

Joint Commissioning Board

Thursday, 19th August,
2021
at 9.30 am

Council Chamber, Civic
Centre

PLEASE NOTE TIME OF MEETING

THIS MEETING IS OPEN TO THE PUBLIC

AGENDA

1 WELCOME AND APOLOGIES

| Lead | Item For: Discussion Decision Information | Attachment |
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| Chair | Information | None |

2 DECLARATIONS OF INTEREST

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

| Lead | Item For: Discussion Decision Information | Attachment |
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| Chair | Information | None |

3 MINUTES OF THE PREVIOUS MEETING/ ACTION TRACKER (Pages 1 - 4)

| Lead | Item For: Discussion Decision Information | Attachment |
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| Chair | Decision | Attached |

**4 DOMESTIC VIOLENCE AND SEXUAL ABUSE SERVICE RECOMMISSIONING
(Pages 5 - 18)**

| Lead | Item For: Discussion Decision Information | Attachment |
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| Lee Tillyer | Decision | Attached |

5 QUALITY REPORT (Pages 19 - 26)

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

Wednesday, 11 August 2021

Meeting Minutes

Joint Commissioning Board – Public

The meeting was held on Thursday 15th April 2021, 10:30 - 11:30

Microsoft Teams Meeting

| Present: | NAME | INITIAL | TITLE | ORG |
|-----------------------|--------------------------|--------------|---|-----------------|
| | Stephanie Ramsey | SR | Director of Quality & Integration/Managing Director | HSIOW CCG / SCC |
| | Councillor Lorna Fielker | Cllr Fielker | Cabinet Member – Health and Adult Care | SCC |
| | Councillor Dave Shields | Cllr Shields | Cabinet Member – Stronger Communities | SCC |
| | Matt Stevens | MS | Lay Member | HSIOW CCG |
| | Suki Sitaram | SS | Lay Member for Southampton | HSIOW CCG |
| In attendance: | Donna Chapman | DC | Deputy Director | HSIOW CCG / SCC |
| | Sandy Hopkins | SH | Chief Executive Officer | SCC |
| | Carol Alstrom | CA | Associate Director of Quality | HSIOW CCG / SCC |
| | Keith Petty | KP | Co-ordinating Finance Business Partner | SCC |
| | Kay Rothwell | KR | Deputy Director for Finance | HSIOW CCG |
| | Moraig Forrest-Charde | MFC | Associate Deputy | HSIOW CCG/ SCC |
| | Rosie Zambra | RZ | | SCC |
| | Mary D'Arcy | MD | | SCC |
| | Steven Hayes-Arter | SHA | | SCC |
| | Jamie Schofield | JS | Senior Commissioning Manager | HSIOW CCG |
| | Ed Grimshaw | ED | Democratic Services | SCC |
| | Emily Penfold (minutes) | EP | Business Manager | HSIOW CCG |
| Apologies: | Councillor Chris Hammond | Cllr Hammond | Leader of the Council | SCC |
| | Maggie MacIsaac | MM | Chief Executive Officer | HSIOW CCG |
| | Claire Heather | CH | Senior Democratic Support Officer | SCC |
| | Beccy Willis | BW | Head of Governance | HSIOW CCG |
| | Dr Sarah Young | SY | Clinical Director | HSIOW CCG |

