sufficiency Statement and Strategy. The strategy will cover the period 2020 – 2025 with the opportunity to review and update annually.</p>
Estimated Completion Date
March 2020
Name of Project Lead
Donna Chapman

Details of Person Conducting DPIA

Name
Russell Turner
Position
Service Development Officer
Contact Email Address
Russell.turner@southampton.gov.uk

Step 1: Identify the need for a DPIA

Does your project involve... (tick all that apply)

- The collection of new information about individuals
- Compelling individuals to provide information about themselves
- The disclosure of information about individuals to organisations or people who have not previously had routine access to the information
- The use of existing information about individuals for a purpose it is not currently used for, or in a way it is not currently used
- Contacting individuals in ways which they may find intrusive
- Making changes to the way personal information is obtained, recorded, transmitted, deleted, or held
- The use of profiling, automated decision-making, or special category data¹ to make significant decisions about people (e.g. their access to a service, opportunity, or benefit).
- The processing of special category data¹ or criminal offence data on a large scale.
- Systematically monitoring a publicly accessible place on a large scale.
- The use of new technologies.
- Carrying out profiling on a large scale.
- Processing biometric or genetic data.
- Combining, comparing, or matching data from multiple sources.
- Processing personal data without providing a privacy notice directly to the individual.
- Processing personal data in a way which involves tracking individuals' online or offline location or behaviour.
- Processing children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them.
- Processing personal data which could result in a risk of physical harm in the event of a security breach.

¹ personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation

If you answered “yes” to any of these, please proceed to Step 2.

If none of these apply, please tick the below box, and return the form to the Information Lawyer (Data Protection Officer) at information@southampton.gov.uk

None of the screening statements in Step 1 of this document apply to the project, and I have determined that it is not necessary to conduct a Data Protection Impact Assessment

Step 2: Describe the processing

The nature of the processing

How will you collect data?

How will you use the data?

How will you store the data?

How will you delete the data?

What is the source of the data?

Will you be sharing data with anyone?

INFO: If yes, please provide details

Describe the scope of the processing

What is the nature of the data?

INFO: Detail the type of personal data being processed. List any fields that will be processed (e.g. name, address, data of birth, NHS number, video images)

Does it include special category or criminal offence data? Please provide details.

INFO: "Special category" data includes personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation.

How much data will you be collecting and using?

How often will the data be collected and used?

How long will you keep it?

How many individuals are affected?

What geographical area does it cover?

Describe the context of the processing

What is the nature of your relationship with the individuals?

INFO: Detail who the data subjects will be (e.g. residents, carers, pupils, staff, professionals)

How much control will they have over their data?

Would they reasonably expect the Council to use their data in this way?

INFO: Please provide details to support your answer

Do they include children or other vulnerable groups?

INFO: If yes, please provide details

Are you aware of any prior concerns over this type of processing or security flaws?

INFO: If yes, please provide details

Is the processing novel in any way?

INFO: If yes, please provide details

What is the current state of technology in this area?

Are there any current issues of public concern that should be considered?

INFO: If yes, please provide details

Describe the purposes of the processing

What do you want to achieve?

What is the intended effect on individuals?

What are the benefits of the processing – for the Council, and more broadly?

Step 3: Consultation process

Consider how to consult with relevant stakeholders

Describe when and how you will seek individuals' views – or justify why it's not appropriate to do so

Who else do you need to involve, or have you already involved within the Council?

INFO: e.g. IT services, records management

Do you need to ask your processors to assist?

INFO: Processors are third parties who will process the personal data on our behalf

Do you plan to consult information security experts, or any other experts?

INFO: Please provide details to support your answer

Step 4: Assess necessity and proportionality

Describe compliance and proportionality measures

What is your lawful basis for processing? Please choose one of the following...

INFO: There should generally only be one legal basis for processing.

- The data subject has given consent
- The processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract
- The processing is necessary for compliance with a legal obligation to which the Council is subject
- The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Council
- The processing is necessary for the purposes of the legitimate interests pursued by the Council or by a third party

Does the processing actually achieve your purpose?

INFO: Please provide details to support your answer

Is there another way to achieve the same outcome?

INFO: Please details to support your answer

How will you prevent function creep?

INFO: Function creep is where data collected for one purpose is used for another purpose over time.

How will you ensure data quality and data minimisation?

INFO: We should only use the minimum amount of personal data possible to achieve the purpose of the processing.

What information will you give individuals about the processing?
How will you help to support their rights?
INFO: Data subject's rights include the right to access, rectify, erase, port, and restrict their data.
What measures do you take to ensure processors comply with the GDPR, and assist the Council in supporting individuals in exercising their rights?
INFO: E.g. will there be a contract in place with the processor that contains data protection obligations?
How do you safeguard any international transfers of personal data?
INFO: If there are no international transfers involved, please state this

Step 5: Send DPIA Form to the Data Protection Officer

After completing this part of the form, please send the document to the Information Lawyer (Data Protection Officer) at information@southampton.gov.uk

The DPO will review the information provided, and identify and assess the privacy risks.

Step 6: Identify and assess risks (DPO to complete)

Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	Likelihood of harm	Severity of harm	Overall risk
1.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
2.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
3.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
4.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
5.	Remote Possible Probable	Minimal Significant Severe	Low Medium High
6.	Remote Possible Probable	Minimal Significant Severe	Low Medium High

Step 7: Identify measures to reduce risk (DPO to complete)

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5

Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk
1.		Eliminated Reduced Accepted	Low Medium High
2.		Eliminated Reduced Accepted	Low Medium High
3.		Eliminated Reduced Accepted	Low Medium High
4.		Eliminated Reduced Accepted	Low Medium High
5.		Eliminated Reduced Accepted	Low Medium High
6.		Eliminated Reduced Accepted	Low Medium High
Comments from the Data Protection Officer			
Comments from the Senior Records Officer			

Step 8: Sign off

Item	Date	Notes
DPO reviewed DPIA and provided advice on:		DPO should advise on compliance, step 7 measures and whether processing can proceed
Senior Records Officer reviewed DPIA on:		SRO should advise on records management matters
Measures approved by Project Manager on:		Integrate actions back into project plan, with date and responsibility for completion
Comments from Project Manager:		
Residual risks approved by Information Asset Owner / Administrator on:		
Comments from IAO / IAA:		
Residual high risks approved by the Senior Information Risk Owner on:		If accepting any residual high risk, consult the ICO before going ahead
Comments from SIRO:		

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DECISION-MAKER:		CABINET	
SUBJECT:		POTENTIAL DEREGISTRATION OF THREE LEARNING DISABILITY RESIDENTIAL CARE HOMES	
DATE OF DECISION:		17 MARCH 2020	
REPORT OF:		CABINET MEMBER FOR ADULT CARE	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Matthew Harrison	Tel: 023 80834830
	E-mail:	Matthew.harrison@southampton.gov.uk	
Director	Name:	Stephanie Ramsey	Tel: 023 80296923
	E-mail:	Stephanie.ramsey@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
NOT APPLICABLE			
BRIEF SUMMARY			
<p>This paper is seeking a decision as to whether three Learning Disability registered residential care homes remain as residential care homes or those homes deregister and become supported living homes with the Council assuming the housing responsibility function, and becoming the landlord. The latter is the preferred option, for reasons summarised within this report.</p>			
RECOMMENDATIONS:			
	(i)	To delegate authority to the Executive Director of Communities, Culture and Homes that following consultation with the Executive Director, Finance & Commercialisation and pending successful agreement with NHS England (NHSE) and Clarion Housing Group the three homes transfer to the Housing Revenue Account (HRA).	
	(ii)	To delegate authority to the Director of Quality and Integration following consultation with the Executive Director Wellbeing – Health and Adults to work with relevant partners and stakeholders to deregister the three homes to Supported Living pending the outcome of recommendation (i).	
	(iii)	To note the consultation summary and Equality Safety Impact Assessment (ESIA) both of which are appendices to this report.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	National and local policy in relation to support and accommodation for adults with learning disabilities encourages a move away from ‘unsettled’ forms of accommodation such as residential care and towards the development of more ‘ordinary housing’ within people’s local communities. This includes a wide range of ‘settled’ options for people with the primary option being supported living in which people have their own tenancy, flexibility to choose their own support provider and access to a wider range of benefits (dependent on individual circumstances).		
2.	There are 59 supported living properties in and around Southampton already with around 170 people living in them. They range from one person bungalows, to shared houses for seven people, to complexes of flats for 8-10 people. The Integrated Commissioning Unit (ICU) in partnership with Adult		

	<p>Social Care have been working for several years to increase the number of supported living properties in the City. This is achieved partially through new property developments but also through deregistration of existing residential homes for adults with learning disabilities to become supported living. Deregistration means that the homes themselves are no longer directly registered with the Care Quality Commission (CQC) however the support provider which delivers the support is registered with the CQC. Deregistration doesn't mean that less support is provided to those living there but it does mean that there is more flexibility to personalise the support for each individual.</p> <p>Over the past five years, there have been five local deregistrations of residential homes; two homes in Shirley ward, one each in Bassett and Coxford wards and the final home was in Hedge End. Based on contract monitoring by commissioners as well as feedback from social care assessments of those living there, these homes have all made a successful transition to supported living.</p>
3.	<p>The three residential homes in question have a total of 17 individual bedrooms for residents of which 15 are currently occupied by adults with learning disabilities. There are currently two bedrooms vacant. The age range of the residents is from 47 to 74 years, their disabilities include Learning Disabilities, physical disabilities, and autism. Support within the homes is delivered throughout the day and night, this will not change as a result of the deregistration. The CQC registered provider for the three homes is Dimensions UK Ltd. They are also the largest provider of support to individuals in supported living in the city so have extensive experience and have been directly involved in two previous deregistrations in Southampton in 2016. Dimensions will continue as the care provider following deregistration with the support delivered under the home care framework and regular contract monitoring by commissioners in the ICU. The homes are owned by Clarion Housing Group however NHS England hold a legal charge over the properties as the funding for the properties originally came from the NHS in the late 1990s. NHS England have indicated that they will require ongoing protections from the Council in respect of the grant funding which they initially provided for the properties and a satisfactory resolution of that will need to be negotiated once this proposal to deregister has been agreed in principle.</p>
4.	<p>A formal consultation was held between November 2019 and February 2020 to obtain the views of those living at the three homes as well as their family members and/or advocates about the proposal to deregister.</p> <p>In total 23 people submitted a response to the consultation. When asked what option they preferred 9 people chose supported living compared to 3 people who chose residential care. A further 11 people did not express a preference but nonetheless gave feedback about their views. Full details of the consultation responses are given later in this report as well as the accompanying appendices</p>
5.	<p>The current CQC registered provider for the three homes, Dimensions, have been consulted and are supportive of the proposal to deregister. The current owner of the properties, Clarion Housing Group, are not supportive of the proposal to deregister, as this does not fit with their strategic objectives. Clarion are however, willing to relinquish their ownership to the Council.</p>
<p>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</p>	

6.	The three homes could continue to operate as registered care homes. This will necessitate commencement of a tender process in order to award a new contract. This option is not recommended, as it is not in line with local and national policy objectives and does not increase the options for further independence and flexibility for residents. In addition, the homes remaining as residential care leaves the risk that in the future Clarion could decide to sell the homes or Dimensions decide to close them with the Council having limited influence to affect this.
7.	The three homes could be closed and the individuals supported to move to alternative accommodation/housing. This was rejected as most people have been living in the homes for many years and would not wish to move. The properties are deemed suitable for longer term use and this would not support a person centred approach to meet individual needs.
DETAIL (Including consultation carried out)	
8.	Within a residential care home a provider is registered with the Care Quality Commission to provide both the care and the accommodation whilst in Supported Living the care and accommodation functions are separate. This means that the care provider is registered with CQC to provide personal care and a housing provider is the landlord with each resident having rights and responsibilities for their housing with a legal agreement such as a tenancy or license that describes the responsibilities of both parties. Within supported living the funding for housing costs is primarily borne from housing benefit. Paragraph 12 expands the benefits of the Council's housing department delivering the landlord function and associated services.
9.	For residents living in the homes, there are three key areas within their lives that would benefit from the proposed model of supported living. These are in relation to (1) housing rights and responsibilities, (2) support for care and (3) welfare. In addition, the Reach Standards which are nationally recognised as best practice within Supported Living, including by the Care Quality Commission, are part of the Council's contractual relationship with providers under the supported living element of the home care framework.
10.	The Integrated Commissioning Unit (ICU) has reviewed commissioning options for the three Learning Disability registered residential care homes. The three homes are located in the following areas: <ul style="list-style-type: none"> • Bevois ward (6 bedrooms) • Botley (6 bedrooms) • Totton (5 bedrooms)
11.	The properties were developed between 1996 and 1998 with the funding from what was then Southampton & South West Hampshire Health Authority, and charged to the Secretary of State for Health. Clarion Housing Group owns the freehold of each of the three properties with NHS England now holding a legal charge over the properties. The purpose of the development at the time was to support a large discharge programme of individuals with learning disabilities from inappropriate institutional settings. Discussions have taken place with Clarion regarding the potential option of deregistration however Clarion have stated they would not be willing to continue to hold the housing responsibilities if the properties were to deregister, as this is not in line with their strategic objectives. Therefore if a decision is made to deregister, ownership of the properties would need to transfer to another housing provider. The transfer of ownership would not

	involve making payment to Clarion but might involve the assumption by the Council of Clarion's obligations to NHS England, the details of which would remain to be resolved, as noted in paragraph 3 above.
12.	The option of the Council becoming the owner and taking on housing management responsibilities has been carefully considered with involvement from the ICU, adult social care, housing and legal services. This option is recommended because it would deliver a range of benefits to all key stakeholders. For the individuals living in the homes, the Council would be able to offer a high quality, localised housing management and maintenance service, which is responsive to individual's housing needs. Each individual would be provided with an agreement (either a licence or tenancy) so as to enable a human rights based approach to meet their housing needs. The Council housing services have an excellent track record in delivering similar models to this (for example within extra care) and ensuring reasonable adjustments are made for those with health and social care needs.
13.	Strategically, the homes transferring to Council ownership contributes to the delivery of the Council's Housing Strategy 2016 – 2025, by increasing housing options and support available to those with health and social care needs. This would be at no financial loss to the Housing Revenue Account. In addition it would ensure the long term future for the properties to continue to support individuals with learning disabilities of which the Council has a responsibility to meet their housing and care needs under the Care Act.
14.	There are a number of national and local drivers which support the recommended option. These are described below but in summary they encourage: <ul style="list-style-type: none"> • Reductions in the number of residential placements. Government policy requires that local authorities work towards maintaining more people in their own homes for longer, including independent or supported living schemes, i.e. shifting the balance from residential provision to the community • Promoting and supporting independence • Ensuring the most appropriate housing solutions for residents • Increasing person-centred approaches • Increasing resident choice and control • Reductions in the cost to the Adult Social Care budget
15.	The Care Act (2014) brought legislation up to date to reflect a focus on the outcomes that people need and want, rather than their disabilities, and put the individual in control of their life. Key areas of change within the Act include the legal right to personalised support, which is delivered via a personal budget/direct payment. This isn't yet an option for individuals living in residential care but those living in supported living do have the option to take all or part of their personal budget as a direct payment.
16.	The Southampton City Council and Southampton City Clinical Commissioning Group Learning Disability Services Market Position Statement 2018 – 2023 outlines the wider approach to be taken in respect of housing in the city for adults with learning disabilities and states that “ <i>..there is a significant drive behind increasing the number of supported living schemes in the city and supporting people to live in their local community through tenancy based housing.</i> ”

17.	<p>The NHS England National Plan - Building the Right Support gives commissioners a clear framework to develop more community services for people with learning disabilities and/ or autism. In particular it states <i>“People should have a choice about where and with whom they live – with a choice of housing including small-scale supported living, and the offer of settled accommodation.”</i></p>
18.	<p>Consultation with residents and families</p> <p>The consultation on the proposal was developed in discussion with Council legal services. A full public consultation was not deemed proportionate, but a full and meaningful consultation was necessary with those potentially affected by the proposal.</p> <p>The consultation period ran from 1st November 2019 to 14th February 2020 with the fifteen residents and their families/advocates, where relevant. The consultation pack consisted of:</p> <ul style="list-style-type: none"> • A consultation timetable • An information document entitled ‘My Home, My Support, My Money’ • An information document including Frequently Asked Questions • A consultation feedback sheet for residents • A consultation feedback sheet for and families / informal carers • Individual discussion with client/family/advocate <p>Accessible easy read versions of the consultation pack documents ‘My Home, My Support, My Money’ and the feedback sheet were made available for residents/families/advocates to support their understanding and involvement in the consultation.</p> <p>The feedback sheet asked residents and families a series of questions about what support they had received during the consultation, whether they understood the information, what their preferred option was, and any additional feedback to SCC regarding the process.</p>
19.	<p>Advocacy support was available from Choices Advocacy for residents or family members to talk independently about the proposals. Dedicated social worker capacity has been available throughout the consultation period, coordinating the assessment process and offering additional support in meetings with each resident and their families to discuss the impacts on individuals. All residents received a full social care assessment during the consultation period.</p>
20.	<p>The consultation period was extended twice to allow more time for individuals and families to read the information and ask further questions.</p>
21.	<p>In total 23 stakeholders responded to the consultation, including all 15 residents of the three homes and 8 family members of those living there. Overall, 9 stakeholders were supportive of the homes deregistering and becoming supported living, 3 people preferred for them to remain as residential care and 11 people did not express a preference as they were unsure.</p> <p>Some of those who were supportive of deregistration said that this was their preference because it would remove the risk of the support provider changing through a tender which could occur if the homes remain as residential care. Others who were supportive felt that supported living would increase choice and options for their family members.</p>

	<p>Those who preferred the homes to remain as residential care expressed concerns about how their family member would cope with any change and that they were happy with the current arrangements.</p> <p>Those who were unsure included 8 residents who were unable to indicate a preference due to the nature of their learning disability even with advocacy support. Family members who were unsure said that they didn't have enough information about what level of support would be provided in supported living as assessments were still being undertaken but they did think that supported living may be a better environment for their loved one.</p> <p>If the decision is made to proceed with deregistration, there will continue to be information and advice provided by the social worker to address individual circumstances and to assure people that support will be individually tailored.</p>
22.	The social care assessments completed during the consultation process have confirmed that all except one of the residents living in the three homes could have their needs met with a supported living environment. The one exception is a person whose needs are increasing and are likely to require nursing support in the near future, therefore, potentially supported living nor residential care may be appropriate for them.
23.	If the decision is made to deregister the three homes, this would not happen straight away. The next steps would be to refresh the previous property surveys, then work with NHS England and Clarion to transfer and agree the terms of effecting the transfer of the ownership to the Council in addition to agreeing a timescale with Dimensions to allow enough time for the new arrangements to be put in place, including new care & support plans, support for people to receive the right benefits and for license or tenancy agreements to be signed. This could take 3-4 months.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
24.	Refreshed property surveys will be completed and officers will ensure that should it be required, any upfront costs for works on the properties are budgeted within the Housing Revenue Account. The previous surveys in 2018 indicated this would be unlikely, however, given the lapse in timescale, officers will ensure this is undertaken.
25.	Within supported living, housing and living costs are met by the resident themselves in most cases funded by the increased range of benefits they are entitled to. Therefore only the care costs are funded by adult social care. This means that supported living is on average less expensive than a broadly comparable residential home but that the amount and quality of support is at least as good if not better because it can be more personalised for each resident. In the case of these three homes therefore there are potential efficiencies and this could be up to £150,000 per year.
26.	SCC will be obliged to approve the underwriting of NHS England legal fees incurred during the deregistration and transfer process. There is already a budget in place for this.
27.	The proposals are subject to compliance with Financial and Contract Procedure Rules on spend and procurement of services.
<u>Property/Other</u>	

28.	The Council has obtained legal advice that the two properties which are outside of the city boundary, could be included in the Housing Revenue Account (HRA) so long as they were serving the housing needs of people of Southampton. In practice that means that tenants will have to be assessed as being ordinary residents of Southampton. During the social care assessments for each resident this was considered and it has been confirmed that all individuals bar one, met the Ordinary Residence (OR) tests and would remain the responsibility of the Council to meet their health and social care needs. The one individual who did not meet the Ordinary Residence test will continue to be the responsibility of their existing funding organisation.
29.	It has been determined that 'Right to Buy' is not applicable as Schedule 5 of the Housing Act 1985 will exempt these properties even if secure tenancies are granted
30.	The commissioning resource to coordinate the deregistration process or procurement process (depending on decision) will come from the ICU. The dedicated social work capacity, which will remain in place throughout the process, and advocacy resource is funded. When the deregistration or re-procurement is completed, responsibility for reviews and day to day care management will return to the Learning Disabilities adult social care team. On-going contract monitoring will be undertaken by the ICU.
31.	<p>If the homes remain as residential care, a re-procurement of the residential care service will need to commence. As far as possible this will be undertaken within the current financial envelope but will inevitably be subject to market forces within adult social care provision that are likely to result in an increased cost to the Council</p> <p>Dimensions have already successfully applied to be on the Home Care framework so a direct award under that Framework can be made to them for the Supported Living contract, should the homes deregister, this will mean minimal disruption for the individuals living in the homes.</p>
32.	If the decision is made to bring the three homes within the HRA, this would contribute towards the Council's '1000 Homes' commitment.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
33.	<p>Section 9 of the Housing Act 1985 (HA85) permits a local housing authority to provide housing accommodation by acquiring it. Section 17 of the HA85 provides that land, including houses and buildings may be acquired by a local housing authority by agreement or compulsorily. It may acquire houses or buildings which may be made suitable as houses.</p> <p>Section 14 HA85 provides that a local housing authority may for supplying the needs of their district exercise outside of their district the powers conferred by Section 9-13 HA 85.</p> <p>The residents are ordinary resident in Southampton for the purposes of the Care Act 2014 and as they have needs for care and support the housing accommodation acquired out of area will be for the purpose for supplying needs for residents of Southampton.</p> <p>Section 74 of the Housing Act 1989 provides that the local housing authority shall keep [a HRA] of sums falling to be debited in respect of houses which</p>

	are provided under part 11 of the HA85. These 3 properties are to be provided under part 11 of the HA85.
34.	S.1 Localism Act 2011 permits a council to do anything required to deliver its statutory functions provided any other statutory restrictions on the use of its powers are complied with (including financial and procurement controls etc.) or not otherwise prohibited.
Other Legal Implications:	
35.	The Equality Act 2010 imposes various duties on Local Authorities and in particular all Local Authorities must have due regard to its public sector equality duty when carrying out any function. In particular the duty to eliminate discrimination, harassment and victimisation and advance equality of opportunity and fostering good relations. Local Authorities also have a duty under the Human Rights Act 1998, when carrying out any function, not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms. In particular Article 8, right to respect for private and family life and Article 25 the rights of elderly to lead a life of dignity and independence and to participate in social and cultural life.
36.	The detailed equality safety impact assessment demonstrates how the council has had due regard to its public sector equality duty. Local Authorities when carrying out any function must adhere to the United Nations Convention of the Rights of Person With Disabilities and in particular respect for dignity, autonomy, freedom to make own choices, equality and elimination of discrimination.
37.	The Care Act 2014 imposes various statutory duties on Local Authorities when exercising Adult Social Care functions. This includes the duty to promote the individual's well-being and protect them from abuse and neglect, including self-neglect; the duty to prevent or delay needs for care and support; the duty to provide advice and information on care and support available. The Act also places various duties and responsibilities on Local Authorities to commission appropriate, efficient and effective services and encourage a wide range of service provision to ensure that people have a choice of appropriate services and an emphasis on enabling people to stay independent for as long as possible.
RISK MANAGEMENT IMPLICATIONS	
38.	Maintenance and upkeep costs of the properties are based upon a set of assumptions. Refreshed property surveys will be completed ahead of any commitment and a business case made for additional spend should this be required, from the Housing Revenue Account.
39.	Whichever decision is made about the three homes, this will be communicated clearly to those living in the home as well as their family members. This will include information about the next steps and timescales. Social work capacity will continue to be involved throughout the next steps to provide support and coordination.
POLICY FRAMEWORK IMPLICATIONS	
40.	The recommendations in this paper support the delivery of priority outcomes in the Council Strategy: <ul style="list-style-type: none"> • People in Southampton live safe, healthy and independent lives

	Southampton is a modern, attractive city where people are proud to live and work	
KEY DECISION?	Yes	
WARDS/COMMUNITIES AFFECTED:	Bevois	
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Summary of consultation responses from families and informal carers	
2.	Summary of consultation responses from residents	
3.	Equality and 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
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) 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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Summary of feedback to Southampton City Council's Consultation regarding potential deregistration of three residential homes – families / informal carers

1. Introduction

This is a summary of the responses from families of adults with learning disabilities living at three residential homes to the two options outlined in the consultation.

The two options were:

- The homes remaining as residential care
- The homes becoming supported living homes

2. The consultation feedback overall

A completed feedback form was received from 8 family members although not all questions were answered by everyone. Two family members of one resident returned forms expressing different preferences. Both views are taken into account in this summary.

Families of people living at all three homes completed feedback forms. Not all of the questions were answered by every family member.

Four family members were supportive of the homes becoming supported living homes, three people preferred for them to remain as residential care and one person did not express a preference as they were unsure.

3. Themes

The main themes which emerged were:

- Family members wanting to minimise the level of change in the homes and disruption this could cause to their loved one. There was a difference of opinion about whether this would be achieved through the homes remaining as residential homes and the contract being tendered or them deregistering and becoming supported living.
- Those in support of deregistration as well as some of those whose preference was for the homes to remain as residential care requested assurance that the right level and quality of support would continue to be in place for their family members should deregistration go ahead.
- Concerns about how deregistration may affect the benefits their family member could access and whether there would be sufficient support in place for benefit applications to be made and payments set up, including through appointeeship.
- Questions around whether there would be changes to transport arrangements for family members if deregistration were to go ahead.
- A number of family members completed and returned the forms partway through the consultation period and indicated in their response that their family member hadn't had an assessment or they hadn't been able to speak to a social worker. This was because most assessments took place towards the end of the consultation period however by the end of the consultation all current residents had received an assessment.

Full Responses

The following are the full anonymised responses to the questions in the feedback form:

1.	Have you spoken to the Southampton City Council social worker?
Yes	5
No	3

2.	Has your family member / cared for person had their needs assessed?
Yes	4
No	2

3.	Were you offered a carers assessment?
Yes	2
No	1

4.	Were any concerns or worries identified in relation to the proposed changes?
Yes	5
No	0

5.	Are you clear how concerns or worries would be managed in relation to the proposed changes?
Yes	5
No	2

6.	Were you given the chance to say what you think is important to your family, so that it could be recorded?
Yes	7
No	1

7.	Have you spoken to an advocate from Choices Advocacy?
Yes	2
No	6

8.	Have you been supported by Dimensions during the consultation in respect to what is important to your family member?
Yes	6
No	2

9.	For example, were you offered the opportunity to see other Supported Living schemes or speak to people (and their families) who live in supported living homes?
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Yes	3
No	4

10.	Were your views about the other schemes recorded and shared with Choices Advocacy and the Council's Care Manager?
Yes	1
No	4

11.	Did you understand the information provided about the consultation?
I understood it	6
I understood most of it	1
I did not understand it	0

12.	Did you have an opportunity to say that things were clear or not?
Yes	6
No	1

13.	How well have we engaged and listened to you to gain your views?
Very well	3
Fairly well	1
Not very well	2

14.	Were all your questions answered?
Yes	2
No	3

15.	We always value people's feedback - would you have liked anything to have been done differently?
Yes	2
No	5

16. Which is your preferred option?	
The home remaining as a residential care home	3
The home becoming a supported living home	4
Unsure	1

Comments in relation to question 16 were:

Unable to state which one due to lack of information. Supported Living could provide a better environment but do not know if it will be paid for and what [my family member's] assessment will provide.

17. Those who responded were asked why they had chosen their preferred option

Those who chose residential care as their preferred option:

I don't feel the correct level of care can be offered in supported living.

Family member is unable to do anything by himself.

Because the chosen option works. If you are aware of the needs of the clients at [residential home] you would not be sending questionnaires like this. [My family member] is happy and well looked after. I don't think [my family member] would cope with changes.

Those who chose supported living as their preferred option:

Given the information, advocate is of the view that client would choose supported living.

I oppose a change of service provider.

I can see that [my family member] will more likely have a greater number of options for her care in the future. The possibility that the care contract would be put out to tender and could result in a change to who administers [my family member's] care could be too disruptive.

As long as [my family member's] needs are supported.

Summary of feedback to Southampton City Council's Consultation regarding potential deregistration of three residential homes – residents

Appendix 2

1. Introduction

This is a summary of the responses from residents living in three learning disability residential homes to the two options outlined in the consultation.

The two options were:

- The home remaining as a residential home
- The home becoming a supported living home

2. The consultation feedback overall

A completed feedback form was received from all 15 residents currently living in the three residential homes, although not all questions were answered by everyone.

Five people were supportive of the homes becoming supported living homes, zero people preferred them to remain as residential homes and ten people didn't express a preference as they were unsure.

3. Themes

The main themes which emerged were:

- Many residents were unable to understand some or all of the questions being asked. In all such cases, they were supported by either an advocate or Dimensions key worker but were unable to understand due to the nature of the learning disability or stage of dementia.
- Most of the forms were therefore completed by advocates or the Dimensions key worker. They nonetheless attempted to obtain feedback directly from the residents wherever possible and to record this on the feedback forms.
- Where advocates or Dimensions key workers expressed a preference on behalf of the resident, they did so on the basis of their knowledge of other existing supported living properties and the needs of the resident for example:

“Having experience of supporting living services, we feel that it would be a positive move to supported living.”

Full Responses

The following are the full anonymised responses to the questions in the feedback form:

1.	Have you spoken to the Southampton City Council social worker?
Yes	13
No	1
Unsure	1

2.	Did someone talk to you about what you need to stay safe and well?
Yes	14
No	0
Unsure	1

3.	Did someone talk to you about the differences between residential care and supported living?
Yes	11
No	0
Unsure	2

4.	Did someone talk to you about any concerns or worries and how they could be managed?
Yes	11
No	1
Unsure	2

5.	Were you able to say what is important to you, so that it could be put in your care and support plan?
Yes	9
No	2
Unsure	3

6.	Have you spoken to an advocate and did you tell them what you think about the changes?
Yes	5
No	6
Unsure	4

7.	Have you been supported by Dimensions during the consultation? For example did they support you to look at other supported living houses and how people are supported?
Yes	5
No	9
Unsure	1

8.	Were your views about the other houses and support recorded?
Yes	0
No	4
Unsure	9

9.	Was the information given to you easy to understand?
Yes	5
No	7
Unsure	3

10.	Have we listened to you?
Yes	7
No	0
Unsure	8

11.	Is there anything else you would like to tell us?
<p>Many residents were unable to understand some / all of the questions being asked. In all such cases, residents were supported by either an advocate or key worker but were unable to understand due to the nature of the learning disability or stage of dementia.</p>	

12. Which would you prefer?	
Your home to stay as residential care	0/15 (0%)
Your home to be supported living	5/15 (25%)
I am unsure	10/15 (75%)

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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.

<p>Name or Brief Description of Proposal</p>	<p>Consultation regarding potential change in three learning disability registered care homes for them to deregister and become supported living properties.</p> <p>This has been a working document informed by the feedback during the consultation period due to the potential impact on these clients who share a protected characteristic i.e. a disability which has a substantial adverse effect on their ability to carry out normal day-to-day activities.</p>
<p>Brief Service Profile (including number of customers)</p>	
<p>The three residential homes in question have 17 beds in total of which 15 are currently occupied by adults with learning disabilities. The age range of the residents is from 47 to 74 years, their disabilities include Learning Disabilities, physical disabilities and autism. Support within the homes is delivered throughout the day and night. The CQC registered provider for the three homes is Dimensions UK Ltd. The homes are owned by Clarion Housing Group however NHS England hold a legal charge over the properties as the funding for the properties originally came from the NHS in the late 1990’s.</p>	
<p>Summary of Impact and Issues</p>	
<p>A consultation with the residents of the three homes and their families was undertaken between November 2019 and February 2020 to gather feedback in respect of the two options:</p> <ul style="list-style-type: none"> • To de-register from residential care and live in a supported living home • To remain living in a residential care home 	

The preferred option is for deregistration.

If the service is deregistered it will mean changes for the clients in three main areas: their home, their support and their money. The changes are summarised below, explaining the differences between living in registered care and a supported living home.

<u>Supported Living</u>	<u>Residential Care</u>
My Home	My Home
<p>Your accommodation is provided separately to your support.</p> <p>You have more choice about what happens in your home.</p>	<p>The care home is managed and run by a care provider.</p>
<p>You have more rights over your life and living arrangements. You will have a licence agreement or tenancy with the landlord (Southampton City Council).</p>	<p>The home is managed and run by a care provider who is responsible for all aspects of your daily needs and wellbeing.</p>
My Support	My Support
<p>Your home is separate to the support and care package. This means you can choose a different 1:1 support or care provider if you wanted to. If you do this you can stay in your home.</p> <p>The service is tailored to you. You have support to live the way you want in your own home.</p>	<p>Your support is provided as part of a package with accommodation, and one element cannot be changed without impacting on the other.</p>
My Money	My Money
<p>You will be able to apply for welfare benefits. This includes Housing Benefit, Employment Support Allowance, Pension Credit, Universal Credit and Personal Independence Payments.</p>	<p>Residential care limits your rights to some welfare benefits.</p> <p>Most people that pay towards their own care costs access a personal expenses allowance to buy personal belongings, clothes and holidays.</p>

<p>You might need to make claims for new or extra benefits.</p> <p>You will be able to receive your benefits directly or if you lack capacity to manage your finances this can be done by a family member of appointee.</p> <p>This means you are in control of paying your bills and choosing what to do with money that is left over.</p>	
<p>You have access to other sources of funding, including Direct Payments.</p>	<p>You cannot access most additional funding for support.</p>
<p>You should retain more of your income, and have your own money to pay for things you need.</p> <p>You are responsible for paying all utility bills and other associated housing costs.</p> <p>You may be able to pay your housing/rent costs by claiming housing benefit.</p>	<p>You have your food, heating and general needs paid for as it is included in the fees charged by the care provider.</p> <p>This means you do not have to pay for those things.</p>

Potential Positive Impacts

See all of the above, should deregistration take place

Responsible Service Manager	Kate Dench
Date	27 February 2020
Approved by Senior Manager	Carole Binns
Date	27 February 2020

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	All affected residents are aged 18+. A significant number of the residents are older persons. There	A full review of all residents care and support needs and care plan will be undertaken. This will

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>will be no change.</p> <p>Depending on the type of licence or tenancy the residents are granted they may not have lifelong security of tenure</p>	<p>identify any particular risks for older persons and if any transition steps are required, these will be implemented to mitigate any risks.</p> <p>Residents in care homes do not have security of tenure so the residents will have no less protection if the homes are de-registered. The Council though aim to grant the residents the maximum amount of security they can.</p> <p>If residents have to move for whatever reason they would be supported to do so in a person centred way having regard to their best interests and ensuring their needs for care and support are met.</p>
Disability	<p>All affected individuals have been diagnosed with a learning disability and have associated needs. Some individuals also have dementia and could therefore become distressed or confused by change.</p>	<p>Individuals will continue to receive the care and support they need but with the benefit of supported living enabling a more person-centred care plan. Care Act assessments have taken place for all fifteen residents and should deregistration go ahead new Care & Support plans will be completed based on these assessments.</p> <p>If deregistration does go ahead it will not happen straight away, there will be a transition period to allow enough time for the new arrangements to be put in place, including new care & support plans, support for people to receive the right benefits, mental capacity assessments and for license or tenancy agreements to</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>Depending on the type of licence or tenancy the residents are granted they may not have lifelong security of tenure</p>	<p>be signed.</p> <p>There will continue to be independent advocacy available for residents of the homes during and after any deregistration.</p> <p>Residents in care homes do not have security of tenure so the residents will have no less protection if the homes are de-registered. The Council though aim to grant the residents the maximum amount of security they can.</p> <p>If residents have to move for whatever reason they would be supported to do so in a person centred way having regard to their best interests and ensuring their needs for care and support are met.</p>
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.	<p>The care provider (Dimensions) will be required to deliver services which are appropriate to culture / race and to ensure their workforce are trained to do so. This is a contractual requirement within the home care framework.</p>
Religion or Belief	No identified negative impacts.	<p>The care provider (Dimensions) will be required to deliver services which are appropriate to religion or belief and to</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		ensure their workforce are trained to do so. This is a contractual requirement within the home care framework.
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. There have been no issues reported for the residents living in these three homes. The local neighbourhood are supportive of the residents living here and continuing to do so.	The care provider (Dimensions) will be able to provide more personalised care and support to address any potential issues related to community safety.
Poverty	Clients living in residential settings are generally financially worse off than those within supported living or who continue living in family settings. We anticipate that the change to supported living will likely be financially beneficial to residents. Some individuals may not have the capacity to manage their own finances as the current living arrangements do not require it and so there may be concerns that individuals could get into debt.	<p>All residents have received up to date Care Act assessments and individual support plans will be put in place to identify any support needs in relation to managing finances. The offer of a referral to the Life Skills team will be given so residents can pursue opportunities in relation to employment or volunteering should they wish to.</p> <p>The FAB (Finance, Assessment and Benefits) team will undertake individual assessments to maximise client benefits and the social worker as well as care provider will support residents and their families (where relevant) to make the necessary benefit applications.</p> <p>The council will use its discretion on a case by case basis to ensure no residents are unduly caused hardship or worse off financially as a</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>Depending on the type of licence or tenancy the residents are granted they may not have lifelong security of tenure</p>	<p>result of the changes</p> <p>Residents who are assessed as lacking capacity to manage their finances and for whom there is not a suitable family member in place to undertake this role will have an appointee in place from the Council.</p> <p>Residents in care homes do not have security of tenure so the residents will have no less protection if the homes are de-registered. The Council though aim to grant the residents the maximum amount of security they can.</p> <p>If residents have to move for whatever reason they would be supported to do so in a person centred way having regard to their best interests and ensuring their needs for care and support are met.</p>
<p>Health & Wellbeing</p>	<p>People with learning disabilities experience a number of health conditions at an earlier stage than the general population. All of the residents have complex needs, some have dementia and can become distressed or confused by change which in turn could negatively affect their health & wellbeing.</p> <p>Depending on the type of licence or</p>	<p>If deregistration goes ahead, Dimensions will continue to provide the care and support to clients, providing consistency of support. Referrals to health services will be supported should there be a requirement including to specialist Learning Disability health services provided by Southern Health Foundation Trust.</p> <p>Residents in care homes do not have security of tenure</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	tenancy the residents are granted they may not have lifelong security of tenure	<p>so the residents will have no less protection if the homes are de-registered. The Council though aim to grant the residents the maximum amount of security they can.</p> <p>If residents have to move for whatever reason they would be supported to do so in a person centred way having regard to their best interests and ensuring their needs for care and support are met.</p>
Other Significant Impacts	None	Not required.

DECISION-MAKER:	CABINET COUNCIL		
SUBJECT:	SOUTHAMPTON CITY HEALTH AND CARE STRATEGY 2020-2025		
DATE OF DECISION:	17 MARCH 2020 18 MARCH 2020		
REPORT OF:	CABINET MEMBER FOR HEALTHIER AND SAFER CITY		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Clare Young	Tel: 023 8029 6904
	E-mail:	clare.young4@nhs.net	
Director	Name:	Stephanie Ramsey	Tel: 023 8029 6941
	E-mail:	Stephanie.ramsey1@nhs.net	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
<p>The Southampton City Health and Care Strategy (2020-2025) reflects our ‘one city place-based’ approach to working together to improve health and care outcomes for the population of Southampton that we serve.</p> <p>Health and care partners across the city have a shared vision and a case for change that we all endorse. The strategy has been coproduced and sets out a plan to deliver our vision, ‘a healthy Southampton where everyone thrives’, and guide the activities of all partners over the next five years.</p>			
RECOMMENDATIONS:			
	<u>CABINET</u>		
	(i)	To recommend the Southampton City Health and Care Strategy, as set out in Appendix 1, for approval.	
	<u>COUNCIL</u>		
	(i)	To approve the Southampton City Health and Care Strategy, as set out in Appendix 1, for approval.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	The Southampton City Health and Care Strategy reflects a whole system approach to improving health and care outcomes for our population, and sets out a plan to guide the activities of all partners over the next five years. Southampton City Council is a key partner in this as the strategy aligns with agreed council outcomes, and contributes to the achievement of council priorities and commitments.		
2.	The vision of the Health and Care Strategy is “A healthy Southampton where everyone thrives”. This reflects the council’s vision of “a city of opportunity where everyone thrives”.		

3.	The strategy is also aligned to, and is a subset of, the Health and Wellbeing Strategy (2017-2025) being led by the Southampton Health and Wellbeing Board.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
4.	An alternative would be to try and impact on health and care outcomes for the city as individual organisations without any joint vision and priorities. This would reduce the opportunity to make optimum use of the health and care resources available, increase the likelihood of duplication of effort or conflicting messages and reduce the potential to focus on prevention and early intervention.
DETAIL (Including consultation carried out)	
5.	<p>The Southampton Health and Care Strategy has been developed in response to in-depth analysis into the city's current and future health and care challenges.</p> <p>Southampton is ranked the 55th most deprived local authority area in England and 13% of neighbourhoods in the city fall within the 10% most deprived nationally (IMD 2019). Our analysis shows that people living in the most deprived areas of the city have poorer outcomes than those living in the least deprived areas of the city. This means that the right of our residents to the highest standard of health and wellbeing is not being enjoyed equally across Southampton. Deprivation and inequalities in health outcomes are linked; inequalities in health can arise from inequalities in society – in the conditions in which people are born, grow, live, work, and age.</p>
6.	The vision of the Southampton Health and Wellbeing Strategy is that Southampton has a culture and environment that promotes and supports health and wellbeing for all. It is ensuring that work is prioritised and plans are in place to mitigate the causes of the wider determinants of health and wellbeing across social, environmental and economic aspects, such as jobs and housing.
7.	<p>Partners of the Southampton health and care system met at two partnership conferences on 29 March and 8 May 2019 to review the city's current and future health and care challenges. A range of officers and politicians from Southampton City Council actively participated in these events, together with a number of other organisations including NHS Southampton City Clinical Commissioning Group (CCG), Southampton Voluntary Services (SVS), University Hospital Southampton NHS Foundation Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, Healthwatch and Southampton Primary Care Limited.</p> <p>At these conferences, it was agreed that a collective response was needed across NHS organisations, the Local Authority and voluntary organisations to tackle the city's current and future health and care challenges together.</p>
8.	We are not starting from scratch. Over several years, these organisations in the city have already been building strong partnerships to improve services, outcomes and experience for the people of Southampton. This includes

	<p>significant work already undertaken through the city's Better Care programme.</p> <p>We are committed to continuing our 'one city' place-based approach; working together to improve health and care outcomes for the population of Southampton that we serve.</p>
9.	<p>We have a shared vision, a case for change that we all endorse and a strategy to deliver improvement. The strategy is based on making continuous improvement over a number of years to meet our shared vision, 'a healthy Southampton where everyone thrives'. The vision we share is about enabling everyone to live long, healthy and happy lives, with the greatest possible independence.</p>
10.	<p>We will do this by:</p> <ul style="list-style-type: none"> • Reducing inequalities and confronting deprivation • Tackling the city's biggest killers • Working with people to build resilient communities and live independently • Improving mental and emotional wellbeing • Improving earlier help, care and support • Improving joined-up, whole-person care
11.	<p>We want to improve outcomes for the whole population, right across the main life stages, from birth to death. Our strategy will therefore take a life course approach, focusing on the following priorities:</p> <ul style="list-style-type: none"> • Start Well - Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives • Live Well - People enjoy and are able to maintain a sense of wellbeing and good health, supported by resilient communities • Age Well - People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks • Die Well - People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people
12.	<p>Five key enabling priorities span the whole strategy, across all life stages:</p> <ul style="list-style-type: none"> • Digital • Workforce • Estates • Primary Care • Urgent and Emergency Care
13.	<p>The key outcome ambitions to be achieved by 2025 are outlined within the strategy , on pages 18-20 (see Appendix One. The roadmap for the achievement of these year by year is described after each section. Outcome metrics/key performance indicators will be monitored by the Better Care Southampton Board and reported to the Health and Wellbeing Board. .</p>

14.	The Strategy has been coproduced with Health and Care partners in the city during 2019. Draft versions have been reviewed at various meetings during 2019, including HOSP, Joint Commissioning Board, Better Care Southampton Board, Health and Wellbeing Board, Southampton System Chiefs Group.
15.	Opportunities have been taken to share information and invite discussion of the emerging plans with Healthwatch, the CCG Patients' Forum, Southampton Voluntary Services and a wide variety of other community groups. Public involvement will be an ongoing feature.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
16.	Not applicable.
<u>Property/Other</u>	
17.	Not applicable.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
18.	S. 1 Localism Act 2011 (the general power of competence) permits the Council to work in partnership with other public and private bodies to secure the delivery of functions, services and facilities that are for the benefit or improvement of the Southampton and wider regional area.
<u>Other Legal Implications:</u>	
19.	<p>The Health & Care Strategy relates to the proposed delivery of public services and as such those services must be delivered in accordance with the provisions of the Equalities Act 2010, the Crime & Disorder Act 1998 and the Human Rights Act 1998. In particular all functions and services delivered under the proposed strategy must be designed and delivered having regard to s.149 Equalities Act 2010, the Public Sector Equalities Duty, which requires that a public authority must, in the exercise of its functions, have due regard to the need to—</p> <p>(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;</p> <p>(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;</p> <p>(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>Members must be satisfied that the Strategy, as proposed, is wholly in accordance with this duty.</p>
RISK MANAGEMENT IMPLICATIONS	
20.	Underpinning our strategy, detailed plans have been developed for each of our key workstreams, setting out the scope, objectives, key milestones and interdependencies with other workstreams. The detailed plans are live documents and will continue to be reviewed and updated throughout the duration of the strategy. Each of the workstreams also has an associated delivery group. These groups own the detailed plans and act as the main

	driving force to implement the strategy. Risks will be identified as part of this process and actions identified to mitigate them
POLICY FRAMEWORK IMPLICATIONS	
21.	The Five Year Health and Care Strategy is directly aligned to and supports the delivery of the Southampton Health and Wellbeing Strategy 2017-2025 (S.116A Local Government and Public Involvement in Health Act 2007), as included in the council's Policy Framework (Article 4.01).

KEY DECISION?	Yes
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WARDS/COMMUNITIES AFFECTED:	ALL
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SUPPORTING DOCUMENTATION

Appendices

1.	SOUTHAMPTON CITY HEALTH AND CARE STRATEGY (2020-2025)
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No - These will be developed as part of the five year plans
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents
Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	
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1.	None
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Southampton City Health and Care Strategy

2020-2025

A healthy city where everyone thrives

Contents

Introduction	3
Our current and future health and care challenges	6
Our five year strategy	16
Start Well	22
Live Well	28
Age Well	35
Die Well	41
Key enabling priorities	
Workforce	46
Digital	49
Estates	52
Primary Care	55
Urgent and Emergency Care	60
How will we deliver the strategy?	64

Introduction

Southampton is a vibrant, historic waterfront city with a diverse population, a strong growing economy and high quality health and care services. Despite this, health and wellbeing outcomes are not as good for some of our residents as they could be.

Southampton is ranked the 55th most deprived local authority area in England and 13% of neighbourhoods in the city fall within the 10% most deprived nationally (IMD 2019).

In Southampton, people living in the most deprived areas of the city have poorer outcomes than those living in the least deprived areas of the city. This means that the right of our residents to the highest standard of health and wellbeing is not being enjoyed equally across Southampton.

Deprivation and inequalities in health outcomes are linked; inequalities in health can arise from inequalities in society – in the conditions in which people are born, grow, live, work, and age.

We therefore need to take action which goes beyond just health and the NHS. We need a collective response across NHS organisations, the Local Authority and voluntary organisations to tackle these challenges together.

We are not starting from scratch. Over several years, these organisations in the city have already been building strong partnerships to improve services, outcomes and experience for the people of Southampton. This includes significant work already undertaken through the city's Better Care programme.

We are committed to continuing our 'one city' place-based approach; working together to improve health and care outcomes for the population of Southampton that we serve. We have a shared vision, a case for change that we all endorse and a strategy to deliver improvement.

The strategy is based on making continuous improvement over a number of years to meet our shared vision, 'a healthy Southampton where everyone thrives'. To achieve it will take time and it is something we need to do together.

How does the Strategy align with other plans?

Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) Plan

In 2016, NHS and local government organisations came together in 44 areas across England to develop proposals to improve health and care. They formed new partnerships – Sustainability and Transformation Partnerships (STPs) – to agree strategy and priorities, allocate resources and deliver transformation for a population across a larger geographical footprint.

Southampton is part of the Hampshire and Isle of Wight STP.



During the summer of 2018, the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, NHS England was asked to develop a Long Term Plan for the future of the service.

Following this, every STP in England was requested to translate the NHS Long Term Plan into a local one, and in November 2019 the Hampshire and Isle of Wight STP finalised its long term Strategic Delivery Plan.

Southampton's Health and Care Strategy is aligned to the priorities of the Hampshire and Isle of Wight STP plan and the NHS Long Term Plan, however it is focused on addressing the health and care needs specific to the population of Southampton.

Southampton City Health and Wellbeing Strategy

Health and Wellbeing Boards (HWBs) were established in councils with adult social care responsibilities in 2013. Our Southampton City HWB produces a joint strategic needs assessment (JSNA) for Southampton. The JSNA provides a wide source of information and data for health, care and wellbeing planning and commissioning and informs Southampton's Health and Wellbeing Strategy (2017-2025). This sets out the vision, priorities and action agreed at the HWB to improve the health, care and wellbeing of local communities and reduce inequalities for all ages.

The vision of the Southampton Health and Wellbeing Strategy is that Southampton has a culture and environment that promotes and supports health and wellbeing for all. It is ensuring that work is prioritised and plans are in place to mitigate the causes of the wider

determinants of health and wellbeing across social, environmental and economic aspects, such as jobs and housing.

The Southampton City Health and Care Strategy is a subset of the wider Health and Wellbeing Strategy.

Southampton City Local Plan and Green City Charter

The Local Plan is the long term planning policy framework for the city which guides and controls future development for addressing housing needs and other economic, social and environmental priorities, and a platform for local people to shape their surroundings.

It ensures that growth is managed and sets out rules about what can be built and where. Importantly, it also makes sure that it doesn't just deliver houses or work spaces but all the things people need to live and work; school places, health services, transport networks, open spaces, quality environments and retail, leisure and community facilities.

The Local Plan is in the process of being refreshed, providing an important opportunity to strengthen future planning for health and wellbeing in the city.

Alongside the Local Plan, the Council has launched the Green City Charter, with a vision to 'make Southampton a cleaner, greener, healthier and more sustainable city'.

Through the Charter, Southampton will be a better place for current and future generations that is prepared for the challenges presented by climate change.

Our Current and Future Health and Care Challenges

Deprivation and inequalities

Social Deprivation

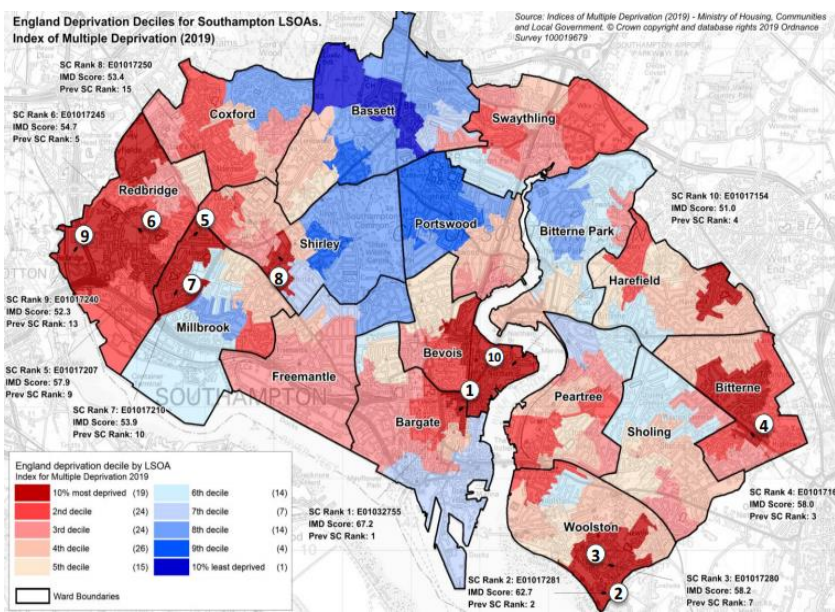
The Index of Multiple Deprivation (IMD) measures deprivation for small areas at a neighbourhood level. There is a common misconception that deprivation means how affluent an area is. To some extent this is true, however the IMD measures multiple factors which contribute to deprivation, such as income, employment, health and education.

The map below show levels of deprivation across the city, with the ten most deprived neighbourhoods numbered 1 to 10. The darker shades of red indicate areas in Southampton which fall into the 10 per cent most deprived neighbourhoods nationally. The darker shades of blue indicate areas in Southampton which fall into the 10% least deprived neighbourhoods nationally.

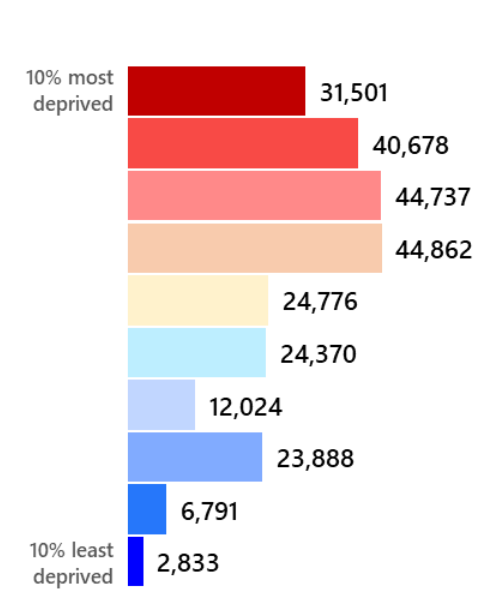
In Southampton, 19 of the 148 neighbourhoods fall into the 10 per cent most deprived neighbourhoods nationally. Overall, Southampton is ranked the 55th most deprived local authority area in England (IMD 2019).

The chart shows the estimated number of Southampton residents in each deprivation decile. Over 45 per cent of Southampton's population live within the 30 per cent most deprived neighbourhoods nationally (117,000 people). At the other end of the scale, 13 per cent of Southampton's population live within the 30 per cent least deprived neighbourhoods nationally (33,500 people).

Southampton's neighbourhood deprivation rankings



Number of Southampton residents living in each deprivation decile

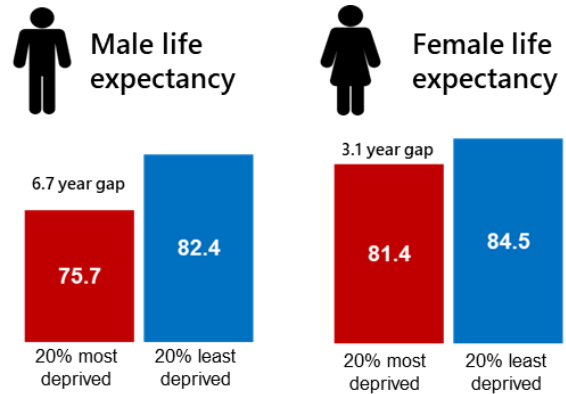


Inequalities across the life course

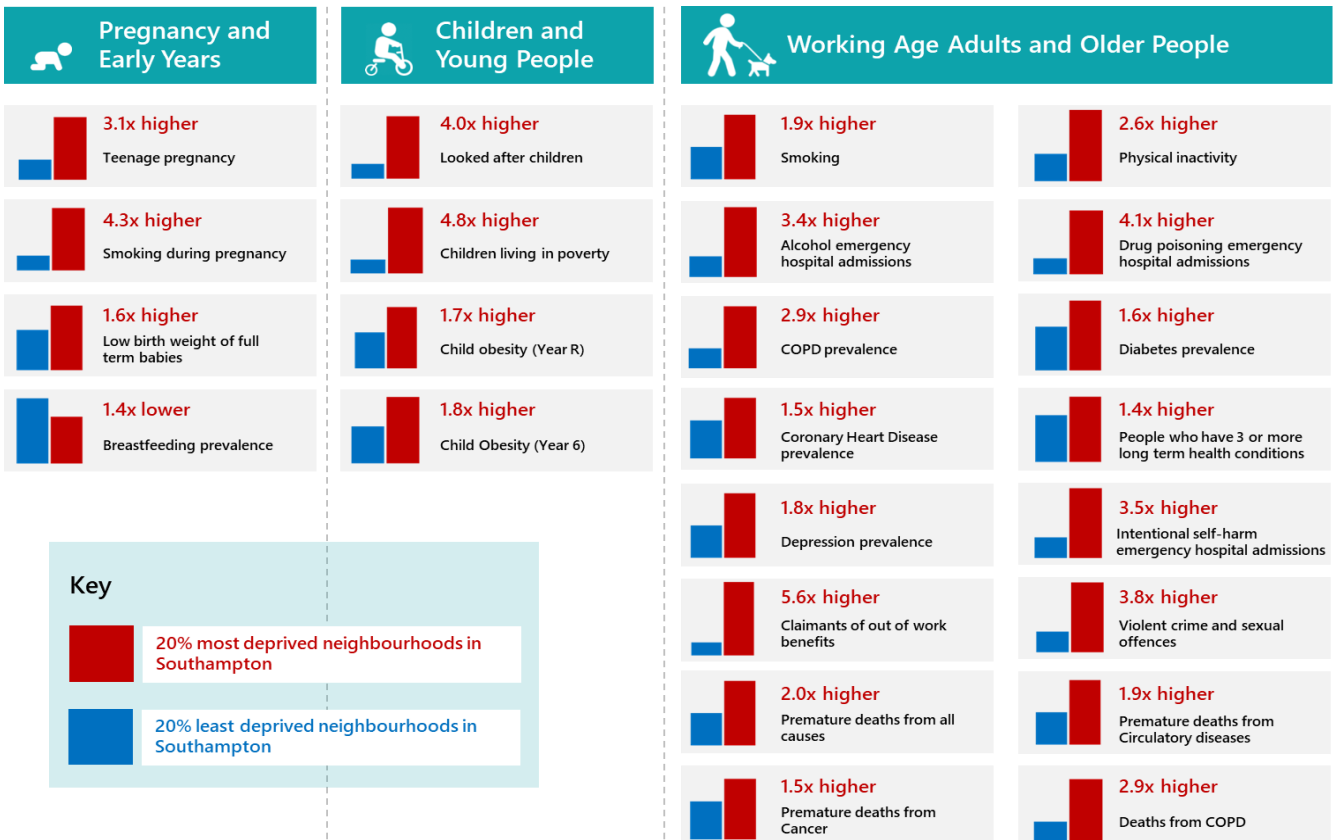
"Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. The fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair. Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health." The Marmot Review, 2010

A key indicator which shows inequality across the population is life expectancy. In Southampton, people living in the most deprived areas of the city die earlier than those living in the least deprived areas. Males living in the most deprived areas of the city are likely to die 6.7 years earlier than males living in the less deprived areas of the city. Females living in the most deprived areas of the city are likely to die 3.1 years earlier than females in the less deprived areas of the city.

Differences in life expectancy in Southampton



Evidence of how inequalities are leading to differing outcomes in Southampton over the course of a person's life is shown below. Differences are shown as a multiple, in terms of how many times higher ('x' higher) or how many times lower ('x' lower) the differences are. For example, teenage pregnancies are 3.1 times higher in the most deprived neighbourhoods in the city compared to the least deprived.

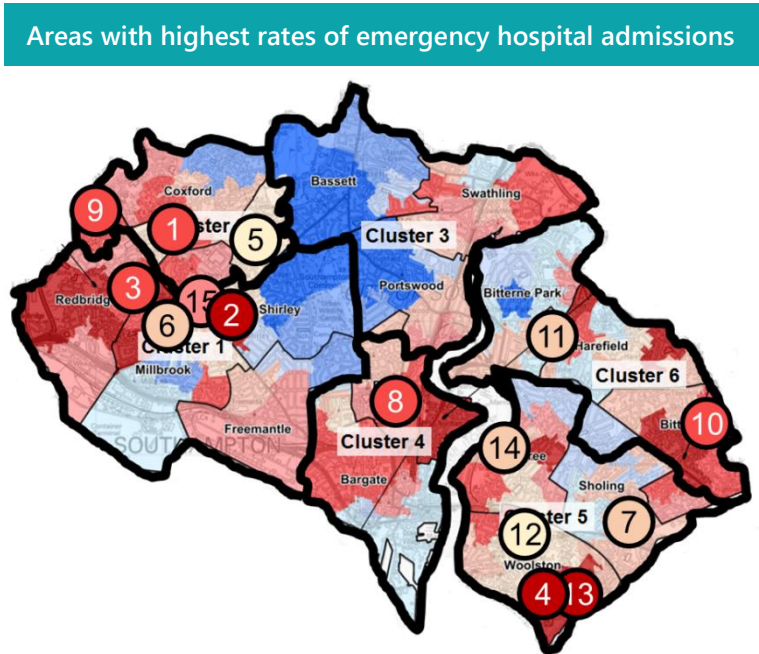


How is social deprivation in Southampton affecting healthcare usage?

In Southampton, there is a strong link between deprivation and rates of urgent healthcare usage. We have found that the neighbourhoods with highest deprivation are also the neighbourhoods with the highest rates of emergency admissions.

The map on this page shows the 15 neighbourhoods in the city with the highest rates of emergency hospital admissions (per 1,000 population).

It is a useful indicator of where our local health and care system could be failing to prevent ill health or to provide planned care interventions that could have avoided an emergency admission.



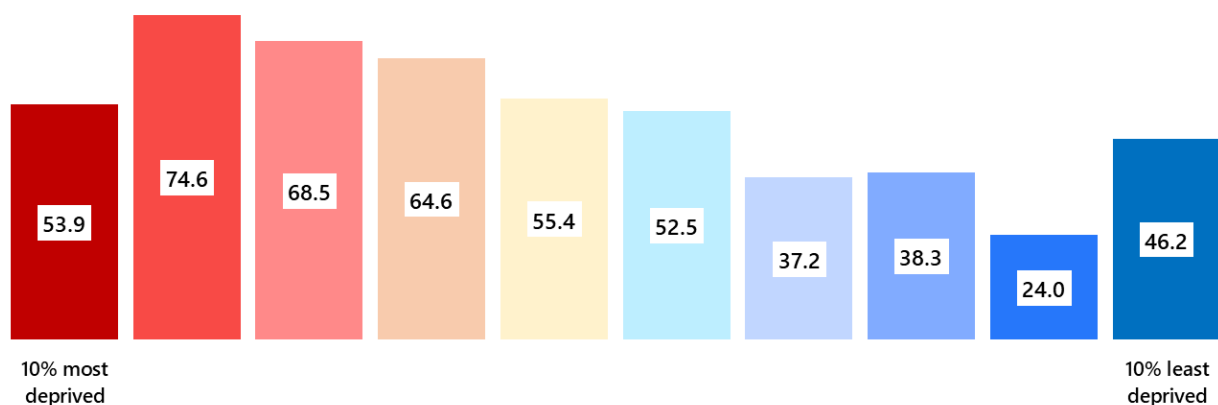
Consequently, if we can target what we do to focus on improving access to prevention and earlier, planned intervention in parts of the city, we may reduce the inequalities gap and improve health outcomes overall.

How is social deprivation in Southampton affecting social care usage?

Similar to healthcare, there is a strong link between deprivation and rates of social care usage.

An example is shown below. The graph shows the rates of home care users (aged 65 and over, per 1,000 population) across the city and which deprivation decile they live in. In general, there are higher rates of home care users in the more deprived areas of the city than the less deprived areas of the city.

Rate of home care users in Southampton aged 65 and over, per 1,000 population, by deprivation decile



How does Southampton compare to England and similar areas?

The previous sections looked at how outcomes compare across Southampton. The tables below show how outcomes in Southampton compare to the England average and the peer average (areas similar to Southampton). In some instances, Southampton has worse outcomes compared to both the England average and the peer average.

	Comparison to the England average	Comparison to the peer average (similar areas)	Latest data
Children and Young People			
Teenage pregnancies	Worse	Worse	2017
Smoking during pregnancy	Worse	Worse	2017/18
Low birth weight of full term babies	Similar	Better	2017
Breastfeeding prevalence	Similar	Better	2016/17
Looked after children	Worse	Worse	2018
Children living in poverty	Worse	Similar	2016
Year R child obesity	Worse	Similar	2017/18
Year 6 child obesity	Worse	Worse	2017/18
16-17 year olds not in education, employment or training (NEET)	Worse	Worse	2018
First time entrants to the youth justice system	Worse	Worse	2017
Children attaining 5 or more GCSEs	Worse	Similar	2015/16
Adults			
Life expectancy (males)	Worse	Similar	2016-18
Life expectancy (females)	Worse	Similar	2016-18
Premature deaths – all causes	Worse	Better	2016-18
Premature deaths – cancer	Worse	Similar	2016-18
Premature deaths – cardiovascular diseases	Worse	Better	2016-18
Premature deaths – respiratory diseases	Worse	Similar	2016-18
Breast cancer screening	Worse	Similar	2019
Cervical cancer screening	Worse	Worse	2019
Bowel cancer screening	Worse	Worse	2019
Smoking prevalence	Worse	Similar	2017/18
Alcohol-specific emergency admissions	Worse	Worse	2018/19
Intentional self-harm emergency admissions	Worse	Worse	2018/19
COPD emergency admissions	Worse	Worse	2017/18
Major diabetic lower-limb amputations	Worse	Worse	2015/16 – 17/18
Depression and anxiety prevalence	Worse	Similar	2016/17
Adults with learning disability having a GP health check	Similar	Better	2017/18
Adults with learning disability in paid employment	Worse	Similar	2017/18
Persons detained under the Mental Health Act	Similar	Better	2019/20 Q2
People with long term Mental Health problems	Worse	Similar	2019
People in employment (aged 16-64)	Similar	Better	2018/19
Homelessness	Worse	Better	2017/18
Violent crime	Worse	Worse	2018/19

	Comparison to the England average	Comparison to the peer average (similar areas)	Latest data
Older People			
Excess winter deaths (85 years+)	Worse	Similar	Aug 17 – Jul 18
Suicide rate (65 years+)	Worse	Worse	2013-17
Deaths from respiratory disease (65 years+)	Worse	Worse	2016-18
Deaths from cardiovascular disease (65 years+)	Worse	Worse	2016-18
Households experiencing fuel poverty	Similar	Similar	2017
Adults living in income-deprived households (60 years+)	Worse	Better	2013
Dementia emergency hospital admissions	Worse	Worse	2017/18
Falls-related emergency hospital admissions (65 years+)	Worse	Worse	2018/19
Adults using social care who receive self-directed support, and those using direct payments (65 years+)	Worse	Worse	2018/19
End of Life			
% of deaths that occur in hospital (all ages)	Higher	Higher	2018
% of deaths that occur in care homes (all ages)	Lower	Lower	2018
% of deaths that occur at home (all ages)	Similar	Similar	2018
% of deaths in usual place of residence (all ages)	Lower	Lower	2017
% of deaths in usual place of residence - cancer (all ages)	Similar	Similar	2016
% of deaths in usual place of residence - circulatory disease (all ages)	Similar	Similar	2016
% of deaths in usual place of residence - respiratory disease (all ages)	Similar	Similar	2016
% of deaths in usual place of residence - dementia and Alzheimer's (all ages)	Lower	Lower	2015

Public Health England, Public Health Profiles, <https://fingertips.phe.org.uk>

	Worse than England/Worse than Peers
	Similar to England/Similar to Peers
	Better than England/Better than Peers

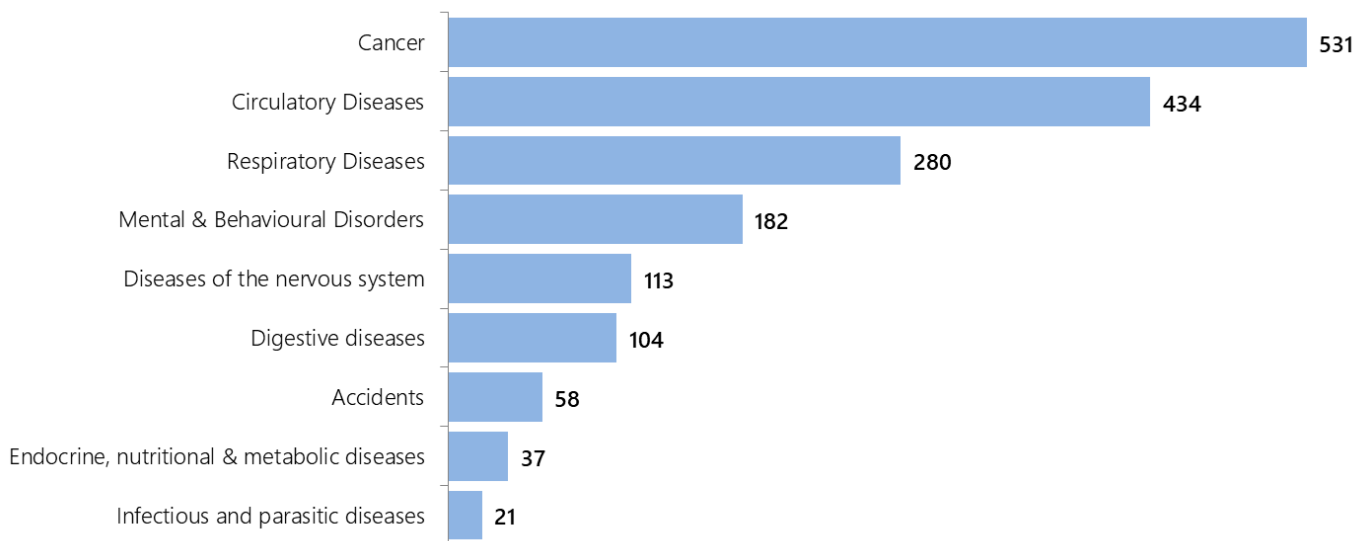
Blue colour coding is used for indicators where it cannot be determined whether a higher or lower value to the England/Peer average represents good or poor performance.

The three 'big killers' in Southampton

In Southampton, the three biggest causes of death are:

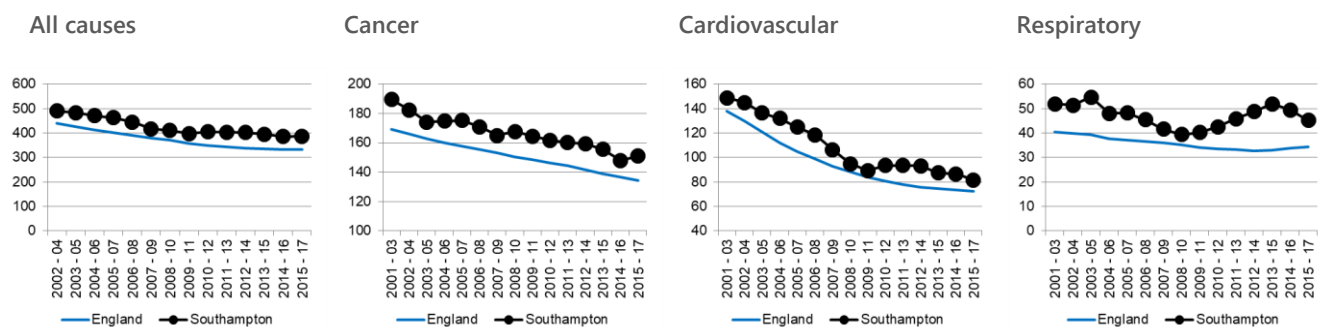
- 1 Cancer
- 2 Circulatory Diseases
- 3 Respiratory Diseases

Causes of death in Southampton (2017)



An important indicator to look at is deaths under the age of 75 years, known as 'early' or 'premature' deaths. The graphs below show the rate of early deaths in Southampton compared to the England average. Despite Southampton's early death rate falling over the last two decades, it is still significantly higher than the England average.


Early/premature deaths (people aged under 75) Rate per 100,000 population





Future Health and Care Challenges

Population growth

In Southampton, it is estimated that between 2018 and 2024, the city could have 12,300 more residents. This is equivalent to an almost 5 per cent increase.

 **2,730 more children and young people** (5.5 per cent increase)

 **4,530 more working age adults aged between 18 and 64** (2.7 per cent increase)

 **5,030 more older people aged over 65** (14.5 per cent increase)

The age group with the biggest percentage increase will be the older population, and we know that a growing and ageing population will add more pressure onto the city's health and care services.

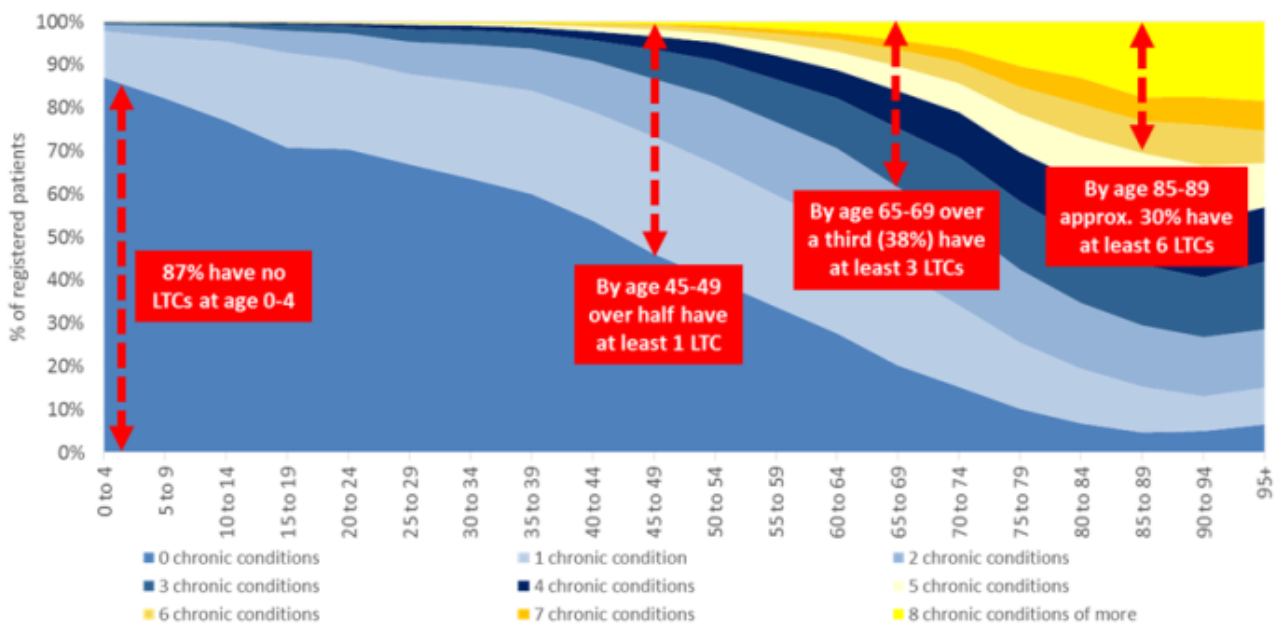
Long term conditions

Long term conditions, or chronic diseases, are those for which there is currently no cure and are managed with drugs and other treatment, such as diabetes, chronic obstructive pulmonary disease (COPD), arthritis and hypertension.

Long term conditions in Southampton are more prevalent in older people – the graph below shows that approximately 30 per cent of older people aged 85-89 have at least 6 long term conditions.

However, long term conditions are also becoming more prevalent in Southampton's working age adult population. By age 45-49, at least half of this population have at least one long term condition. We also know that long term conditions are more prevalent in people living in the more deprived areas of the city.

Number of long term conditions by age band (Southampton residents)

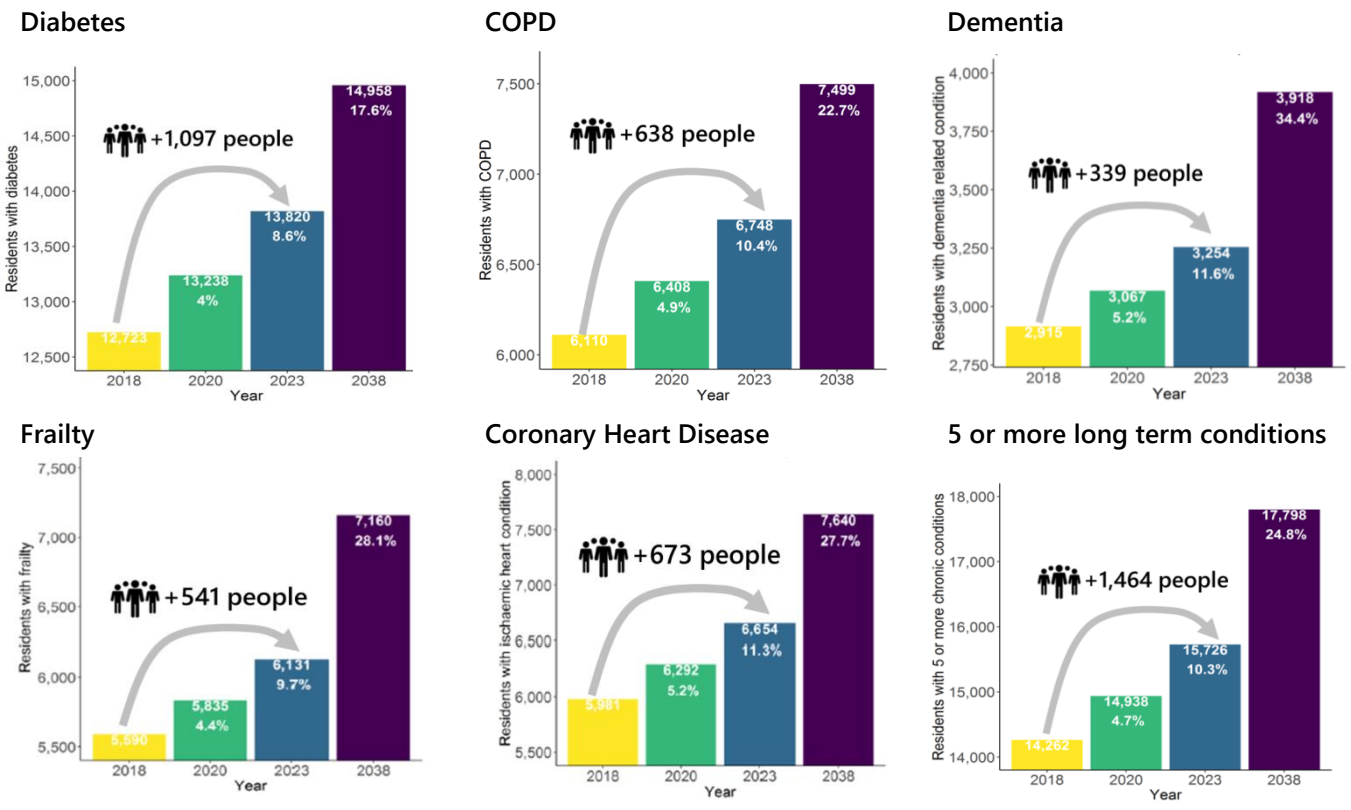


Source: Adjusted Clinical Groups (ACG) May 2017

By combining population estimates with current trends in long term conditions, we have been able to forecast increases in long term conditions for our population. Increases in the prevalence of these conditions will add further pressure onto the city's health and care services.

The graphs below show the forecast increases in the number of residents with long term conditions, against a baseline of 2018.

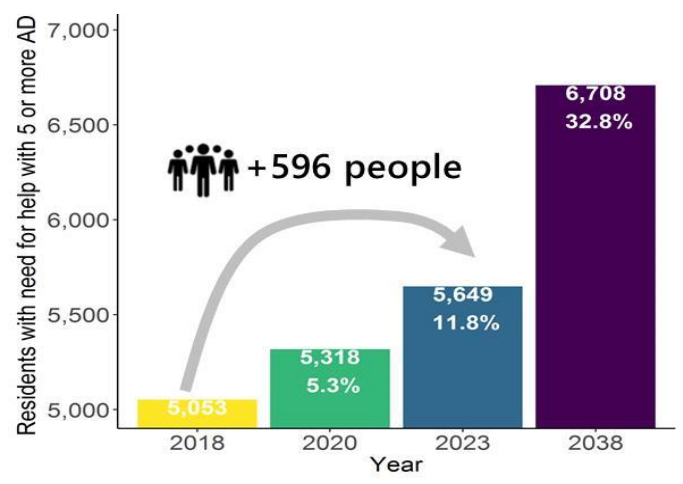
Estimated future increases in people in Southampton living with long term conditions (2018 to 2023)



Adult social care

By combining population estimates with current trends in adult social care demand, we have also been able to forecast increases in people needing adult social care support. The number of people needing home care support with five or more activities of daily living (such as bathing, using the stairs, getting dressed) is estimated to increase by 596 people (11.8 per cent) between 2018 and 2023.

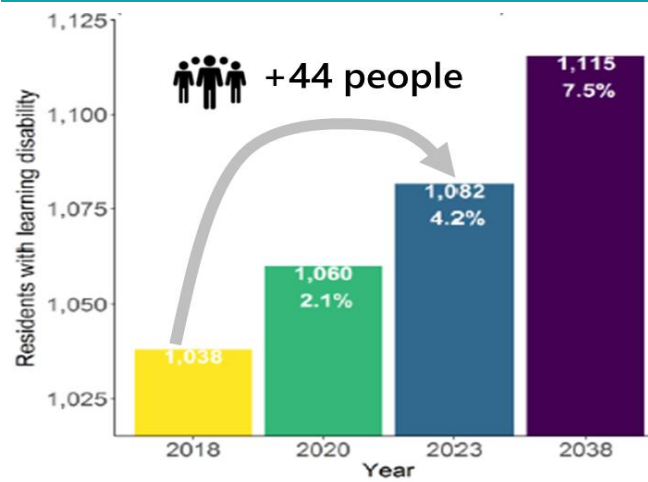
Estimated future increases in people in Southampton needing home care support (2018 to 2023)



Learning disabilities

We have also been able to forecast increases in people with a learning disability. Between 2018 and 2023, the number of people with a learning disability is estimated to increase by 44 people (4.2 per cent).

Estimated future increases in people in with a learning disability (2018 to 2023)



Our five year strategy 2020-2025

Southampton City Health and Care Strategy







2020-2025

Our vision

A healthy Southampton where *everyone* thrives

The vision we share in Southampton is about enabling everyone to live long, healthy and happy lives, with the greatest possible independence.

We will do this by:

-  Reducing **inequalities** and confronting **deprivation**
-  Improving **mental and emotional** wellbeing
-  Tackling the city's **biggest killers**
-  Improving **earlier help, care and support**
-  Working with people to build **resilient communities** and **live independently**
-  Improving **joined-up, whole-person care**

Our priorities

We want to improve outcomes for the whole population, right across the main life stages, from birth to death. Our strategy will therefore take a life course approach, focusing on the following priorities:

 Start Well Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives	 Live Well People enjoy and are able to maintain a sense of wellbeing and good health, supported by resilient communities	 Age Well People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks	 Die Well People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people
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Five key enabling priorities span the whole strategy, across all life stages:

Digital	Workforce	Estates	Primary Care	Urgent & Emergency Care
---------	-----------	---------	--------------	-------------------------

What do we mean by Start Well, Live Well, Age Well and Die Well?



Start Well

- I feel happy and safe
- I have green and open spaces I can visit or play in and am able to walk or cycle to and from places
- I feel like I can influence my own future
- I feel like I belong



Live Well

- I can take care of my own health and wellbeing and am able to manage the challenges life may give me
- I lead a happy, fulfilling and purposeful life
- I feel supported by my family, friends and local community



Age Well

- I can take care of my own health and wellbeing and am able to manage the challenges life may throw at me
- I have the information I need and I'm supported to understand and make choices
- I lead a happy, fulfilling and purposeful life
- I can continue to do what matters to me and be the person I want to be
- I am in control of my physical and mental health
- My family's/carer's needs are recognised and supported
- I feel a valued and respected member of my community



Die Well

- I will be asked for my end of life wishes and will be able to die, where practically possible, in my preferred place of care
- I know that when I die, this will happen in the best possible circumstances
- My family, friends and all those important to me will be supported throughout my end of life journey and if needed after my death.

Our key ambitions

By 2025, we will:



Start Well

- ↓ Reduce the percentage of **mothers smoking during pregnancy**
- ↓ Reduce the rate of **teenage pregnancies**
- ↑ Increase the percentage of mother's **breastfeeding** 6-8 weeks post birth
- ↓ Reduce the rate of **looked after children**
- ↑ Increase the percentage of **care leavers in suitable accommodation**
- ↓ Reduce the percentage of children in Year R and Year 6 with **excess weight**
- ↑ Increase the percentage uptake of healthy child mandated **immunisations and health checks**
- ↑ Increase the percentage of **children achieving a good level of development at the end of reception**
- ↑ Increase the percentage of **children reporting positive mental health at Year 7**
- ↓ Reduce the rate of **first time entrants to the youth justice system**
- ↓ Reduce the percentage of **16-17 year olds not in education, employment or training (NEET)**



Live Well

- ↑ Increase **healthy life expectancy**
- ↓ Reduce the **gap in life expectancy** between the most and least deprived areas of the city
- ↓ Reduce **smoking prevalence** in adults
- ↓ Reduce the percentage of adults who are **physically inactive**
- ↓ Reduce **alcohol-related mortality**
- ↓ Eliminate all **inappropriate out of area mental health placements**
- ↓ Reduce the rate of **suicides**
- ↑ Increase the percentage of **adults with a learning disability living in settled accommodation**
- ↑ Increase the percentage of **cancers being diagnosed at an earlier stage**
- ↓ Reduce early **deaths from cardiovascular disease and respiratory disease**
- ↑ Increase the number of **social prescribing** referrals
- ↑ Increase the number of people being referred to the national **diabetes prevention** programme



Age Well

- ↑ Increase the number of older people with a personalised care and support plan
- ↓ Reduce the number of older people being referred for adult social care
- ↓ Reduce the rate of emergency hospital admissions, including readmissions
- ↓ Reduce the rate of older people having discharge delays from hospital (delayed transfers of care)
- ↑ Increase the percentage of older people receiving reablement care after hospital discharge
- ↓ Reduce permanent inappropriate admissions into residential care
- ↑ Increase the number of carers having a carer assessment and receiving appropriate support
- ↑ Increase access for older people with a common mental illness to psychological therapies
- ↑ Increase the number of volunteers supported to find a volunteering opportunity
- ↓ Reduce the percentage of older people reporting that they feel lonely



Die Well

- ↑ Increase the percentage of people in the last 3 years of life who are registered on a local end of life register
- ↑ Increase the percentage of people who have, or are offered, a personal health budget towards end of life (fast-track)
- ↓ Reduce the average number of patients per month who die in hospital whilst being delayed to be discharged
- ↓ Reduce the percentage of older people who die within 7 days of an emergency hospital admission
- ↓ Reduce the percentage of older people who die within 14 days of an emergency hospital admission



Digital

- ↑ Increase the number of people using care technology
- ↑ Increase the percentage of people accessing services digitally
- ↑ Increase the percentage of people electronically managing appointments
- ↑ Increase the number of people using self-management apps, such as MyCOPD
- ↑ Increase the use of single care plans
- ↑ Increase the number of patients using MyMedicalRecord



Workforce

- ↓ Reduce **clinical staff turnover rates** in the first 12 months of employment
- ↓ Reduce **non-clinical staff turnover rates** in the first 12 months of employment
- ↓ Reduce **vacancy rates**



Estates

- ↑ Increase **extra care housing**
- ↑ Increase **key worker housing**
- ↑ Increase **older people rehabilitation bed capacity**
- ↑ Increase **general intensive care unit capacity**
- ↑ Increase **operating theatre capacity**



Primary Care

- ↑ Increase the number of **primary care appointments** per 1,000 patients
- ↑ Increase the uptake of **digital access**, such as video consultations
- ↑ Increase the number of patients directly **booking primary care appointments via NHS 111**
- ↑ Increase the number of **social prescribing referrals**



Urgent and Emergency Care

- ↑ Increase the percentage of **patients whose needs are addressed through a single call to NHS 111**
- ↓ Reduce the percentage of **patients advised to attend ED following a call to NHS 111**
- ↑ Increase the percentage of emergency hospital admissions receiving **same day emergency care**
- ↑ Sustain achievement of new **urgent and emergency care standards**

During 2020, we will work up quantified performance targets for a smaller set of key metrics which will be monitored and reported on a quarterly basis at the Better Care Southampton Board. Other metrics will be monitored elsewhere. Additional metrics may also be brought in over the next five years, depending on emerging priorities.



Start Well



Start Well

Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives

What do we want to be different in five years' time?

We want children and young people in Southampton to:

- Live happy, healthy lives, with good levels of physical and mental wellbeing.
- Be safe at home and in the community, with Southampton being a child-friendly, family focused city.
- Have good levels of educational attainment, fulfil their potential and go on to successful opportunities in adulthood.
- Live in communities which are resilient, engaged and prepared for the future.

How will we do this?



Reducing inequalities and confronting deprivation

We want to address the impact of inequalities and child poverty through the city's strategies and policies whilst also breaking the cycle for future generations. We will:

- Implement the extended **Early Help Locality Model**, building skills, confidence and capacity to hold more risk in Early Help, strengthening the advice, information and guidance offer and increasing outreach support to families with pre-school children.
- Improve the uptake of **early years education** offer.
- Use tools such as **adverse childhood experiences** (ACEs) to identify those children most at risk of poor outcomes and use this intelligence to target services to reduce their impact through childhood, adolescence and into adult life.
- Implement the city's **Teenage Pregnancy** Action Plan.
- Expand **long-acting reversible contraception** services in maternity and primary care.
- Improve birth outcomes by **promoting healthy pregnancies**, including smoking cessation support.
- Implement the **Phoenix specialist family service** that will provide an intensive programme of support and work with women in Southampton who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care.

- Strengthen early help services for **children with Special Education Needs and Disabilities** (SEND) and their families.
- Develop an inclusive educational offer, implementing the **school improvement and attendance action plan** and reconfigure specialist educational provisions to meet local need.
- Through the **Safe City Partnership**, support delivery of preventative health work and targeted interventions to reduce serious violence involving young people in line with the Youth violence reduction strategy.
- Improve outcomes for **looked after children and care leavers** through:
 - Developing the **foster care** offer to ensure a greater mix of foster care placements which reflect the needs of the city.
 - Expanding the range of **good quality local placements** available to enable more children, where appropriate, to remain within the city.
 - Improve access to good **housing and employment options** for care leavers within the city.



Tackling the city's biggest killers

A healthy pregnancy and childhood are key enablers to achieving good health in later life. By embedding positive health behaviours in childhood, such as healthy eating and physical activity, life chances in adulthood can be improved. We will:

- Increase **play, physical activity** and positive youth opportunities.
- Improve uptake of **Healthy Early Years Award and Healthy High 5 Award** in schools.
- Ensure that the refresh of the council's Local Plan (the plan for the future development of the city) supports health and wellbeing, including **restrictions on fast food** planning applications near schools.
- Reduce **risky behaviours** by delivering the city's Sexual health improvement Plan, Alcohol Strategy and Healthy Weight Strategy.
- Continue to promote the development of **healthy settings**.
- Improve the quality of care for children with **long term conditions** such as asthma, epilepsy and diabetes and their transition to adulthood.
- Ensure that there is a strong focus on **promoting good health in the first 1,000 days of a child's life** as this is a critical phase during which the foundations of a child's development are laid, including:
 - Promoting uptake and continuation of **breastfeeding**.
 - Promoting **smoking cessation/smoke free homes** amongst pregnant women and parents.
 - Continuing to ensure good uptake of **childhood immunisations**.
- Develop a robust and sustainable **hospital at home** service to support the care of children with acute childhood illness outside of hospital with access to expert paediatric advice and rapid clinic access.



Improving mental and emotional wellbeing

One in eight 5-19 year olds have at least one mental disorder; suicide is the biggest killer of young people in the UK; 50% of mental health problems are established by age 14 and 75% by age 24. Improving children and young people's mental health and wellbeing is a whole system effort which relies on strong partnership working. We will:

- Increase access to **perinatal mental health** services up to 24 months after birth, including support to partners.
- Implement **mental health support teams in schools and colleges** and promote a whole school approach to mental health and wellbeing across Southampton.
- Improve assessment and support for children with a **learning disability and neuro-diversity**.
- Promote **social and emotional resilience** and embed prevention and early intervention across the system.
- Improve services for children and young people with **eating disorders**.
- Improve **access** – 'no wrong door'.
- Ensure that mental health services are **accessible to the most vulnerable**.
- Work together to better meet the needs of young people with **complex social, emotional and behavioural needs**.
- Improve **crisis care** pathways for children in mental health crisis and improve access to specialist mental health treatment and support.
- Inform and support and the implementation of the **Southampton Suicide Prevention Plan**.



Supporting people to build resilient communities and live independently

We want to develop a 'Child Friendly Southampton' where the aspirations, needs and rights of children are a central part of public policies, place-shaping and decision-making and ensure children and young people in Southampton have an active role as part of their communities and have the best possible start in life, whatever their circumstances. We will:

- Delivery of the **Year of the Child 2020**: bringing together the city's businesses, arts and cultural venues, voluntary and community organisations, and practitioners who work with children to provide a year-long programme of consultative and celebratory events.
- Develop **intergenerational activities**, recognising the positive contribution that children and young people make to the city.



Improving earlier help, care and support

All children and young people should have a good start in life. Early help and prevention is about building protective factors and reducing harm at the earliest stage so children and young people have the best opportunities to thrive. We will work together with parents, families, carers and communities to do this, providing the right help at the right time. We will:

- Implement the extended **Early Help Locality model**, strengthening advice, information and guidance and outreach support to families with pre-school children, enabling them to receive the right support at the right time in their communities.
- Develop the **Early Help Hub** as a single route into early help and expand the community/voluntary sector offer.
- Strengthen **support to families in the early years**, including action to promote early communication (speech and language).
- Strengthen the **parenting** offer.
- Expand the options and support available to young people, including those with SEND, for further **education & training, employment, independent living and social inclusion**.
- Support **continuity of care** for pregnant women by implementing case-holding.
- Increase information and support in the community on **management of common childhood illness**.
- Improve the **transition** for young people with additional needs into adulthood, including giving them control over their own personal health budgets to meet



Improving joined-up, whole-person care

The needs of children and families are best met if they are considered in the round with health, care and education working together in a child/family centred way. We will:

- Continue to work in partnership across the Local Authority, NHS and Voluntary/Community sectors to build a **strong, joined-up service** offer based on restorative principles and a whole family approach.
- Develop **peer support** models.
- Empower children and families to have more **choice and control**.

What is our roadmap?

Year 1
2020/21

- **Year of the Child**
- **Early Help locality model** extended
- Local **foster care offer** expanded
- Two **mental health support teams** in schools established
- **Phoenix specialist family service** goes live
- Accredited **infant feeding scheme** in place
- **Care pathways implemented** for all mental health presentations and will be hosted on the Healthier Together website.

Year 2
2021/22

- **Children's Hospital at Home** service goes live
- Expansion of **mental health support teams in schools** and a whole school approach to mental health and wellbeing
- **Employment and training opportunities** expanded for young people
- **Perinatal mental health services** expanded for women and partners up to 24 months post-natal
- Pilot a **whole school approach to mental wellbeing**
- Development of **local residential** provision

Year 3
2022/23

- **0-25 year service** offer in place
- Expansion of **mental health support teams in schools**
- **Employment and training opportunities** further expanded for young people

Year 4
2023/24

- **24/7 mental health crisis provision** for children and young people that combines crisis assessment, brief response and intensive home treatment functions
- Comprehensive offer for 0-25 year olds that spans across **mental health services for young people and adults**

Year 5
2024/25

- Progress towards halving **still births, neonatal deaths and maternal deaths**



Live Well



Live Well

People enjoy and are able to maintain a sense of wellbeing and good health, supported by resilient communities

What do we want to be different in five years' time?

We want people in Southampton to:

- Live healthier, for longer
- Be happy in life and feel supported by their family, friends and local community
- Live independently and feel confident to take care of their own health and wellbeing
- Live in a city which is fully accessible

How will we do this?



Reducing inequalities and confronting deprivation

- Population health management systems will enable health and care staff to **identify people most at risk of ill health and identify areas of the city where health inequalities are greatest** – this will ensure that resources can be targeted at people with the greatest need.
- Improve **access to appointments in general practice**, such as evening and weekend appointments, and longer appointments for people with multiple long term health conditions.
- Improve **uptake of cancer screening** in areas of the city with the lowest uptake rates, and focus on vulnerable groups. Undertake community engagement to raise the profile of cancer screening.
- Improve uptake of **immunisations and vaccinations** in areas of the city with the lowest uptake rates, and focus on vulnerable groups.
- For people with a **learning disability or severe mental illness**, improve the uptake of annual health checks and cancer screening.
- Improve access to advice, treatment and support to anyone concerned by their, or someone else's, use of **drugs or alcohol** to help them overcome the impact and improve their lives.
- Ensure access to services that improve **sexual health** outcomes for everyone.
- Reduce the number of **rough sleepers**.

- Explore different ways to help those sleeping on the streets and those who are **homeless** to access a range of service and accommodation options.
- Reduce the health inequalities of the **homeless** population through increased access to healthcare and accommodation.



Tackling the city's biggest killers

- Implement a new **smoking cessation** offer and deliver the city's tobacco control plan.
- All **patients at hospital will be asked if they smoke** and all smokers are offered support and advice to quit.
- Support patients to **improve their health before undergoing major surgery**, to help them recover better, such as by being more active.
- Implement the city's **physical activity and sports strategy**, including active places, active communities and active every day.
- Improve people's awareness of and understanding of the health risks associated with drinking too much **alcohol**.
- Increase the number of people successfully completing treatment and not re-presenting for **alcohol, opiates and non-opiates**.
- Continued **Alcohol** care team support at University Hospital Southampton, supported by community substance use disorder services.
- Promote **'making every contact count'**, where all health and care staff, when the opportunity arises, have a brief conversation with an individual to encourage changes in their behaviour that have a positive effect on their health and wellbeing.
- Embed **prevention of risk factors** including smoking, alcohol, obesity and physical activity in all health and care pathways so that all patients will receive a brief intervention or be signposted to appropriate support.
- Increase coverage and effectiveness of **cancer screening** services, including:
 - Increasing the uptake of Faecal Immunochemical Testing (FIT), helping to **detect colorectal cancer as quickly as possible**.
 - Implementing the Targeted Lung Health Check programme to **detect lung cancer** in 55–74 year olds at an earlier stage.
 - Implementing the **cancer Faster Diagnosis Standard**, resulting in patients receiving either a positive or negative diagnosis of cancer within 28 days.
- Implement **cardiovascular disease prevention and detection** programmes within primary care, including increasing the number of people at risk of stroke on anti-coagulation drugs.
- Expand **Cardio-Pulmonary Rehabilitation** to increase the number of patients being offered and accessing rehabilitation.
- Expansion of **community respiratory services** to improve earlier diagnosis, management and treatment of all respiratory disorders.

- Increase **diabetes risk detection** and the number of people offered and completing the Diabetes Prevention Programme and Structured Education Programmes
- Ensure that the refresh of the council's Local Plan (the plan for the future development of the city) supports health and wellbeing, including **green city and healthy environments**.
- Encourage and support **healthy settings** across the city, such as healthy workplaces, healthy living pharmacies, healthy universities and healthy homes.
- Develop proposals to improve the **local food environment**, including tackling diet related ill-health and food poverty, transforming catering and procurement, reducing food waste and promoting a sustainable and vibrant food economy.



Improving mental and emotional wellbeing

- Implement "The Lighthouse" – a new community based facility that will support individuals in a recovery-focused way to manage their **mental health crisis**.
- Increase access to specialist community **perinatal mental health services** with extended periods of care from pre-conception to 24 months after birth.
- Improve access to **psychological therapy**, including expanding psychological therapy and wellbeing support for people with a **long term health condition**.
- Implement national guidance to improve outcomes for **people with co-occurring mental health and substance use conditions**, through the development and implementation of a strategic plan.
- Develop the **attention deficit hyperactivity disorder (ADHD)** pathway to provide integrated support for those with frequently occurring mental health co-morbidities and substance use conditions.
- Improve the uptake of **physical health checks** for people with SMI.
- Deliver a new model of **integrated primary and community care** for adults with serious mental illness (SMI).
- Increase access to Individual placement support (IPS) to **support people with SMI to find employment**.
- Improve 24/7 community based **crisis response and intensive home treatment service** to help prevent people being unnecessarily admitted into hospital.
- Inform and support the implementation of the **Suicide Prevention Plan** and the Hampshire and Isle of Wight STP Suicide Prevention programme, which includes action on self-harm, primary care, bereavement services and workplace health.
- Increased access to mental health services for **rough sleepers**.
- City-wide tackling of **mental health anti-stigma**, through communications, campaigns and events, and through supporting the Time to Change partnership.



Supporting people to build resilient communities and live independently

- Build opportunities, through volunteering and So Linked, to **help more people to access support and activities in the community**.
- Promote relationships between GP practices and voluntary and community groups to increase **social prescribing**.
- Maximise the use of **care technology**, to support people to self-manage their conditions and live independently.
- Link people up to support already available in their own families and communities.
- Ensure that **carers** have the help and support they need.
- Provide **short term, tailored social care** support to keep people independent in their own homes.
- Support younger generations to **prepare for older age**.
- **City of Culture** – improve overall wellbeing through cultural development and opportunities.
- Support adults to live independently through appropriate and accessible **housing options** with varying levels of flexible support.
- Work with people to **plan ahead** so they can prevent problems from getting worse and stay independent, reducing the likelihood of needing long term social care.
- Enable more individuals with **learning disabilities** to access community resources, volunteering, employment or other meaningful activities.
- Ensure **housing for people with learning disabilities** it is fit for future needs.
- Explore opportunities to apply for **Disabled Facilities Grants (DFG) for supported living housing adaptations** which will enable people with learning disabilities to live more independently, including improving fire safety.



Improving earlier help, care and support

- Develop easy access to **advice and information**.
- Ensure that **carers** feel supported and receive the help they need.
- Implement **e-consultations and video consultations** into all GP practices.
- Commission an increased range of health services from community **pharmacies**.
- **NHS 111 is the main gateway** used by patients to urgent care.
- Develop **clinical assessment within NHS 111** to include a wide range of clinical expertise so more people get the help and advice they need on a single call.
- Communication and education for patients and communities on '**choose well**' and '**stay well**', to enable patients and carers to make informed decisions about the services they choose.



Improving joined-up, whole-person care

- Implement new models of **person-centred care for people with long term conditions**, such as longer appointments with a named GP or alternative clinician.
- Improve IT systems interoperability across GP practices to **improve access to information and patient records** to support assessment.
- Ensuring people have more **choice and control** about their care, such as making personal health budgets available to a greater range of people.
- Implement **personalised care for everyone diagnosed with cancer** to ensure they have a needs assessment, a care plan, wellbeing information and support.

What is our roadmap?

Year 1
2020/21

- **Lung Health Checks** fully implemented to increase the early detection and survivorship of lung cancer
- Patients will be able to receive a **definitive cancer diagnosis** within 28 days of referral
- **Cervical screening** implemented at more flexible timings
- Community **Cardiology and Respiratory** service developed
- Psychological therapy support available for people with cardiovascular or gastrointestinal conditions
- Development of an **Integrated Diabetes Service** that will be measured on improving outcomes for patients living with diabetes
- Introduce risk stratification to identify individuals with a **learning disability** who have the greatest need
- Expand portfolio of **housing options** for those with a learning disability/mental health need
- Implement “**The Lighthouse**” community based facility to support those experiencing a mental health crisis
- Pilot a complex nurse worker in **Homeless Healthcare** to work with people with complex needs, including mental health
- Review best practice models for mental health services accessed by **rough sleepers**

Year 2
2021/22

- New Southampton **Alcohol** Strategy launched
- All patients have access to **on-line and video consultations** for their GP surgery
- Every person diagnosed with cancer will have access to **personalised care**, including a care plan and health and wellbeing information and support
- **Follow-up support** for people who are worried their cancer may have recurred will be in place
- New **heart failure** and breathlessness services developed
- People with a **mental health** condition will be able to access digitally-enabled therapy
- **Therapeutic care** from inpatient mental health services will be improved
- Produce a proposal for an effective mental health pathway for **rough sleepers** to access integrated holistic, long term care and support

Year 3
2022/23

- Community **Cardiology and Respiratory** service fully in place
- Implement new mental health services for **rough sleepers**
- Improved training for Primary Care to **detect cancer**

Year 4
2023/24

- Visibly improved **healthier food environment** in NHS and other public sector settings in Southampton
- People with a **mental health** condition will be offered a range of self-management apps, digital consultations and digitally enabled therapy

Year 5
2024/25

- 150 new **supported living tenancies** in place for adults with learning disabilities.



Age Well



Age Well

People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks

What do we want to be different in five years' time?

We want older people in Southampton to:

- Be able to maintain their health, wellbeing and independence into old age, stay living in their own homes and feel part of their local communities.
- Be supported to recover from illness in their own home wherever possible and only go to or stay in hospital when needs can't be met in the community.
- Be supported by collaborative and integrated working between health, social care and housing support.
- Be able to access the right support, at the right time, in the right place, as close to home as possible.
- Feel in control of their health and wellbeing, be part of any decision about their care and have the information and support they need to understand and make choices.

How will we do this?



Reducing inequalities and confronting deprivation

Health and care outcomes are poorer in parts of city with higher levels of deprivation. 19% of older people aged 60 years+ in Southampton live in poverty. Older people are more vulnerable to fuel poverty which impacts on their ability to keep their homes warm and enable them to keep healthy. They are also more susceptible to poor nutrition. We will:

- Develop **community based support and activities** across the city.
- Development of integrated **community transport** services to reduce isolation and improve engagement in community activities
- Work as a city to provide **good quality housing and warm homes**.
- Improve **access to appointments in general practice**, such as longer appointments for people with multiple long term health conditions.
- Develop an **Eat Well** offer across the city, ensuring that older people receive nutritious food.
- Population health management systems will enable health and care staff to **identify people most at risk of ill health and identify areas of the city where health inequalities are greatest** – this will ensure that resources can be targeted at people with the greatest need.



Tackling the city's biggest killers

As with all age groups, how people choose to live their life remains vitally important to improving and maintaining health and wellbeing throughout older age. This includes being active, eating a healthy diet, maintaining a healthy weight, being smoke-free, and not exceeding the recommended limits for alcohol intake. We want to promote the importance of healthy lifestyles and early identification and screening. We will:

- Promote **healthy ageing**, including healthy eating, physical activity, smoking cessation and reducing alcohol consumption.
- Ensure that the **design of our neighbourhoods** positively influences physical activity levels, travel patterns, and social connectivity
- Support **self-management** to maintain active and healthy ageing in both physical and mental health.
- Continue to promote the uptake of **immunisations**, including the seasonal flu vaccination.
- Increase coverage and effectiveness of cancer screening services, including:
 - Increasing the uptake of Faecal Immunochemical Testing (FIT), helping to **detect colorectal cancer as quickly as possible**.
 - Implementing the Targeted Lung Health Check programme to **detect lung cancer** in 55–74 year olds at an earlier stage.
 - Implementing the **cancer Faster Diagnosis Standard**, resulting in patients receiving either a positive or negative diagnosis of cancer within 28 days.
- Improve access to **faster diagnostics**.
- Increase **diabetes risk detection** and the number of people offered and completing the Diabetes Prevention Programme and Structured Education Programmes.
- Expand **community respiratory services** to support the management and treatment of all respiratory disorders.
- Expand **Pulmonary Rehabilitation** to increase the number of patients with respiratory diseases being offered and accessing rehabilitation.
- Implement **cardiovascular disease prevention and detection** programmes within primary care, including increasing the number of people at risk of stroke on anti-coagulation drugs.
- Review and expand **Cardiac Rehabilitation**.



Improving mental and emotional wellbeing

As we grow older, it is just as important to look after our mental health as well as our physical health. Retirement, physical disability, loss of independence and bereavement are just some of the major life changes people may encounter as they get older. Having a network of friends and family, feeling valued, keeping active and having a purpose are just as important as access to good support and specialist services. We will:

- Tackle **loneliness** by creating opportunities for connection and encouraging people to participate and get involved, such as through volunteering, developing communities and neighbourhood support and promoting opportunities for creative intergenerational approaches and activities.
- Increase public education to reduce the risk of **dementia** and further develop dementia friendly communities.
- Improve **earlier diagnosis of dementia** and ensure people receive appropriate support and education.
- Improve support for **carers**.
- Improve access for older people to **psychological therapies** in steps to wellbeing and specialist services.
- The Older Person's Mental Health team will work more effectively with the Dementia crisis team to **prevent or delay admissions** and support family and carers at home.
- Improve **mental health support to care homes and nursing homes**.



Supporting people to build resilient communities and live independently

Older adults have significant skills and experience to contribute to society. We know that giving, using skills, and learning also helps increase people's self-esteem, encourages social interaction, and gives people hope and purpose. We will:

- Expand and make best use of **retirement and Extra Care housing** to support people's independence.
- Develop a **community transport service** to make it easier for older people to get around the city.
- Increase the proportion of people being offered and receiving **rehabilitation and reablement care** to support recovery and help people maintain their independence.
- Promote use of **equipment, care technology and assistive technology** to support people's independence.
- Develop a broad offer of **community based support and activities** that enable more people to both access and be part of delivering support and activities in their local community, building on older people's opportunities for volunteering, peer support, being experts by experience.
- Ensure **carers** feel supported and receive the care they need
- Simplify and streamline '**hospital to home**' pathways to ensure timely discharge from hospital and maximise opportunities for reablement.



Improving earlier help, care and support

Prevention and early intervention is key to ageing well. This includes working with younger populations, employers and the education sector to promote health and wellbeing, promoting available support and resources to enable people to think ahead, including in planning their finances and effectively communicating the impact of changing behaviours before reaching old age. We will:

- Develop a work programme to encourage and support local employers to promote employee health and wellbeing, support employees to prepare for retirement and to be **age friendly employers**.
- Promote **phased retirement** and **volunteering** opportunities.
- Empower **people approaching older age** to make positive choices for their health.
- Develop and promote an **exercise** offer across the city to promote physical activity and active ageing.
- Implement **enhanced healthcare support** into all residential and nursing homes in Southampton, providing dedicated clinical support to homes with assessment and care planning, responsive advice and support.
- Implement **risk stratification** approaches and **anticipatory care planning** to promote proactive care.



Improving joined-up, whole-person care

Healthy ageing needs to be supported by environments, opportunities and services that enable people to live well for as many years as possible, and that can adapt to the changing needs of people at different times in their lives. Moreover, service users have told us that they want the professionals involved in their care to talk to each other. Our aim is that health, social care, housing, transport, community and voluntary sector support will be delivered in a seamless and joined up way, around the needs of the individual. We will:

- Develop **local health and social care teams** which bring together physical and mental health, NHS, housing and social care across statutory and non-statutory sectors, to provide coordinated, person-centred proactive care and support for people.
- Promote integrated **care planning and sharing of information** across health and social care to support high quality, proactive, joined-up care and support.
- Continue to build high quality capacity within the community, in particular **home care and nursing home** provision.
- Develop **multiagency services at the hospital front door**, enabling more people to be supported to return home quicker (same day emergency care).
- Develop services available **seven days a week**.

What is our roadmap?

Year 1
2020/21

- **Integrated community teams** bringing together physical, mental health services and social care across beginning to operate
- **Enhanced healthcare teams** supporting all residential and nursing homes across the city
- **Community navigators** (social prescribers) in place across Primary Care
- **Exercise classes** in place for people at risk of falling
- More **dementia friendly spaces** in place
- **Extra Care housing** scheme at Potters Court opens
- **Risk stratification** being rolled out to tackle inequalities and case manage people with the greatest needs
- **Multiagency services at the hospital front door**

Year 2
2021/22

- Integrated **community transport service** in place
- **Care technology** support becoming the norm in enabling people to maintain their independence
- Health and care professionals using **single care plans** enabled through technology
- **Single intermediate care team** operating across hospital, community & primary care

Year 3
2022/23

- More **intergenerational opportunities** and older people volunteering
- Further increase in **Extra Care homes** available
- Health and care professionals across all sectors, including care homes and home care providers making active use of **single care plans** to share information and use **technology** to seek rapid advice from each other
- **Enhanced healthcare teams** providing support to extra care housing

Year 4
2023/24

- Southampton is an **Ageing Well friendly city**
- **People actively managing their health** and enabled through **technology** to make appointments, manage their own care plan and seek advice directly from health and care professionals
- **Mental health support** including psychological therapies fully embedded in local teams
- **Care homes** proactively managing health needs of their residents, seeking support from health and social care professionals where necessary through technology
- **New inpatient rehabilitation wing** at Western Community Hospital expected to open (subject to approval of Full Business Case)



Die Well



Die Well

People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people

What do we want to be different in five years' time?

- More people will be supported to stay at home when they experience a decline in their health within their last years of life.
- There will be equality in provision of end of life care across all socioeconomic backgrounds.
- More people will achieve their preferred place of care and death.
- Early identification and end of life discussions will be the norm; more people will be describing their end of life wishes and preferences.
- There will be local compassionate communities who are confident to talk about and support friends and neighbours who may be experiencing death and dying.
- Proactive, personalised care planning to help people to consider their end of life wishes and options for a Personal Health Budget will be the norm
- More palliative care patients will have continuity of care and support across all health and care settings.
- Bereavement care will improve the involvement, support and care for all those important to the dying person.

How will we do this?



Reducing inequalities and confronting deprivation

- Support **more people to achieve their preferred place of care and death**.
- **Equitable** provision of end of life care and services available to all.
- Develop staff to **support people who are less able to self-advocate their own care**, such as people with a learning disability.
- Explore providing **end of life hospice care for children** and a hospice at home service.
- Improve **access to hospice services** including community support, day services and inpatient facilities if or when required.



Improving mental and emotional wellbeing

- Support people to be clear about **what to expect** as they approach and reach the end of their life.
- Holistic needs assessments will **consider the person's wellbeing, psychological, spiritual and health and social care needs**.
- **Carers** will be offered a holistic needs assessment to identify what practical and emotional support can be provided.
- Involving, supporting and caring for **all people** important to the dying person is also recognised as a key foundation of good end of life care.
- Launch a **new bereavement and psychological service**.
- Develop a process to **assess families post bereavement** at day 21.



Supporting people to build resilient communities and live independently

- Offer **Personal Health Budgets** (PHBs) for people in their last 12 weeks of life, to give people more choice and control around their end of life care.
- Develop a strategy to **engage and raise public and community awareness and attitude of death and dying**.
- **Volunteers** will be recruited, trained and developed to help support individuals, their families and communities.
- Support and **encourage local communities to provide compassionate and practical help**, pre and post bereavement.
- Engage and involve local communities and places of worship in the development and **co-design of the local hospice**.
- Encourage schools to support the development of an **end of life programme for schools and colleges**.



Improving earlier help, care and support

- **Early identification of people thought to be within their last three years of life** with a focus on older and frailer people and those with life limiting conditions, and those who may not, because of their condition, be able to communicate their end of life wishes in the future.
- All appropriate individuals in a care home will be on an **end of life register** and will have an advanced care plan discussion.
- Regular monitoring of people on the end of life register to provide **timely intervention** when required.
- Implement **proactive, personalised care planning** to support individuals to consider their end of life wishes early on in their illness or frailty.
- Improve **hospital discharge fast-track** processes to enable people at the end of their life to die in their place of choice.
- Improve **responsiveness within the community** to support individuals at the end of life and avoid unnecessary hospital admissions.
- Provide support to individuals, their families/carers in times of **crisis**.
- **24/7 help and support line and rapid, responsive support** for people in their own homes.
- People will have access to **timely pain control** and management of their symptoms.



Improving joined-up, whole-person care

- Develop and implement an effective **out of hospital end of life care coordination** service to allow more people to achieve their preferred place of care and death.
- **Train and develop the workforce** within the home care and residential home services to provide continuity of care.
- Use **Personalised Care and Support Plans**, or **Advance Care Planning**, to capture end of life care wishes.
- Develop a **workforce** which is confident and competent to discuss and capture end of life wishes.
- Proactive working **partnerships between the NHS, social care, voluntary sector, charities and local communities**.

What is our roadmap?

Year 1
2020/21

- **24/7 coordination centre** with access to rapid response 24 hour advice, support and home visits
- Development of **end of life champions**, linking with primary care and communities
- **Bereavement services** expanded
- Review the provision of access to end of life services for professionals and the families of **children at or approaching end of life**

Year 2
2021/22

- **Nurse-led unit** in place at Countess Mountbatten Hospice
- **Independent hospice provision** in place for Southampton
- Everyone in a care home is identified on an **end of life register** with an **advanced care plan** in place
- **End of life training** available to home care staff
- Work with children's services and families to design local **end of life services for families and children**

Year 3
2022/23

- Development of an **end of life schools programme**

Year 4
2023/24

- **Children's end of life care** services in place
- Bank of end of life children's home care /sitting service

Key Enabling Priorities



Workforce

The aim of the workforce plan is to support an effective system of organisations, teams and roles that can sustain population health and wellbeing through the provision of safe, high quality, and effective services. This will include a number of key areas with a clear plan to focus on the workforce needs of tomorrow, today (workforce planning, organisational design, organisational development). This will look like a skilled, strength or asset based, sustainable workforce which can respond to the changing environment in which we live and work and responds to the demand picture within the city. The scope of roles, services and organisations included within this vision is broad, encompassing all key areas of health and care delivery in the city.

What do we want to be different in five years' time?

- Southampton is a '**Great Place to Work**' in health, care and wider wellbeing services.
- Southampton is a place where people choose to **volunteer** and are supported to do so.
- An effective system of **organisations, teams and roles** that can sustain population health and prevent ill health through the provision of safe, high quality, and effective services.
- A **skilled and sustainable workforce** which can respond to the changing environment in which we live and work and responds to the demand picture within the city.
- **Talent management and leadership** practices create a workforce that is highly engaged and empowered to deliver the best possible care for the population of Southampton.
- Empowering **leaders**, who care and truly inspire.
- Partnerships and systems leadership that develop an **open and transparent culture** focused on continuous learning, innovation and improvement. These partnerships will be across health, care, wellbeing and the voluntary, community and social enterprise (VCSE) sector.
- High levels of **trust and engagement** among staff, community members and partners.
- An **employment experience** which works for employees, clients and our organisations alike.

How will we do this?

Planning the workforce needs of tomorrow today

- Understand our future population demand and identify the workforce impact.
- Develop plans which meet future population demand, including;
 - Identification of new roles
 - Multi-skilling of staff.
 - Flexible patterns of working across services/organisations.
 - Ensure healthy conversations (Making Every Contact Count (MECC))

	<p>are embedded in all job descriptions.</p> <ul style="list-style-type: none"> – Ensure the workforce reflects the diversity of the city it serves.
Creating a great place to work	<ul style="list-style-type: none"> • Develop a shared vision, values and behaviours for the city’s workforce. • Promote health and care career development opportunities, work experience and internships across the system and within educational institutions. • Include consideration of the needs of the Community, Voluntary and 3rd sector of care provision within the programme of work.
Developing an employment experience which works	<ul style="list-style-type: none"> • An employment experience which works for employees, clients and our organisations alike. Holding at the centre a focus on asset or strengths-based approaches to delivery across all sectors, promoting personalisation and self-care as standard. • Collaborative procurement of apprenticeships with educational institutions/system-wide relationships with non-pay levy organisations. • Implement an internal communications plan to ensure a consistent approach across organisations. • Implement value based appraisals and support structures.
Attracting and developing talent	<ul style="list-style-type: none"> • Talent management and leadership practices to create a workforce that is highly engaged and empowered to deliver the best possible care for the population of Southampton. • Develop a joint induction offer. • Align the recruitment and retention strategy and leadership competency framework with future workforce priorities. • Create a register of staff qualifications and skills, identifying underutilised skills and how these could be used across the system and support vacancy gaps. • Implement a communications plan, promoting Southampton as a great place to work in health and care.
Developing empowering leaders	<ul style="list-style-type: none"> • Developing empowering leaders, who care and truly inspire (Leadership Development) • Share promotion opportunities and approaches for hard to recruit/bespoke roles. • Enable promotion and redeployment opportunities across the system. • Develop leadership networks which fit the needs of the system, including localities, Primary Care Networks and other specialist areas.
Creating an agile learning approach to our workforce	<ul style="list-style-type: none"> • Create career optimisation pathways across health and care roles. • Develop and implement competency frameworks to support new roles or changing roles. • Multidisciplinary/agency training and development of core behaviours and new ways of working. • Upskill staff with digital skills to work with people in a different ways. • Alignment of terms, conditions and pay across health and care.

What is our roadmap?

Year 1
2020/21

- Leadership network developed
- Joint education programmes scoped, trialled and implemented
- Leadership induction – development of content and a city wide approach
- Development of staff stories and case studies that support the promotion of Southampton being a great place to work
- Communications support – support employee brand and culture development

Year 2
2021/22

- Review organisational requirements related to Terms and Conditions
- Consideration of the needs of the Community, Voluntary and 3rd sector of care provision within the programme of work
- Review apprenticeship programme opportunities
- New roles and competency development
- Develop and trial flexible roles and employment opportunities
- Communications support - implement a communications plan which promotes Southampton as a great place to work in health and care

Year 3
2022/23

- Modern workforce planning in place that supports the shift to place based delivery
- New (joint) recruitment approach developed and implemented
- Offer work experience / internships across the system and promote within educational institutions

Year 4
2023/24

- Develop a shared vision, values and behaviours for the city's workforce.
- Value based appraisals and support structures implemented



Digital

What do we want to be different in five years' time?

We want people to be able to:

- Participate fully in their care using digital services.
- Live better with long term conditions.
- Feel empowered to take control of their care.
- Save time through accessing their services digitally.

We want health and care staff to be able to:

- Offer a more personalised experience to service users.
- Access vital information about their service users at the point of contact which they need it most.
- Record information about their service users and trust that it will be readily available to others involved in their care.
- Work seamlessly across organisations.

We want the health and care system to be able to:

- Share information seamlessly.
- Be at the forefront of using digital technology.
- Plan ahead using the information available.

How will we do this?

Make best use of new technologies

- Implement 'digital-first' access into all GP practices to enable patients to receive greater choice and an improved experience.
- Increase the uptake and breadth of supported self-management apps to enable patients to take greater control of their conditions.
- Expand the use of MyMedicalRecord at University Hospital Southampton to enable patients to manage their healthcare online, reduce the need for hospital visits, connect with their care team and receive information from the hospital digitally as opposed to paper.
- Offer MyMaternityRecord to all pregnant women so that they have a digital record as opposed to a paper record, which also enables them to message their midwife/clinical support team.
- Implementation of innovative digital devices, such as wearable and mobile devices.
- Improve digital messaging within integrated teams.

	<ul style="list-style-type: none"> • Provide greater patient choice in terms of remote consultations, such as video consultations (where clinically appropriate).
Digital inclusion and enablement	<ul style="list-style-type: none"> • Spread of digital technology into non-digitised organisations, such as care homes, home care providers and people’s homes. • Maximise the use of the NHS App and other applications. • Enable patients to manage their appointments online, order repeat prescriptions online and view their medical records. • Introduce a digital strategy for safeguarding. • Work with organisations to improve their digital maturity. • With support from the voluntary sector, work on a digital literacy/inclusion project for patients to ensure that we provide help to patients to access their digital record or use video consulting.
Development and collaboration of infrastructure	<ul style="list-style-type: none"> • Improve access to Wi-Fi in health and care settings. • Ensure the hardware and software available to front line staff is of an appropriate standard to meet their needs. • Enable ‘plug in and go’ flexible working and networks to support Multi-Disciplinary Team working across Southampton. • Utilise common infrastructure for team working, such as cloud-based solutions and Office 365.
Make best use of population health analytics	<ul style="list-style-type: none"> • Ensure population health systems are available to integrated teams and primary care networks (PCNs). These will support risk stratification of patients and identification of inequalities in health outcomes. • Enriching data collection to include determinants of health. • Education of health teams – use of data and data quality.
Exchange and use of data and information	<ul style="list-style-type: none"> • Develop the Care and Health Information Exchange (CHIE) to improve the breadth and depth of information that is shared. • Communicate and embed the use of CHIE. • Develop integrated Patient Held Digital records to promote ‘Digital First’ access and empowerment of patients. • Improve sharing of digital imaging between healthcare providers.

What is our roadmap?

Year 1 2020/21

- Patients will have online access to their full record
- Patients will be given access online to correspondence
- Every pregnant woman will be offered a digital maternity record instead of a paper record
- Patients will be able to have a virtual appointment at University Hospital Southampton, if clinically appropriate.
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's homes
- Maximise the use of the NHS app and the apps library
- Introduce a digital strategy for safeguarding
- Implementing joint patient activation programme
- Population health tools to support PCNs with identifying the needs of their population
- Aligning of clinical and digital strategies
- Gap analysis of data flows
- Evaluate Primary Care Digital Exemplars

Year 2 2021/22

- Improve pathways through Implementation of devices and innovation – wearable and mobile devices
- Patients will have the right to online and video consultation by April 2021 so we will ensure pathways are 'digital first' or digitally enabled where possible
- All parents will have a choice of a paper or digital Redbook for their new babies
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's home
- Maximise digital inclusion through training and education
- Implementing joint patient activation programme
- All staff working in the community will have access to mobile digital services

Year 3 2022/23

- Improve pathways through Implementation of devices and innovation – wearable and mobile devices
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's home
- Maximise digital inclusion through training and education
- Implementing joint patient activation programme

Year 4 2023/24

- Improve pathways through Implementation of devices and innovation – wearable and mobile devices
- All women will have their own digital maternity records
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's home
- Maximise digital inclusion through training and education
- Implementing joint patient activation programme



Estates

What do we want to be different in five years' time?

- The **network of buildings delivering integrated primary and community care** will have been substantially reshaped, underpinned by a long-term investment plan.
- Substantial progress will have been made in **transforming the Royal South Hants Hospital (RSH) campus** into a community-facing health and wellbeing campus.
- **Older people rehabilitation wards** will have been relocated to a new £16m facility on the site of an unused ward at the Western Community Hospital.
- **University Hospital Southampton's** current capital investment programme will have been delivered, including a new Children's Emergency Department, General Intensive Care Unit (ICU), expanded theatre capacity, and additional diagnostic capacity.
- **Countess Mountbatten Hospital** will have been operating the city's life-limiting illness service for five years and across that period significant investment will have been made in the building to ensure that it conforms to current and changing service requirements.
- Support the "**Southampton aims to be the UK's most accessible city by 2050**" initiative, such as ensuring dementia friendly buildings and improving access for people with disabilities.
- The **Local Plan** will be guiding and controlling development for addressing housing needs and other economic, social and environmental priorities. It will be developing health-promoting spaces and places for everyone across the life-course, reflecting the built and natural environment as a wider determinant of health.
- Alongside the Local Plan, the **Green City Charter** will be helping to make Southampton a cleaner, greener, healthier and more sustainable city' for current and future generations.

How will we do this?

Royal South Hants Hospital Campus Optimisation

- The RSH Campus Optimisation project has been established to ensure best use is made of land and buildings at this large community hospital in the city centre.
- It aims to ensure best use is made of good quality buildings on the site and that old/unused and increasingly costly buildings are vacated.
- Land released to be used to establish Housing with Care, Specialist Nursing Home, Key Worker Housing, expanded car parking

Western Community Hospital Campus Optimisation	<ul style="list-style-type: none"> • This project links directly with the RSH Campus Project and aims to ensure best use is made of land and buildings on the Western Campus (Western Community Hospital, Adelaide Health Centre, Taplins, Radio Broadcast Building). • Key component is the construction of a new 50-bed Older People Rehab wing on the site of a redundant ward. Project also includes remodelling of the Adelaide Health Centre and the Radio Broadcast Building to enable collocation of Solent and Southern Health teams in the West Southampton Locality. Car parking will also be improved through more active management and land optimisation.
Locality Hubs and primary care estate optimisation	<ul style="list-style-type: none"> • A key component of this workstream is a feasibility study to develop a “Community Hub” in Bitterne District Centre. Aim is to re-provide the current Bitterne Leisure Centre and Bitterne Library alongside a primary and community health services in a brand new building embedded in the District Centre to support regeneration of Bitterne’s main shopping precinct. • In a linked project, primary care estate (currently 38 sites across the city) is being reviewed and a prioritised investment plan will be established to support Primary Care Networks and the delivery of the Health and Care Strategy. The Investment Plan is expected to include the development of Hubs to support integrated care in the Central Locality and in the West Locality.
Extra Care Housing	<ul style="list-style-type: none"> • The City Council has calculated that Southampton has a demand for 400-500 additional Housing with Care units over the next 10 years. Mix of renting and shared ownership is envisaged. • Housing with Care enables people to remain independent in their own homes into old age and reduces demand for Care Home accommodation and has been shown to reduce unplanned admissions to acute care and reduce demand for primary care. • This workstream links to the RSH Campus Optimisation Project which will deliver c100 units of Housing with Care at this site.
Key Worker Housing	<ul style="list-style-type: none"> • This workstream also links to the RSH workstream where the proposed development of up to 70 units of Key Worker Housing is an important part of the optimisation work. The aim of the workstream is to find opportunities to establish Key Worker Housing on public sector land across the city. There has already been significant interaction with the Workforce Programme given the important contribution Key Worker Housing can make in addressing recruitment and retention challenges. • We will continue to work with Hampshire Fire and Rescue to seek the development of Key Worker Housing on the Redbridge Hill Fire Station site. Other opportunities will be explored.

NHS Provider Trust Estate Strategies	<ul style="list-style-type: none"> • University Hospital Southampton, Southern Health, and Solent have organisation-specific estate strategies and plans that have been developed to support their clinical strategies and cost improvement programmes. Common themes include: major infrastructure investment to support commissioned services; dealing with backlog maintenance; ensuring efficient use of space, reconfiguration of estate to support agile working and co-location of teams; investments to improve energy efficiency and sustainability.
One Public Estate and Local Plan development	<ul style="list-style-type: none"> • Health partners in Southampton are members of the Southampton City One Public Estate Board and we will continue to play an active role in ensuring best use of all public sector real estate across the city. There is already extensive shared use of buildings and we will seek opportunities to utilise other public sector buildings and provide accommodation for other public sector bodies. • In April 2019 Southampton City Council initiated a refresh of the Local Plan for the next 15-year period. A close working relationship with the City Council Planners will be maintained – especially in the development of the Health Infrastructure Study. A Section 106/CIL Protocol is in development and will be implemented once agreed.

What is our roadmap?

Year 1 2020/21	<ul style="list-style-type: none"> ▪ Completion of the West and Central Locality Primary Care Estates Reviews. Implementation begins. ▪ Completion and approval of Full Business Case for new older people Rehab Wing at Western Campus. ▪ Completion of a Full Business Case to develop Bitterne Community Hub (subject to outline business case approval in 19/20). ▪ Completion of site masterplan for Southampton General Hospital campus. ▪ Opening of Children's ED, Southampton General Hospital. ▪ Shape and develop the Local Plan, ready to submit in December 2021
Year 2 2021/22	<ul style="list-style-type: none"> ▪ Completion of project to remodel Adelaide Health Centre and increase capacity. ▪ Opening of new general intensive care unit with additional 7 beds at Southampton General Hospital.
Year 3 2022/23	<ul style="list-style-type: none"> ▪ Opening of additional operating theatres and interoperable MRI facility at Southampton General Hospital.
Year 4 2023/24	<ul style="list-style-type: none"> ▪ Completion and opening of new older people Rehab wing at Western. ▪ Vacation of Brambles Wing at RSH. ▪ Commencement of vacation of Fanshawe Wing at RSH. ▪ Bitterne community hub opens (subject to business case approval)



Primary Care

Primary Care is at the foundation of our health services. In 2019 our city's GP practices delivered around 1.4 million appointments per year, offering advice, assessment, treatment and referral to specialist services for people at all stages of their lives. This works out as an average of 4.6 appointments per person per year for everyone registered with a Southampton GP practice.

Our vision is for strong high quality Primary Care services that improve healthcare for all, especially those who experience inequitable health outcomes, by keeping people healthy, preventing illness, facilitating recovery and supporting people's management of their long term conditions. The city's primary care services will be universally accessible, comprehensive and adaptable.

Over the next five years, Primary Care services must transform to meet current challenges associated with changing demand, workforce supply and market forces. During this time of change it is important that we strive to maintain the fundamental and tested benefits of these services including, but not limited to, personalised family care, patient choice and GP clinical leadership.

The development of Primary Care Networks (PCNs) presents a major opportunity which will deliver improved outcomes for patients through more sustainable and resilient Primary Care services.

What do we want to be different in five years' time?

- Improved outcomes and experience for patients through more **timely access to the right information, advice and services** to meet individual needs.
- Wider **range of services tailored to patient and population needs** provided at practice, Primary Care Network (PCN) and city levels, including improved access to appropriate 24/7 urgent care and longer appointments for patients with long term conditions.
- **Sustainable and resilient GP practices** that gain strength through collaboration within their Primary Care Networks and their close partnerships with other health and care providers and local voluntary organisations.
- A **Primary Care workforce** led by GPs and made up of a wider range of trained professionals and specialist clinicians working at practice, PCN and city levels. Higher levels of job satisfaction among people working in Primary Care.
- **Population health management systems** to support targeting of individualised person centred care planning and informing service planning for local communities.

- Primary Care **clinical leadership** at the heart of local Integrated Care Teams, coordinating care for people with more complex needs, maintaining people’s independence and avoiding unnecessary hospitalisation or admission into long term care wherever possible.
- Advances in **IT systems** enabling more effective sharing of patient records to support assessments and enabling many more patients to access services digitally e.g. via their smartphones.
- Effective **estate** with Locality “hubs” in district centres hosting a range of services and open 8am till 8pm, 7 days per week plus the right number of more local neighbourhood surgeries to support access and choice.

How will we do this?

<p>Improve access to Primary Care</p>	<ul style="list-style-type: none"> • Implement ‘digital-first’ access for all. • Implement new models of person centred care for people with long term conditions, such as longer appointments with a named GP/clinician. • Implement new models of “at scale” urgent care through co-production with PCNs at City, Locality/PCN and practice levels. • Implement Integrated Urgent Care services. • Commission an increased range of services from community pharmacies.
<p>Improve the quality and sustainability of primary care</p>	<ul style="list-style-type: none"> • Foster GP and other healthcare professional development. • Build resilience into the general practice business model. • Provide tailored support to practices experiencing challenges. • Work with NHS England and Public Health England to improve uptake of immunisations, vaccinations and cancer screening.
<p>Digitally-enabled primary care</p>	<ul style="list-style-type: none"> • Implement e-consultations and video consultations into all GP practices. • Implement population health management systems to support PCNs to understand their population’s greatest health needs, support resource planning and identify priorities to improve outcomes. • Promote utilisation of the NHS App. • Invest in IT and digital access, including better interoperability of clinical systems • Improve systems interoperability across GP practices to improve access to information / patient records to support assessment.
<p>Integrated, networked primary care</p>	<ul style="list-style-type: none"> • Commission and develop Primary Care Networks (PCNs). • Promote relationships between practices and voluntary and community groups to increase social prescribing. • Develop highly integrated care, such as for people with multiple conditions and/or frailty, via integrated teams aligned to PCNs. • Implement leadership and organisational development programmes for

	<p>primary care and PCNs</p> <ul style="list-style-type: none"> • Commission new primary care and network services that reduce inequalities, deliver better outcomes and patient experience and avoid unnecessary hospitalisation. • Promote collaboration and efficiencies across practices, such as sharing of back-office functions.
Workforce and skills	<ul style="list-style-type: none"> • Develop a primary care workforce action plan to improve recruitment and retention. • Support professional development of practice nurses and other members of the wider primary care workforce. • Develop GPs as clinical leads within practices/PCNs. • Support practices and PCNs to develop strong skill mixes in the workforce.
Fit-for-purpose, modern estate	<ul style="list-style-type: none"> • Phased planning of primary care estate solutions on locality by locality basis • Deliver locality resource centres in district centres, which will host 7 day urgent care and network services. • Rationalisation of sites which are sub-optimal and investment in estate fit for the future • Maintain and develop new estate solutions to ensure access in key sub-locality sites and areas of deprivation.

What is our five year roadmap?

Year 1 2020/21

- Growing range of Primary Care services tailored to individual and population needs
- Improved understanding of how primary care is doing and further development of menu of support for struggling practices
- PCNs in year two and are supported in their organisational development and recruitment of new workforce by CCG and other system stakeholders
- Development of workforce plans to sustain new models of care – including for additional PCN roles
- Establishment of Integrated care teams configured around PCNs
- Commissioning of local improvement schemes to align with PCNs and Investment and Impact fund
- CCG works with PCNs and other system stakeholders to develop new models of co-production of services
- PCNs becoming more established in neighbourhood, city and wider arrangements for partnership governance, planning and integrated service delivery
- Mobilisation of new population health management tools
- All practices operate active patient participation groups or other suitable public engagement arrangements
- Review of Primary Care estates and access outlines plans for future to facilitate high quality, sustainable models of care

Year 2
2021/22

- Improvements in access to Primary Care services and patient experience through advancements including digital and telephony solutions
- All patients have access to on-line and video consultations
- Practices more routinely collaborating via Primary Care Networks to support resilience
- PCNs in year three and becoming more established in role to lead planning and coordination of care for their populations
- Implementation of new workforce plans and recruitment and retention programmes including rotational posts
- Further development of Integrated Care Teams with strong Primary Care clinical leadership
- Integrated Urgent Care (IUC) with Clinical Assessment Service (CAS) embedded with primary care and with full access to primary health records
- Exploration of roles of community pharmacies within PCNs and commissioning of additional services
- Full deployment of population health management at PCN level to support planning and care delivery
- PCN engagement with communities and beginning to make use of wider assets
- Improvements in Primary Care estate to support new out-of-hospital care models

Year 3
2022/23

- Significant improvements in outcomes for patients with complex needs through highly integrated care teams working optimally at PCN level
- PCNs in year four and becoming the main investment and delivery vehicle for investment in out-of-hospital services.
- Integrated workforce across PCNs & other partners delivering integrated out-of-hospital service models
- New models of access to urgent and same-day primary care services 24/7 delivered at PCN and city level and integrated with IUC and local CAS
- PCN Clinical Directors providing clinical leadership for planning and delivery of services at Integrated Care System, city and PCN levels
- Advanced deployment of population health management support delivery and inform future commissioning
- Single clinical system and/or advanced levels of interoperability to support sharing of records between city practices and other relevant urgent care and community services
- Delivery of one or more Locality hubs based in district centres, with access to a wider range of health and care services from 8am till 8pm, 7 days per week

Year 4
2023/24

- Patients experiencing high levels of satisfaction relating to access to and experience of Primary Care services in the city
- Highly developed workforce model across Primary Care and out-of-hospital services including appropriate mix of skills and professionals to meet diverse needs
- Improved recruitment, retention, development opportunities job satisfaction in general practice and other out-of-hospital care settings
- PCNs in year five and taking a lead role in the coordination of urgent care
- Advanced deployment of population health management to support delivery and inform future commissioning
- PCNs working in formal partnerships with the local voluntary and community sector to promote health and tackle inequalities
- Evaluation and further development of new models of access to urgent and on-day primary care services 24/7
- Delivery of one or more Locality hubs based in district centres, with access to a wider range of health and care services from 8am till 8pm, 7 days per week

Year 5
2024/25

- Comprehensive, consistently high quality and sustainable primary care services forming the foundation for a transformed health and care services for the city
- Improved health outcomes and reduced health inequalities through effective population health management and locally sensitive service delivery
- Resilient Practices routinely collaborating via PCNs and with other partners and with enhanced levels of community ownership
- Embedded application of population health management arrangements driving the planning of care at individual, PCN, city and Integrated Care System levels
- Further co-production with PCNs to develop advanced models of out-of-hospital models for urgent, planned and integrated care
- Significant number of patients accessing Primary Care services and being supported in self-management through advanced digital services
- Locality hubs in all of the city's district centres, with access to a wider range of health and care services from 8am till 8pm, 7 days per week



Urgent and Emergency Care

What do we want to be different in five years' time?

- **Primary Care (in its widest sense) and the Urgent Treatment Centre (UTC)** are at the heart of the response to urgent need/demand in the city.
- **NHS 111 Clinical Assessment Service (CAS)** is an integral part of the local response to urgent care demand.
- **NHS 111 is the main gateway** used for patients to urgent care.
- The **UTC is known and used by patients** for urgent, but not life threatening, illness and injury.
- Timely **ambulance response** according to clinical need, with skilled paramedics treating more patients at home, or conveying to appropriate services outside of hospital.
- **Improvements to pathways**, such as direct admissions straight to ward for patients who do not need to go via the Emergency Department (ED).
- A highly skilled and sufficiently resourced ED **workforce**.
- **Same Day Emergency Care (SDEC)** will be available within the hospital at least 12 hours a day, 7 days a week.
- An **acute frailty service** at the hospital front door operating at least 70 hours a week, working towards achieving a clinical frailty assessment within 30 minutes of arrival.
- Sustained **flow through and out of hospital** and a reduction in delayed discharges.

How will we do this?

Pre-hospital urgent care

Prevention, communications and right place first time

- Communication and education for patients and communities on 'choose well' and 'stay well', to help people make informed decisions about the services they chose.
- Promote uptake of vaccinations in eligible "at risk" populations, including children and young people.
- Promote the Wessex Healthier Together website and similar digital resources to help people make informed decisions about the services they chose for children.

Integrated Urgent Care (IUC), incorporating NHS111	<ul style="list-style-type: none"> • Integration of NHS 111 call centre and 111-online within the IUC so that NHS 111 is the main gateway to urgent care.
Enhanced and Urgent access to Primary Care Services and Urgent Treatment Centre	<ul style="list-style-type: none"> • Providers, Primary Care and PCNs work together to coordinate seamless patient pathways and manage more urgent patients. • NHS 111 CAS integrated into local urgent care response. • UTC as a key and integral part of urgent care delivery. • Increase the use of digital technologies to improve access to urgent primary care.
Ambulance pathways	<ul style="list-style-type: none"> • Develop pathways to reduce ED conveyance, including use of the community Urgent Response Service and direct admission pathways in to the hospital for patients who require conveyance but do not need to go via ED. • Increase the use of digital enablers to support pathways and clinical decision making. • Eliminate hospital hand-over delays, keeping ambulances available and on the road to help further improve response times • Improve ambulance access to patient care plans so that more patients can be managed outside of hospital.

In-hospital urgent care

Paediatric front door	<ul style="list-style-type: none"> • Improve access to early assessment and diversion to appropriate community services for children and young people in mental health crisis. • Implement "Hospital at Home" care models that better support the care of acute illness in children at home, in primary care and community settings through improved access to expert paediatric advice, rapid access clinics and better support for safe discharge.
Same Day Emergency Care (SDEC)	<ul style="list-style-type: none"> • Increase the proportion of acute admissions discharged on the same day of attendance. • Early identification of patients in ED suitable for SDEC and acute frailty. • Direct admission to SDEC and frailty pathways from ambulance.
Internal ED processes	<ul style="list-style-type: none"> • Development of pathways to increase the number of patients actively 'pulled' from ED as early as possible. • Staff mix models future-proofed and adapted to meet changing needs • Deliver 'choose well' brief interventions to educate patients who could have accessed an alternative service.
Effective discharge and flow, hospital to home	<ul style="list-style-type: none"> • Simplify and streamline 'hospital to home' pathways to ensure timely discharge. • Maximise the use of capacity within the community and increase proactive

'pull' of patients from hospital by community services.

- Embed 8 High Impact Changes to support effective discharge and flow
- Sustained reduction of CHC full assessments in acute setting to <15%
- Increase uptake of reablement to support recovery outside of hospital

What is our roadmap?

Year 1
2020/21

- Improved digital clinical solutions and enablers
- Procurement of Integrated Urgent Care (IUC)
- Sustained delivery of all Seven Day Service Clinical Standards
- Implementation of "Hospital at Home" care models in South West Hampshire
- Development of improved pathways for young people in mental health crisis, and improved community capacity to assess and support needs
- Embed ambulance pathways to avoid ED conveyance

Year 2
2021/22

- Roll out of full IUC
- Implement new urgent and emergency care standards
- Local NHS 111 CAS as part of local urgent care services

Year 3
2022/23

- Evaluation and development point for full alignment of the Enhanced and Urgent Primary Care Service (EUPCS) and the Urgent Treatment Centre (UTC) for future procurement
- Patient and community engagement to inform development of future care models

Year 4
2023/24

- PCNs taking a lead role in the coordination of urgent care
- Evaluation and further development of new models of access to urgent and on-day primary care services 24/7
- Evaluation and extension/re-procurement of Enhanced Urgent Primary Care Service
- Completion and opening of new older people Rehab wing at Western Community Hospital campus.

How will we deliver?

How will we deliver?

Implementing our strategy

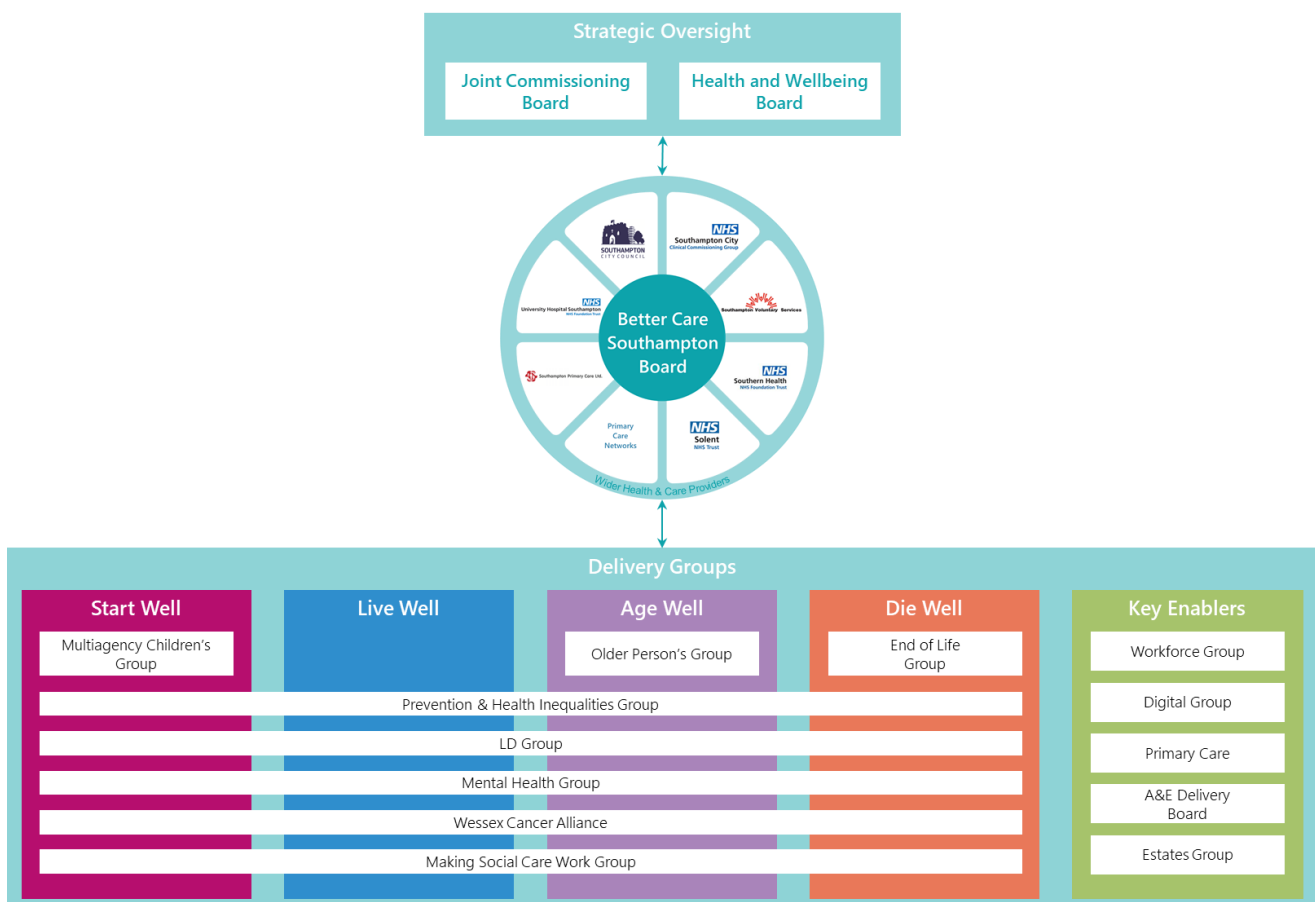
Underpinning our strategy, detailed plans have been developed for each of our key workstreams, setting out the scope, objectives, key milestones and interdependencies with other workstreams. The detailed plans are live documents and will continue to be reviewed and updated throughout the duration of the strategy. Each of the workstreams also has an associated delivery group. These groups own the detailed plans and act as the main driving force to implement the strategy.

How will delivery be monitored?

It is crucial that the strategy does not remain a simple statement of intent, but a continuing process of monitoring, challenge and review. It cannot remain a static document, but a way of continually assessing whether the approach being taken is appropriate and sufficient to secure our vision.

As part of this, a robust strategy delivery and governance structure is in place.

Strategy Delivery and Governance Structure



Delivery Groups

Each delivery group is responsible for delivering change. The detailed plans owned by the delivery groups will provide a reference point for the Better Care Southampton Board to keep planned delivery on track. The delivery groups will report progress to the Better Care Southampton Board on a termly (four month) basis and are responsible for monitoring and reporting delivery against the outcome metrics/key performance indicators (KPIs) for their workstreams.

Better Care Southampton Board

The Better Care Southampton Board membership includes senior representatives from key health and care organisations across the city, including the voluntary sector. The purpose of the Board is to set strategic direction and oversee the successful delivery of the strategy. The Board will hold the delivery groups to account for delivering the agreed plans and outcomes, and will help to remove barriers to progress. Progress will be regularly reviewed to ensure that actions not only remain on track and anticipated key outcomes can be fully realised, but that the delivery plan is updated with new actions and measures as appropriate. A range of health and care outcome indicators will be monitored to inform whether the interventions in the strategy are having an impact.

The Better Care Southampton Board is accountable to both the Joint Commissioning Board and the Health and Wellbeing Board.

Joint Commissioning Board

The Joint Commissioning Board (JCB) acts as the single health and care commissioning body for the city of Southampton and a single point for decision making. The JCB membership includes the main commissioners of health and care services in the city; NHS Southampton City Clinical Commissioning Group and Southampton City Council. The JCB ensures effective collaboration, assurance, oversight and good governance arrangements to ensure achievement of the city's health and care strategic objectives. The JCB will enable continued engagement and momentum of the strategy and will assist with resolving any delivery issues which cannot be resolved by the Better Care Southampton Board.

Health and Wellbeing Board

The Health and Wellbeing Board (HWB) acts as a formal committee of Southampton City Council, charged with promoting greater integration and partnership between the NHS, public health and local government. The HWB includes representatives from health, social services and public health to decide what the main public health needs of Southampton are, and to determine how best to meet them in an integrated and holistic manner. It has a statutory duty to encourage the integrated delivery of health and social care to advance the health and wellbeing of people in Southampton and provides oversight of the local health and care system. It will therefore have ongoing oversight of the Southampton City Health and Care Strategy.

How will we work together?

We will:

- At all times act in the best interests of the health and care system and of the population we serve.
- Operate as a single Southampton 'place-based' health and care system based on partnerships, not structure.
- Set priorities for the use of public funding for health and care and get the best value for the 'Southampton Pound'.
- Ensure resources across the health and care system are prioritised and organised in a joined up way to achieve outcomes.
- Invest in transformation.
- Work across the health and care system to minimise clinical, organisational and financial risk.
- Continuously review and prioritise plans based on their alignment to our shared vision and priorities, creating a culture of learning and improvement.
- Collaborate with wider system planning and developments as part of the larger population footprint of Hampshire and Isle of Wight.

Engaging and involving local people

We want local people to play their part in decisions about local health and care, which is why we are committed to involving and engaging our population as we implement this strategy. The success of this strategy will depend on open engagement and involvement of service users, patients, carers, partners and other key stakeholders.

Over the next five years, we will continue to engage with local people and collect insight and feedback, to help us to continually improve our services and create a healthy Southampton where everyone thrives.

DECISION-MAKER:		CABINET	
SUBJECT:		TRANSPORT FOR THE SOUTH EAST GOVERNANCE PROPOSAL	
DATE OF DECISION:		17 MARCH 2020	
REPORT OF:		CABINET MEMBER FOR PLACE AND TRANSPORT	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Pete Boustred	Tel: 023 8083 4743
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Director	Name:	Mike Harris	Tel: 023 80 83 2882
	E-mail:	Mike.harris@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
NOT APPLICABLE			
BRIEF SUMMARY			
<p>To achieve statutory status, Transport for the South East (TfSE) is required to develop a Proposal to Government which needs to demonstrate the strategic case for the creation of a sub-national transport body and set out how TfSE will fulfil the statutory requirements for such a body as outlined in the enabling legislation. This report seeks Cabinet endorsement of a final Proposal to Government, which sets out proposed constitutional arrangements and powers for the body. If endorsed by the 16 constituent Local Transport Authorities (LTAs) who are partners in TfSE, including Southampton City Council (SCC), then TfSE plans to submit the Proposal to Government in April/May 2020.</p>			
RECOMMENDATIONS:			
	(i)	To note the content of the proposal to establish a sub-national transport body for the South East to be known as Transport for the South East (TfSE), as set out in this report.	
	(ii)	To endorse the proposal to establish TfSE as the sub-national transport body for the South East and the suite of powers as set out in the report.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	The proposed sub-national transport body is a unique opportunity to draw powers and funding down from the Government for the benefit of local and sub-national transport priorities in the South East region. As one of 16 Local Transport Authorities within this region, Southampton City Council is well placed to influence, contribute to, and benefit from the initiative. Accordingly, the Council has engaged extensively in the process of developing a draft proposal and discussions to date around powers to be sought.		
2.	In order to submit its' Final Proposal to the Government for the proposed sub-national transport body to be fully constituted with an agreed suite of powers, TfSE first needs the approval of its' 16 constituent Local Transport Authorities.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
3.	Once TfSE has achieved statutory status, it will exist as a legal entity with the potential to evolve and develop its own relationships both with Government		

	and with other organisations in the wider sub-national context such as Highways England, Network Rail and port and airport operators. This status brings with it the potential for devolved decision-making responsibilities and funding to support investment in sub-national transport priorities within the South East.
4.	<p>Other option considered:</p> <ul style="list-style-type: none"> - For Cabinet to not give SCC approval to TfSE to submit the Final Proposal to the Government. This option is not recommended on the basis that this course of action would mean TfSE would not be able to take a key step necessary in order for it to becoming formally established as a sub-national transport body, which would risk the South East region losing out to other sub-national transport bodies in funding received from the Government for delivery of sub-national transport priorities.
DETAIL (Including consultation carried out)	
5.	<p>Since 2016, Transport for the South East (TfSE) has operated in 'shadow' form as a Sub-National transport Body (SNB) for the South East, with the intention of achieving statutory status through the submitting of a Proposal to Government which sets out a set of constitutional arrangements and powers sought for the body. The following 16 upper tier Local Transport Authorities are partners in TfSE:</p> <ul style="list-style-type: none"> - Bracknell Forest Borough Council - Brighton and Hove City Council - East Sussex County Council - Hampshire County Council - Isle of Wight Council - Kent County Council - Medway Council - Portsmouth City Council - Reading Borough Council - Slough Borough Council - Southampton City Council - Surrey County Council - West Berkshire Council - West Sussex County Council - The Royal Borough of Windsor and Maidenhead Council - Wokingham Borough Council <p>The Cabinet Member for Place and Transport attends the TfSE Shadow Partnership Board. In its' shadow form, since 2016, TfSE has added value through helping bring together partners and stakeholders to work with Government on key strategic transport issues. This has included helping to secure positive outcomes for the region in the Roads Investment Strategy 2 programme and the Department for Transport (DfT) Major Road Network consultation.</p>
6.	The Proposal to Government requesting statutory status for TfSE as a sub-national transport body, will require approval by Parliament. Transport for the

	<p>North was the first sub-national transport body to achieve statutory status in April 2018. The legislation on SNBs requires that a new sub-national transport body Proposal has been the subject of consultation within the area and with neighbouring authorities. The legislation also sets out that a SNB will be promoted by, and have the consent of, its constituent authorities.</p>
7.	<p>To fulfil the first of these legal requirements, in July 2019 TfSE carried out a 12-week public consultation with interested parties on a draft Proposal to Government. The Council submitted a response to this which endorsed the content of the draft Proposal. In the response, the Council set out the need to express more clearly within the Proposal that TfSE can only exercise the powers and functions that it holds concurrently with the relevant Local Transport Authority with their consent. Following this, TfSE has updated the Proposal to take account of views expressed during the consultation. Within this final proposal, the section on powers and functions has been revised to make it clearer that the consent of the relevant Local Transport Authorities is needed in order to exercise the powers. The Final Proposal (attached as Appendix 1) was formally approved by the TfSE Shadow Partnership Board at its' meeting on 19th September 2019. Appendix 1 sets out additional text added in in red, including a new paragraph 5.6 on consent of relevant Local Transport Authorities.</p>
8.	<p>The Proposal to Government identifies the types of powers and responsibilities that TfSE, the sub-national transport body is seeking from Government, as well as identifying the proposed governance structures. The Proposal is structured around the following headings, which this report summarises each in turn:</p> <ul style="list-style-type: none"> • Executive Summary • The Ambition • Strategic and Economic Case • Constitutional Arrangements • Functions
9.	<p><i>The Ambition</i></p> <p>The TfSE Transport Strategy for the South East forms the basis for achieving a shared vision for the region (which is summarised in Section 2 of the Final Proposal in Appendix 1). The Strategy identifies economic, social and environmental goals.</p> <p>A draft version of the TfSE Transport Strategy, which covers the period from 2020 to 2050, identifies a shared vision for the South East - to ensure the delivery of a high quality, sustainable and integrated transport system that:</p> <ul style="list-style-type: none"> • Supports increased productivity to grow the South East and UK economy and compete in the global marketplace; • Works to improve safety, quality of life and access to opportunities for all; and • Protects and enhances the South East's unique natural and historic environment. <p>The draft version of the TfSE Transport Strategy was subject to a 12-week consultation between 10 October 2019 to 10 January 2020. A final version of the Transport Strategy is expected to be published in April/ May 2020.</p>

10.	<p><i>Constitutional arrangements</i></p> <p>In the Proposal to Government, TfSE sets out the planned constitutional arrangements. Each constituent authority will appoint one of their elected members as a member of TfSE on the Partnership Board. For SCC, this is currently the Cabinet Member for Place and Transport.</p> <p>It is intended that the regulations should provide for the appointment of persons who are not elected members of the constituent authorities to be co-opted members of the TfSE Partnership Board. Currently two LEPs, a representative from the Boroughs and Districts, the Chair of the TfSE Transport Forum, and a representative from the protected landscapes in the TfSE area have been co-opted onto the Shadow Partnership Board.</p> <p>A number of voting options were considered to find a preferred option that represents a straightforward mechanism as well as the characteristics of the partnership, and which does not provide any single authority with an effective veto. The starting point for decisions will be consensus, and if that can't be achieved then decisions will require a simple majority of those Constituent Bodies who are present and voting.</p> <p>Where a consensus cannot be reached, a weighted voting system is proposed. The details of the proposed weighted voting system and the approach to Governance are set out in Section 4 of the Final Proposal to Government set out in Appendix 1.</p>
11.	<p><i>Functions</i></p> <p>The specific functions that TfSE is seeking as part of its Proposal to Government are only ones that are necessary for delivery of the Transport Strategy for the South East and realise the vision that this sets out. These functions are set out in Section 5 of Appendix 1. These include the following:</p> <ul style="list-style-type: none"> • general sub-national transport body functions relating to the preparation of a Transport Strategy, advising the Secretary of State and co-ordinating transport functions across the TfSE area (with the consent of the constituent authorities); • Local Transport functions; • being consulted on rail franchising and setting the overall objectives for the rail network in the TfSE areas; • jointly setting the Road Investment Strategy RIS for the TfSE area; • obtaining certain highways powers which would operate concurrently and with the consent of the current highways authority to enable regionally significant highways schemes to be expedited; • securing the provision of bus services, entering into quality bus partnership and bus franchising arrangements with the consent of the constituent authorities; • introducing integrated ticketing schemes; • establishing Clean air zones with the power to charge high polluting vehicles for using the highway with the consent of the constituent authorities; • power to promote or oppose Bills in Parliament; and

	<ul style="list-style-type: none"> incidental powers to enable TfSE to act as a type of local authority. <p>For each of these functions, the TfSE Proposal predominantly focuses on powers to be held concurrently with the local highway authorities. In most cases (though not all), the Proposal requires that the exercise of such powers is with the consent of the affected local authorities.</p> <p>Once formally constituted as an SNB, TfSE will be able to help to tackle the bigger more complex cross-boundary strategic transport planning issues that local authorities on their own have found it difficult to resolve individually or in smaller groupings.</p>
12.	<p>Once it is formally constituted as the SNB for the South East, TfSE will be able to speak more authoritatively and powerfully with one voice to lobby and influence the Government on strategic transport infrastructure investment priorities.</p> <p>Being formally constituted as an SNB as a consequence of the Proposal and the process of negotiations that will follow its' submission represents a real opportunity for TfSE to attract more investment in the region as a whole and for specific localities. By drawing funding and powers down from Government, the Proposal could help to facilitate the development of more regional and local solutions for sub-national transport needs and issues.</p> <p>TfSE becoming a SNB body would also potentially enable SCC to influence the prioritisation of investment by the major national transport agencies such as Highways England and Network Rail in a way that has not been possible in the past</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
13.	Currently, SCC makes an annual subscription contribution of £30,000 to TfSE, which goes to support its administration and its work. The majority of funding for the development of transport strategies and more detailed area-based studies and a Strategic Investment Plan for the sub-region that will be prepared between spring 2020 and early 2022, comes from the Government.
14.	There is a reasonable expectation that DfT will allocate some core revenue funding for TfSE once it has achieved statutory status, on the basis that the constituent authorities will continue to make contributions. TfSE will also seek further capital funding from the DfT to take forward its technical work programme, including the preparation of a five area-based studies in 2020 and 2021 and a Strategic Investment Plan during early 2022.
15.	Funding for cross-boundary transport infrastructure priority schemes that are identified through the area-based studies and in the Strategic Investment Plan will be sought from Government by TfSE. In order to secure funding for top priority schemes, a level of match funding from Local Transport Authorities and third parties (such as LEPs and developers) is likely to be required.
<u>Property/Other</u>	
16.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	

17.	As the Local Transport Authority (LTA) for Southampton, under the Transport Act 2000 as amended by Local Transport Act 2008, SCC has a duty to plan and seek funding to deliver improvements to the transport network within the city.
18.	The TfSE Proposal to Government lists a range of specific functions that TfSE is seeking. The majority of the powers and functions sought currently are at the central Government level. The Proposal requires that when TfSE is exercising the powers that are given to it, that this will be carried out with the consent of the affected local authorities.
<u>Other Legal Implications:</u>	
19.	The Final TfSE Proposal to Government set out in Appendix 1 will be used as the basis for future negotiations with the Government on the powers and functions to be given to TfSE.
20.	Once formally constituted as a SNB, TfSE will continue to work in close partnership with its 16 constituent Local Transport Authorities as it prioritises and lobbies for investment from Government for strategic transport infrastructure schemes. Becoming an SNB will improve the prospects of TfSE securing additional levels of funding for strategic transport investment in the South East region.
RISK MANAGEMENT IMPLICATIONS	
21.	The risk of not approving the TfSE Proposal to Government is that the South East and TfSE's 16 constituent LTA partners have less influence over decisions on strategic transport investment in their area and could see a lower share of future funding than if it was to be formally constituted as an SNB.
POLICY FRAMEWORK IMPLICATIONS	
22.	The Proposal to Government would enable the 16 constituent LTA partners of TfSE to make more rapid progress with delivering the Transport Strategy for the South East. The objectives and priorities of this strategy are aligned with and are consistent with Connected Southampton Transport Strategy 2040 (SCC's Local Transport Plan Strategy, which was adopted in March 2019).

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	TfSE Final Proposal to Government (Sept 2019)
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
Data Protection Impact Assessment	

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) 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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Proposal to Government

Final Draft

September 2019

1. Executive summary

- 1.1 Transport for the South East is a sub-national transport body (STB) established to speak with one voice on the strategic transport priorities for the South East region.
- 1.2 Our aim is to grow the South East's economy by delivering a safe, sustainable, and integrated transport system that makes the South East area more productive and competitive, improves the quality of life for all residents, and protects and enhances its natural and built environment.
- 1.3 By operating strategically across the South East on transport infrastructure – a role that no other organisation currently undertakes on this scale – we will directly influence how and where money is invested and drive improvements for the travelling public and for businesses in a region which is the UK's major international gateway.
- 1.4 Already we are commanding the attention of government, facilitating greater collaboration between South East local authorities, local enterprise partnerships (LEPs) and government to shape our region's future.
- 1.5 Our proposal has been developed in partnership with TfSE's members and stakeholders and represents a broad consensus on the key issues facing the region and the powers required to implement our transport strategy.
- 1.6 Our members and stakeholders are clear that a statutory sub-national transport body for the South East is vital if we are to successfully:
 - Increase our influence with Government and key stakeholders;
 - Invest in pan-regional strategic transport corridors;
 - Deliver sustainable economic growth, while protecting and enhancing the environment, reducing emissions and promoting social inclusion; and
 - Enable genuinely long-term planning.
- 1.7 We have only proposed those powers for TfSE which are proportionate and will be effective in helping us achieve our strategic aims and objectives, complementing and building on the existing powers of local authorities.
- 1.8 These powers would enable us to deliver significant additional value at regional level through efficient and effective operational delivery, better coordination of pan-regional schemes and the ability to directly influence and inform national investment programmes.

2. The Ambition

“By 2050, the South East will be a leading global region for net-zero carbon, sustainable economic growth, where integrated transport, digital and energy networks have delivered a step-change in connectivity and environmental quality.

A high-quality, reliable, safe and accessible transport network will offer seamless door-to-door journeys enabling our businesses to compete and trade more effectively in the global marketplace and give our residents and visitors the highest quality of life.”

Transport for the South East **2050** vision statement

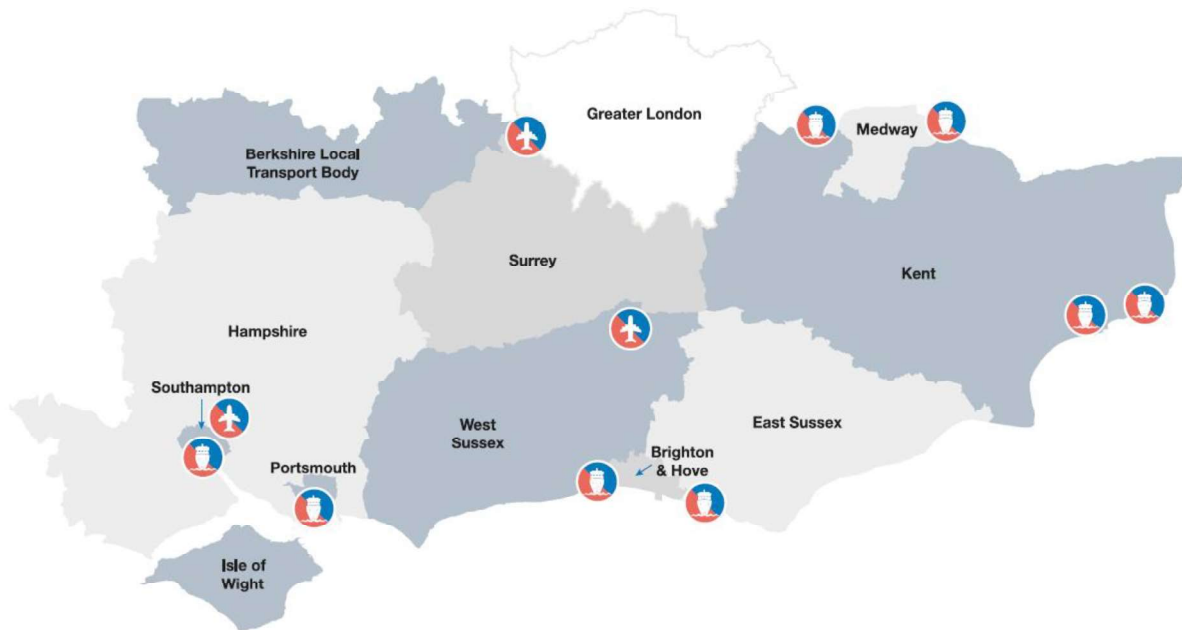
- 2.1 Transport for the South East (TfSE) was established in shadow form in June 2017. In the short period since, we have emerged as a powerful and effective partnership, bringing together 16 local transport authorities, five local enterprise partnerships and other key stakeholders including protected landscapes, transport operators, district and borough authorities and national agencies to speak with one voice on the region’s strategic transport needs.
- 2.2 Our vision is underpinned by three strategic goals, which align to the three pillars of sustainable development:
 - improve productivity and attract investment to grow our economy and better compete in the global marketplace;
 - improve health, safety, wellbeing, quality of life, and access to opportunities for everyone; and
 - protect and enhance the South East’s unique natural and historic environment.
- 2.3 Our transport strategy, which covers the period to 2050, will form the basis for achieving that vision. **It will deliver sustainable economic growth across the South East, whilst taking account of the social and environmental impacts of the proposals outlined in the strategy.**
- 2.4 TfSE has already, in shadow form, added considerable value in bringing together partners and stakeholders to work with Government on key strategic issues, securing positive outcomes for the region in the Roads Investment Strategy 2 and Major Road Network, influencing rail franchising discussions and providing collective views on schemes such as southern and western rail access to Heathrow.
- 2.5 The requirements within our proposal seek to provide TfSE with the initial functions and powers to move to the next stage of our development – to begin delivering the transport strategy and realising the benefits that a high quality, sustainable and integrated transport system can unlock for people, businesses and the environment.

- 2.6 We are clear that we only seek those powers and functions which are necessary to deliver our strategy and achieve our vision. Our requirements differ from those of other STBs and reflect the different geographic, economic, political, social and environmental characteristics of our region and the strategic objectives of TfSE and its partners.
- 2.7 We are only seeking powers that are applicable to a sub-national transport body as outlined by the legislation. There are many other bodies that have environmental and economic remits beyond those held by an STB and it will be essential that we work with these partners to deliver sustainable economic growth across the south east.

3. The Strategic and Economic Case

The Transport for the South East area

- 3.1 The South East is already a powerful motor for the UK economy, adding more than £200 billion to the economy in 2015 – second only to the contribution made by London and more than Scotland, Wales and Northern Ireland combined.
- 3.2 It is home to 7.5m people and 329,000 businesses including some of the world's biggest multinationals as well as a large number of thriving, innovative SMEs. It is a world leader in knowledge intensive, high value industries including advanced engineering, biosciences, financial services and transport and logistics.
- 3.3 The South East area includes both of the nation's busiest airports in Heathrow and Gatwick, a string of major ports including Southampton, Dover and Portsmouth, many of the country's most vital motorways and trunk roads and crucial railway links to London, the rest of Britain and mainland Europe.



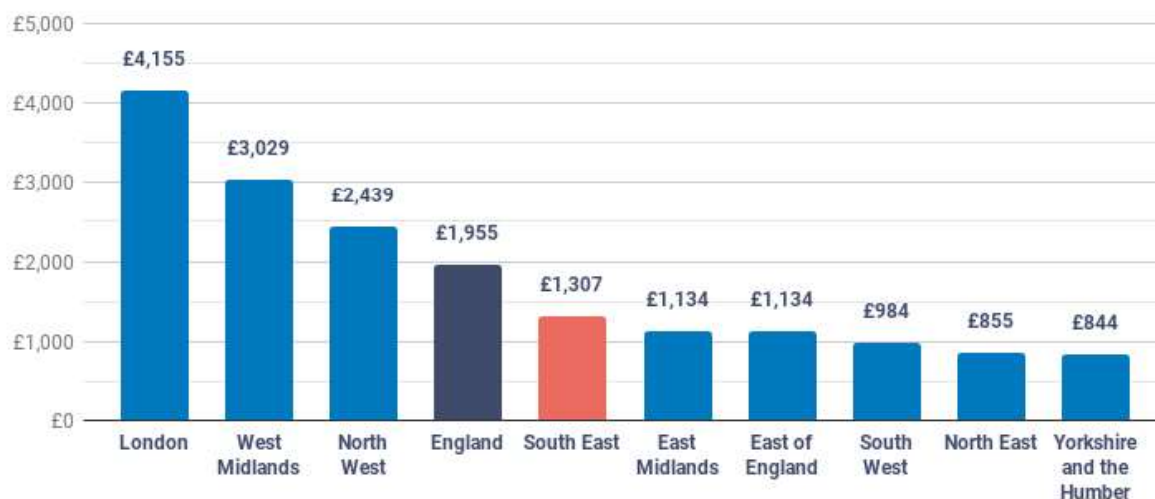
- 3.4 The South East's international gateways support the economic wellbeing of the whole of the UK. As we withdraw from the European Union, they will be integral to supporting a thriving, internationally facing economy.
- 3.5 Half of all freight passing through Dover going on to other parts of the country. Southampton sees £71 billion of international trade each year and Portsmouth handles two million passengers a year. More than 120 million air passenger a year use Gatwick, Southampton and Heathrow airports.
- 3.6 Our people and infrastructure are not our only assets. With two national parks, **five** areas of outstanding natural beauty and much of the region allocated as green belt, the South East draws heavily on its unique and varied natural environment for its success. It offers outstanding beaches, historic towns,

dynamic cities and unparalleled links to London, the UK, Europe and the rest of the world. It is, in short, an amazing place to live, work and visit.

The scale of the challenge and why change is needed

- 3.7 But we face a real challenge. Despite these enviable foundations – and in some cases because of them – our infrastructure is operating beyond capacity and unable to sustain ongoing growth.
- 3.8 Despite the economic importance of the region to the UK economy, contributing almost 15% of UK GVA (2015), the South East has seen continued underinvestment in transport infrastructure with a per capita spend that is significantly below the England average and a third of that in London.

Planned transport infrastructure spending per head



Source: IPPR North analysis of planned central and local public/private transport infrastructure spending per capita 2017/19 onwards (real terms 2016/17 prices)

- 3.9 So while transport links to and from the capital are broadly good, elsewhere connectivity can be poor – even between some of our region’s major towns and cities. Train journey times between Southampton and Brighton (a distance of around 70 miles) are only marginally less than the fastest train journeys between London and Manchester. The corresponding journey on the A27 includes some of the most congested parts of the South East’s road network.
- 3.10 Underinvestment in road and rail infrastructure is making life harder for our residents and businesses. New housing provision is being hampered by the lack of adequate transport infrastructure. In our coastal communities, lack of access to areas of employment and further education and higher education are major contributors to high unemployment and poor productivity.
- 3.11 The social geography of the South East is varied. The South East area is home to some of the most prosperous and productive areas of the country, but also contains significant areas of deprivation. Improving transport connectivity can help reduce the likelihood of deprivation, but this cannot be considered in

isolation and needs to work alongside other important factors, such as improving skills levels.

- 3.12 The South East has a varied and highly valued natural environment. Significant parts of the South East area are designated as National Parks, Areas of Outstanding Natural Beauty and Sites of Special Scientific Interest. The environmental assets of the South East help make the South East area an attractive place to live, work and visit, as well as providing an important contribution to the economy. The future development of the South East area and its transport network will need to be managed to minimise any potential adverse impact and where possible enhance these natural assets.
- 3.13 The South East area faces several significant environmental challenges in the future. There are a significant number of Air Quality Management Areas in place across the South East area. These areas have been established to improve air quality and reduce the harmful impact of Nitrogen Oxides (NOx), Sulphur Oxides (SOx), and particulates on human health and the natural environment. Transport – particularly road transport – is one of the largest contributors to poor air quality in the South East area. Transport therefore has a significant role to play in improving air quality. Noise pollution is also a significant issue, particularly for communities located close to the Strategic Road Network.
- 3.14 The South East also has a significant role to play in tackling climate change. The South East accounts for 12% of the United Kingdom’s greenhouse gas emissions. In 2018, transport accounted for a third of the United Kingdom’s greenhouse gas emissions.
- 3.15 These are challenges that extend beyond administrative and political boundaries. They require TfSE to have the powers to effectively join up transport policy, regulation and investment and provide clear, strategic investment priorities which will improve connectivity into and across the region, boost the economy and improve the lives of millions.

The powers to achieve our vision

- 3.16 To enable us to achieve our vision through the efficient and effective delivery of the transport strategy, we propose that a range of functions exercisable by a local transport authority, passenger transport executive or mayoral combined authority are included in the regulations to establish TfSE on a statutory footing.
- 3.17 We have only sought those powers which we believe are proportionate and will be effective in helping us achieve our strategic aims and objectives, complementing and building on the existing powers of local authorities. The powers will be sought in a way which means they will operate concurrently with – and only with the consent of – the constituent authorities.
- 3.18 These powers would enable us to deliver significant additional value at regional level in three key areas:
- **Strategic influence:** Speaking with one voice and with the benefit of regional scale and insight to influence the development of national

investment programmes; a trusted partner for government, Network Rail and Highways England.

- **Coordination:** Developing solutions which offer most benefit delivered on a regional scale; working with partners and the market to shape the development of future transport technology in line with regional aspirations.
- **Operational:** Accelerating the delivery of schemes and initiatives which cross local authority boundaries, ensuring strategic investment happens efficiently and that the benefits for residents and businesses are realised as soon as possible.

The benefits of establishing TfSE as a statutory body

3.19 One voice for strategic transport in the South East

TfSE will provide a clear, prioritised view of the region's strategic transport investment needs. We already offer an effective mechanism for Government to engage with local authorities and LEPs in the region; statutory status would take that a step further, enabling us to directly inform and influence critical spending decisions by Government and key stakeholders including Highways England and Network Rail.

3.20 Facilitating **sustainable economic growth**

The transport strategy will facilitate the delivery of jobs, housing and growth across the South East and further build on our contribution to UK GVA. Implementation of strategic, cross-boundary schemes, particularly investment in the orbital routes, will connect economic centres and international gateways for the benefit of people and businesses, regionally and nationally. TfSE also offers a route to engage with other sub-national transport bodies and Transport for London on wider cross-regional issues.

However, this cannot be growth at any cost. The implementation of the transport strategy must ensure that the region's high quality environmental assets are protected and, where possible, enhanced, as well as improving health, safety, wellbeing, quality of life, and access to opportunities for everyone.

3.21 Delivering benefits for the travelling public

TfSE can support the efficient delivery of pan-regional programmes that will offer considerable benefits to the end user – for example, integrated travel solutions combined with smart ticketing will operate more effectively at a regional scale and can best be facilitated by a regional body than by individual organisations.

3.22 Local democratic accountability

Our transport strategy will be subject to public consultation and will, in its final form, provide a clear, prioritised view of investments agreed by all the South East's local transport authorities and with input from passengers, businesses and the general public. Delivery of the strategy will be led by the Partnership Board, comprising elected members and business leaders with a direct line of accountability to the people and organisations they represent.

3.23 Achieving the longer term vision

Securing statutory status offers TfSE the permanence and security to deliver the transport strategy to 2050, providing a governance structure that matches the lifecycle of major infrastructure projects. It will provide confidence to funders, enable us to work with the market to ensure the deliverability of priority schemes and support development of the skills needed to design, build, operate and maintain an improved transport network.

4. Constitutional arrangements

Requirements from legislation

Name

- 4.1 The name of the sub-national transport body would be 'Transport for the South East ("TfSE")' and the area would be the effective boundaries of our 'constituent members'.

Members

- 4.2 The membership of the STB is listed below:

Bracknell Forest Borough Council
Brighton and Hove City Council
East Sussex County Council
Hampshire County Council
Isle of Wight Council
Kent County Council
Medway Council
Portsmouth City Council
Reading Borough Council
Royal Borough of Windsor and Maidenhead Council
Slough Borough Council
Southampton City Council
Surrey County Council
West Berkshire Council
West Sussex County Council
Wokingham Borough Council

Partnership Board

- 4.3 The current Shadow Partnership Board is the only place where all 'constituent members' are represented at an elected member level¹. Therefore this Board will need to have a more formal role, including in ratifying key decisions. This would effectively become the new 'Partnership Board' and meet at least twice per annum. The Partnership Board could agree through Standing Orders if it prefers to meet more regularly.
- 4.4 Each constituent authority will appoint one of their councillors / members or their elected mayor as a member of TfSE on the Partnership Board. Each constituent authority will also appoint another one of their councillors / members or their elected mayor as a substitute member (this includes directly elected mayors as under the Local Government Act 2000). The person appointed would be that authority's elected mayor or leader, provided that, if responsibility for transport has been formally delegated to another member of the authority, that member may be appointed as the member of the Partnership Board, if so desired.

¹ The six constituent members of the Berkshire Local Transport Body (BLTB) will have one representative between them on the Partnership Board.

- 4.5 The Partnership Board may delegate the discharge of agreed functions to its officers or a committee of its members in accordance with a scheme of delegation or on an ad hoc basis. Further detail of officer groups and a list of delegations will be developed through a full constitution.

Co-opted members

- 4.6 TfSE proposes that governance arrangements for a statutory STB should maintain the strong input from our business leadership, including LEPs, **district and borough authorities and protected landscapes**. The regulations should provide for the appointment of persons who are not elected members of the constituent authorities but provide highly relevant expertise to be co-opted members of the Partnership Board.
- 4.7 A number of potential co-opted members are also set out in the draft legal proposal. Co-opted members would not automatically have voting rights but the Partnership Board can resolve to grant voting rights to them on such issues as the Board considers appropriate, for example on matters that directly relate to co-opted members' areas of interest.

Chair and vice-chair

- 4.8 The Partnership Board will agree to a chair and vice-chair of the Partnership Board. The Partnership Board may also appoint a single or multiple vice-chairs from the constituent members. Where the chair or vice-chair is the representative member from a constituent authority they will have a vote.

Proceedings

- 4.9 It is expected that the Partnership Board will continue to work by consensus but to have an agreed approach to voting where consensus cannot be reached and for certain specific decisions.
- 4.10 A number of voting options were considered to find a preferred option that represents a straightforward mechanism, reflects the characteristics of the partnership and does not provide any single authority with an effective veto. We also considered how the voting metrics provide a balance between county and other authorities, urban and rural areas and is resilient to any future changes in local government structures.
- 4.11 The steering group considered these options and preferred the population weighted option based on the population of the constituent authority with the smallest population (the Isle of Wight with 140,000 residents).
- 4.12 This option requires that the starting point for decisions will be consensus; if that cannot be achieved then decisions will require a simple majority of those constituent authorities who are present and voting. The decisions below will however require both a super-majority, consisting of three quarters of the weighted vote in favour of the decision, and a simple majority of the constituent authorities appointed present and attending at the meeting:
- (i) The approval and revision of TfSE's transport strategy;
 - (ii) The approval of the TfSE annual budget;
 - (iii) Changes to the TfSE constitution.

The population weighted vote would provide a total of 54 weighted votes, with no single veto. A table showing the distribution of votes across the constituent authorities is set out in Appendix 1. This option reflects the particular circumstances of TfSE, being based on the population of the smallest individually represented constituent member who will have one vote, and only a marginally smaller proportionate vote. It is considered that this option is equitable to all constituent authority members, ensures that the aim of decision making consensus remains and that smaller authorities have a meaningful voice, whilst recognising the size of the larger authorities in relation to certain critical issues.

4.13 The population basis for the weighted vote will be based on ONS statistics from 2016 and reviewed every ten years.

4.14 As outlined in paragraph 4.7, co-opted members would not automatically have voting rights but the Partnership Board can resolve to grant voting rights to them on such issues as the Board considers appropriate, for example on matters that directly relate to co-opted members' areas of interest. The current shadow arrangements to allocate votes to co-opted Board members are working well, recognising the important contribution that these members bring on environmental, economic and social issues. It would be strongly recommended that the Statutory Body would continue with these arrangements.

4.15 The Partnership Board is expected to meet twice per year. Where full attendance cannot be achieved, the Partnership Board will be quorate where 50% of constituent members are present.

Scrutiny committee

4.16 TfSE will appoint a scrutiny committee to review decisions made or actions taken in connection with the implementation of the proposed powers and responsibilities. The committee could also make reports or recommendations to TfSE with respect to the discharge of its functions or on matters relating to transport to, from or within TfSE's area.

4.17 Each constituent authority will be entitled to appoint a member to the committee and a substitute nominee. Such appointees cannot be otherwise members of TfSE including the Partnership Board.

Standing orders

4.18 TfSE will need to be able to make, vary and revoke standing orders for the regulation of proceedings and business, including that of the scrutiny committee. This will ensure that the governance structures can remain appropriate to the effective running of the organisation.

4.19 In regards to changing boundaries and therefore adding or removing members, TfSE would have to make a new proposal to Government under Section 102Q of the Local Transport Act 2008 and require formal consents from each constituent authority.

Miscellaneous

- 4.20 It may be necessary that certain additional local authority enactments are applied to TfSE as if TfSE were a local authority, including matters relating to staffing arrangements, pensions, ethical standards and provision of services etc. These are set out in the draft legal proposal.
- 4.21 TfSE also proposes to seek the functional power of competence as set out in section 102M of the Local Transport Act 2008.
- 4.22 TfSE will consider options for appointing to the roles of a Head of Paid Service, a Monitoring Officer and a Chief Finance Officer whilst considering possible interim arrangements.

Funding

- 4.23 TfSE has raised local contributions from the constituent authorities and has secured grant funding from the Department for Transport to support the development of the Transport Strategy.
- 4.24 TfSE will work with partners and the Department for Transport to consider a sustainable approach to establishing the formal STB and effectively and expeditiously as possible, bearing in mind the considerable support among regional stakeholders for TfSE's attainment of statutory status.

Governance: Transport Forum and Senior Officer Group

- 4.23 The Partnership Board will appoint a Transport Forum. This will be an advisory body to the Senior Officer Group and Partnership Board, comprising a wider group of representatives from user groups, operators, District and Borough Councils as well as Government and National Agency representatives.
- 4.24 The Transport Forum will meet quarterly and be chaired by an independent person appointed by the Partnership Board. The Transport Forum may also appoint a vice-chair for the Transport Forum, who will chair the Transport Forum when the chair is not present.
- 4.25 The Transport Forum's terms of reference will be agreed by the Partnership Board. It is envisaged that the Transport Forum will provide technical expertise, intelligence and information to the Senior Officer Group and the Partnership Board.
- 4.26 The Partnership Board and Transport Forum will be complemented by a Senior Officer Group representing members at officer level providing expertise and co-ordination to the TfSE programme. The Senior Officer Group will meet monthly.

5. Functions

TfSE's proposal is to become a statutory sub-national transport body as set out in section part 5A of the Local Transport Act 2008.

General functions

- 5.1 Transport for the South East proposes to have the 'general functions' as set out in Section 102H (1) including:
- a. to prepare a transport strategy for the area;
 - b. to provide advice to the Secretary of State about the exercise of transport functions in relation to the area (whether exercisable by the Secretary of State or others);
 - c. to co-ordinate the carrying out of transport functions in relation to the area that are exercisable by different constituent authorities, with a view to improving the effectiveness and efficiency in the carrying out of those functions;
 - d. if the STB considers that a transport function in relation to the area would more effectively and efficiently be carried out by the STB, to make proposals to the Secretary of State for the transfer of that function to the STB; and
 - e. to make other proposals to the Secretary of State about the role and functions of the STB. (2016, 102H (1))5.
- 5.2 The general functions are regarded as the core functions of a sub-national transport body and will build on the initial work of TfSE in its shadow form. To make further proposals to the Secretary of State regarding constitution or functions, Transport for the South East will need formal consents from each 'constituent member'.
- 5.3 Transport for the South East recognises that under current proposals the Secretary of State will remain the final decision-maker on national transport strategies, but critically that the Secretary of State must have regard to a sub-national transport body's statutory transport strategy. This sets an important expectation of the strong relationship Transport for the South East aims to demonstrate with Government on major programmes like the Major Road Network and Railway Upgrade Plan.

Local transport functions

- 5.4 Initial work has identified a number of additional powers that Transport for the South East may require that will support the delivery of the transport strategy. The table below provides an assessment of these functions.
- 5.5 **The powers which are additional to the general functions relating to STBs will be requested in a way that means they will operate concurrently and with the consent of the constituent authorities.**
- 5.6 To support the principle of consent, TfSE will adopt three further principles:
- That future operations of TfSE should, where possible, seek to draw down powers from central government, rather than seek concurrent powers with the local transport authorities;

- That decisions on the implementation of the powers are made at the most immediate (or local) level, i.e. by constituent authorities in the particular area affected; and
- Consent from the relevant constituent authorities will be obtained in advance of any Partnership Board decision on a particular scheme or project.

5.7 This approach will help to ensure that TfSE complements and supports the work of the constituent authorities and enables TfSE to promote and expedite the delivery of regionally significant cross-boundary schemes

Table 1: Proposed powers and responsibilities

POWER	RATIONALE
General functions	
<p>Section 102 H of the Local Transport Act 2008</p> <p>Prepare a transport strategy, advise the Secretary of State, co-ordinate the carrying out of transport functions, make proposals for the transfer of functions, make other proposals about the role and functions of the STB.</p>	<p>This legislation provides the general powers required for TfSE to operate as a statutory sub-national transport body, meeting the requirements of the enabling legislation to facilitate the development and implementation of a transport strategy to deliver regional economic growth.</p> <p>Government at both national and local level recognises that the solutions required to deliver regional economic growth are best identified and planned for on a regional scale by those who best understand the people and businesses who live and work there.</p>
Rail	
<p>Right to be consulted about new rail franchises</p> <p><i>Section 13 of the Railways Act 2005 – Railway Functions of Passenger Transport Executives</i></p>	<p>We are seeking the extension of the right of a Passenger Transport Executive to be consulted before the Secretary of State issues an invitation to tender for a franchise agreement.</p> <p>The right of consultation is significant to TfSE as it confirms our role as a strategic partner, enabling us to influence future rail franchises to ensure the potential need for changes to the scope of current services and potential new markets identified by TfSE are considered.</p> <p>TfSE is uniquely placed to provide a regional perspective and consensus on the priorities for rail in its area. This would benefit central government as a result of the vastly reduced need for consultation with individual authorities.</p> <p>We recognise that changes to the current franchising model are likely following the Williams Review; regardless of these changes, TfSE is clear that it should have a role in shaping future rail service provision.</p>
<p>Set High Level Output Specification (HLOS) for Rail</p> <p><i>Schedule 4A, paragraph 1D, of the Railways Act 1993</i></p>	<p>TfSE requires a strong, formal role in rail investment decision making over and above that which is available to individual constituent authorities. We act as the collective voice of our constituent authorities, providing an evidence-based regional perspective and consensus on the priorities for investment in our rail network.</p> <p>This power would enable TfSE to act jointly with the Secretary of State to set and vary the HLOS in our area, ensuring TfSE's aspirations for transformational investment in rail infrastructure are reflected in the HLOS and enabling an integrated approach across road and rail investment for the first time.</p>

Highways	
<p>Set Road Investment Strategy (RIS) for the Strategic Road Network (SRN)</p> <p><i>Section 3 and Schedule 2 of the Infrastructure Act 2015</i></p>	<p>TfSE requires a strong, formal role in roads investment decision making over and above that which is available to individual constituent authorities. We act as the collective voice of our constituent authorities, providing an evidence-based regional perspective and consensus on the priorities for roads investment.</p> <p>This power would enable TfSE to act jointly with the Secretary of State to set and vary the RIS in our area, ensuring TfSE's aspirations for transformational investment in road infrastructure are reflected in the RIS and enabling an integrated approach across road and rail investment for the first time.</p>
<p>Enter into agreements to undertake certain works on Strategic Road Network, Major Road Network or local roads</p> <p><i>Section 6(5) of the Highways Act 1980, (trunk roads) & Section 8 of the Highways Act 1980 (local roads)</i></p>	<p>We are seeking the power that local highway authorities currently have to enter into an agreement with other highway authorities to construct, reconstruct, alter, improve or maintain roads.</p> <p>These powers, operated concurrently with the local authorities, will enable TfSE to promote and expedite the delivery of regionally significant cross-boundary schemes that otherwise might not be progressed. They would overcome the need for complex 'back-to-back' legal and funding agreements between neighbouring authorities and enable us to reduce scheme development time and overall costs.</p>
<p>Acquire land to enable construction, improvement, or mitigate adverse effects of highway construction</p> <p><i>Sections 239,240,246 and 250 of the Highways Act 1980</i></p>	<p>This power, exercisable concurrently and only with the consent of the relevant highway authority, would allow preparations for the construction of a highways scheme to be expedited where highway authorities are not in a position to acquire land.</p> <p>Land acquisition by TfSE could facilitate quicker, more efficient scheme delivery, bringing forward the economic and broader social and environmental benefits. In the event that it is not possible to prevent environmental impact on the site of the scheme or project, consideration will be given to appropriate compensation/mitigation measures.</p>
<p>Construct highways, footpaths, bridleways</p> <p><i>Sections 24,25 & 26 of the Highways Act 1980</i></p>	<p>The concurrent powers required to effectively promote, coordinate and fund road schemes are vital to TfSE. Without them, we would not be able to enter into any contractual arrangement in relation to procuring the construction, improvement or maintenance of a highway or the construction or improvement of a trunk road.</p> <p>Granting of these powers would enable TfSE directly to expedite the delivery of regionally significant road schemes that cross constituent authority boundaries</p>

	that otherwise might not be progressed.
Make capital grants for public transport facilities	
<p>Make capital grants for the provision of public transport facilities</p> <p><i>Section 56(2) of the Transport Act 1968</i></p>	<p>This concurrent power would enable TfSE to support the funding and delivery of joint projects with constituent local authorities, improving deliverability and efficiency.</p> <p>Constituent authorities would benefit from the granting of this concurrent power as they may, in future, be recipients of funding from TfSE to partly or wholly fund a transport enhancement within their local authority area.</p>
Bus service provision	
<p>The power to secure the provision of such public passenger transport services as they consider it appropriate to secure to meet any public transport requirements within their area which would not in their view be met apart from any action taken by them for that purpose.</p> <p><i>Paragraph 4 of Section 63 Transport Act 1985</i></p>	<p>Local transport authorities and integrated transport authorities have the power to secure the provision of such public passenger transport services as it considers appropriate and which would not otherwise be provided.</p> <p>Travel-to-work areas do not respect local authority boundaries. TfSE is seeking to have this power concurrently with the local transport authorities in our area, enabling us to fill in identified gaps in bus service provision within our geography or secure the provision of regionally important bus services covering one or more constituent authority areas which would not otherwise be provided.</p>
<p>Quality Bus Partnerships</p> <p><i>The Bus services Act 2017 Sections 113C – 113O & Sections 138A – 138S</i></p>	<p>TfSE is seeking powers, currently available to local transport authorities and integrated transport authorities, to enter into Advanced Quality Partnerships and Enhanced Partnership Plans and Schemes to improve the quality of bus services and facilities within an identified area. These powers would be concurrent with the local transport authority in the area.</p> <p>This would allow us to expedite the introduction of partnership schemes covering more than one local transport authority area which otherwise might not be introduced.</p>
Smart ticketing	
<p>Introduce integrated ticketing schemes</p> <p><i>Sections 134C- 134G & Sections 135-138 Transport Act 2000</i></p>	<p>We are seeking powers concurrently with local transport authorities to enable TfSE to procure relevant services, goods, equipment and/or infrastructure; enter into contracts to deliver smart ticketing and receive or give payments.</p> <p>This would enable us to expedite the introduction of a cost effective smart and integrated ticketing system on a regional scale which would dramatically enhance the</p>

	<p>journey experience and increase access to transport to support jobs and education.</p>
<p>Air quality</p>	
<p>Establish Clean Air Zones</p> <p><i>Sections 163-177A of the Transport Act 2000 – Road User Charging</i></p>	<p>Local transport authorities and integrated transport authorities have the power under the Transport Act 2000 to implement road charging schemes.</p> <p>TfSE is seeking this general charging power as a mechanism for the introduction of Clean Air Zones, enabling reduced implementation and operating costs across constituent authority boundaries. This will be subject to the consent of the local transport authority.</p> <p>Transport is a major contributor to CO2 emissions and poor air quality; these are increasingly critical issues which our transport strategy will seek to address.</p>
<p>Other powers</p>	
<p>Promote or oppose Bills in Parliament</p> <p><i>Section 239 Local Government Act 1972</i></p>	<p>Local authorities have the power to promote or oppose Bills in Parliament; granting the power concurrently to TfSE reflects the devolution agenda of which STBs are a key part.</p> <p>Under the Transport and Works Act 1992, a body that has power to promote or oppose bills also has the power to apply for an order to construct or operate certain types of infrastructure including railways and tramways.</p> <p>Granting of this power would enable TfSE to promote, coordinate and fund regionally significant infrastructure schemes, accelerating delivery of cross-boundary schemes which might otherwise not be progressed.</p>
<p>Incidental amendments</p> <p><i>Local Government Act 1972, Localism Act 2011, Local Government Pension Scheme Regulations 2013</i></p>	<p>A statutory STB requires certain incidental amendments to enable it to operate as a type of local authority, with duties in respect of staffing, pensions, monitoring and the provision of information about TfSE.</p> <p>The incidental amendments sought are listed below in Appendix 2.</p>

Powers and responsibilities not being sought

- 5.8 Transport for the South East does not propose seeking the following functions/powers:

POWER	RATIONALE
Set priorities for local authorities for roads that are not part of the Major Road Network (MRN)	TfSE will only be responsible for identifying priorities on the MRN
Being responsible for any highway maintenance responsibilities	There is no intention of TfSE becoming involved in routine maintenance of MRN or local roads
Carry passengers by rail	There are no aspirations for TfSE to become a train operating company
Take on any consultation function instead of an existing local authority	Local authorities are best placed to seek the views of their residents and businesses
Give directions to a constituent authority about the exercise of transport functions by the authority in their area (General Power s102P of Part 5A of the Transport Act 2008)	Constituent authorities understand how best to deliver their transport functions to meet the needs of their residents and businesses

- 5.9 The Williams Rail Review, to which TfSE have submitted a response, could recommend significant changes to the structure of the rail industry, including the role of STBs in both operations and infrastructure enhancement. As a result, we will keep the following functions under review pending Williams' recommendations and subsequent White Paper.

POWER	RATIONALE
Act as co-signatories to rail franchises	There are no current aspirations for TfSE to become involved in this area.
Be responsible for rail franchising	

6. Summary of support and engagement

- 6.1 Transport for the South East consulted on the draft proposal between 7 May 2019 and 31 July 2019. The consultation resulted in 96 responses from a wide range of stakeholders, including a number of local interest groups and members of the public.
- 6.2 An overwhelming number of respondents offered support for the creation of a statutory sub-national transport body in the south east. There were many, varied reasons for this support including:
- Opportunity for TfSE to speak with 'one-voice' to identify regional priorities and influence the investment decisions of central government and national agencies;
 - Greater focus on integrated transport solutions, developing multi-modal solutions that improve the end user experience;
 - Offering a greater level of democratic accountability; and
 - The ability to accelerate delivery of long-term, strategic infrastructure schemes.
- 6.3 A number of amendments have been made to the final draft proposal to reflect the comments raised by respondents to the consultation:
- Greater emphasis on environmental protection, climate change and social inclusion (sections 2 and 3);
 - Principle of subsidiarity and consent (para 5.6);
 - Governance (para 4.14); and
 - Bus and rail powers (section 5).
- 6.4 TfSE will seek consent from its constituent authorities and the final draft Proposal will be endorsed by the Shadow Partnership Board prior to submission to Government.
- 6.5 The final submission to Government will include a summary of engagement activities, including a list of the organisations engaged in the process and an appendix with a number of letters of support from key organisations and businesses.

Appendix 1: Distribution of votes

TfSE constituent authorities	Population ²	Number of votes ³
Brighton and Hove City Council	287,173	2
East Sussex County Council	549,557	4
Hampshire County Council	1,365,103	10
Isle of Wight Council	140,264	1
Kent County Council	1,540,438	11
Medway Council	276,957	2
Portsmouth City Council	213,335	2
Southampton City Council	250,377	2
Surrey County Council	1,180,956	8
West Sussex County Council	846,888	6
<i>Bracknell Forest Council</i>	<i>119,730</i>	
<i>Reading Borough Council</i>	<i>162,701</i>	
<i>Royal Borough of Windsor & Maidenhead</i>	<i>149,689</i>	
<i>Slough Borough Council</i>	<i>147,736</i>	
<i>West Berkshire Council</i>	<i>158,576</i>	
<i>Wokingham Borough Council</i>	<i>163,087</i>	
Berkshire Local Transport Body (total)	901,519	6
Total	7,552,567	54

² Population as per ONS 2016 estimates

³ Number of votes = population/140,000 (the population of constituent authority with the smallest population, this being the Isle of Wight)

Appendix 2: List of incidental powers sought

This appendix sets out the incidental amendments that will be needed to existing legislation. They include areas relating to the operation of TfSE as a type of local authority with duties in respect of staffing, pensions, transparency, monitoring and the provision of information about TfSE.

(1) Section 1 of the Local Authorities (Goods and Services) Act 1970 has effect as if TfSE were a local authority for the purposes of that section.

(2) The following provisions of the Local Government Act 1972 have effect as if TfSE were a local authority for the purposes of those provisions—

- (a) section 101 Arrangements for discharge of functions by local authorities
- (b) section 111 (subsidiary power of local authorities);
- (c) section 113 (secondment of staff)
- (d) section 116 (member of TfSE not to be appointed as officer);
- (e) section 117 (disclosure by officers of interests in contracts);
- (f) section 135 (standing orders for contracts);
- (g) section 142(2) (provision of information);
- (h) section 222 (power to investigate and defend legal proceedings);
- (i) section 239 (power to promote or oppose a local or personal Bill).

(4) Sections 120, 121 and 123 of that Act (acquisition and disposal of land) have effect as if—

- (a) TfSE were a principal council;
- (b) section 120(1)(b) were omitted;
- (c) section 121(2)(a) were omitted.

(5) Section 29 of the Localism Act 2011 (registers of interests) has effect as if—

- (a) TfSE were a relevant authority, and
- (b) references to “the monitoring officer” were references to an officer appointed by TfSE for the purposes of that section.

(6) In the Local Government Pension Scheme Regulations 2013—

- (a) in Schedule 2 (scheme employers), in Part 2 (employers able to designate employees to be in scheme), after paragraph 14 insert—
“15. Transport for the South East.”;
- (b) in Schedule 3 (administering authorities), in the table in Part 2 (appropriate administering authorities for categories of scheme members), at the end insert—

“An employee of Transport for the South East	East Sussex County Council”
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(7) The Local Authorities (Arrangements for the Discharge of Functions) (England) Regulations 2012 have effect as if TfSE is a local authority within the meaning of s 101 Local Government Act 1972.

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