| | | Action: |
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| 1. | Welcome and Apologies | |
| | <p>Members were welcomed to the meeting.</p> <p>Apologies were noted and accepted</p> <p>Due to issues with quoracy the public meeting was adjourned to a later start time.</p> | |
| 2. | Declarations of Interest | |
| | <p>A conflict of interest occurs where an individual’s ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship</p> <p>No declarations were made above those already on the Conflict of Interest register.</p> | |
| 3. | Minutes of the Previous Meeting/Action Tracker | |
| | <p>The minutes from the previous meeting dated 17th December 2020 were agreed as an accurate reflection of the meeting.</p> <p>Matters Arising There were no matters arising.</p> | |
| 4. | Disabled Facilities Grant Review and Recommendations | |
| | <p>The Board received the Disabilities Facilities Grant (DFG) review and recommendations paper, JS outlined the highlights of the paper.</p> <p>Cllr Fielker thank JS for the work and acknowledged the complexities around the work. The grant will be much more flexible and asked about the timescale for this work. JS responded that original timescale for work stream 1 would have been October this year, however it has been delayed due to Covid and now the plan is to have something in place by March 2022.</p> <p>GVD welcomed this work and identified the need to reference the voluntary sector. GVD raised it would be good to look at waiting lists to see where low level requests are being held up.</p> <p>For work stream 2, this has started already and working on prioritising the work we can get up and running.</p> <p>Cllr Fielker endorsed the Disabled Facilities Grant Review recommendations and Next Steps which are:-</p> | |

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| | <p><u>Work Stream 1.</u></p> <ol style="list-style-type: none"> 1. To establish a cross agency/directorate project group with Senior Project Lead and designated Project Management. 2. To develop and agree Terms of Reference and detailed Project Plan that will deliver a DFG delivery model in line with the review recommendations to include timescales, resource implications, business and procurement expectations and activity and potential risks. 3. To implement the agreed DFG delivery model. <p><u>Work Stream 2.</u></p> <ol style="list-style-type: none"> 1. To identify a commissioning manager to work with the Better Care Fund Finance Board to establish a methodology for identifying and prioritising schemes that funded through the DFG underspend. To ensure that expenditure is within national DFG guidance and recognises established national good practice. 2. To establish monitoring arrangements that ensure funded schemes achieve their aims. 3. To ensure that the agreed DFG expenditure forms part of the wider BCF monitoring arrangements including established local and national reporting. <p>To have these arrangements in place by the end of May 2021.</p> <p>JS/MD/SHA/RZ left the meeting.</p> | |
| <p>5.</p> | <p>Better Care Fund - Year End Report 2020/2021 and priorities for 2021/2022</p> | |
| | <p>The Board received the Better Care Fund (BCF) year-end report for 20/21 and the priorities for 21/22. MFC outlined the highlights of the paper.</p> <p>KR provided an update on reablement. Overall BCF position (as per M11 forecast) is £0.8m underspend; broken down as £4.068m under Business as Usual (BAU) (driven by the Disabilities Facility Grant carry forward and in-year position) and £3.258m over on Covid related spend. The correction for the Rehab and Reablement element is £0.84m overspend, all driven by Covid with BAU break-even.</p> <p>It was agreed May would be a public meeting to allow a decision to be made on the BCF ahead of the national return.</p> <p>Cllr Fielker agreed the recommendations as follows:</p> <ol style="list-style-type: none"> (i) To note the end of year BCF report which is a reduced requirement when compared with previous years. (ii) To note that the proposals for iBCF 2021/2022, which align with | |

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| | <p>the BCF Section 75 pooled fund arrangements and BCF priorities for 2021/2022, will be presented at a future meeting.</p> <p>(iii) To approve the proposed BCF priorities for 2021/2022 reflecting the local position and expected national requirements.</p> | |
| 6. | Quality Report | |
| | <p>The Board received the Quality Report. CA outlined the highlights of the paper.</p> <p>Cllr Fielker stated that it is important to note that this good work has been the product of strong relationship building over the years.</p> <p>Cllr Shields asked about the impact on the market in terms of staffing, reassurance was sought we are able to retain staff. Cllr Shields also asked about vaccinations of staff in terms of where we place clients.</p> <p>CA responded that it is an ethical dilemma on the vaccination of staff and national guidance awaited. Additional support and advice has been provided by the Quality team in relation to vaccinations. Each provider has been contacted to encourage uptake of the vaccine.</p> <p>Challenges in relation to staffing in the city remains an issue. It is a key element of the care home work and workforce development is continually looked at. It is also linked in with HIOW wide work.</p> <p>SR flagged that the market impact statement also supports the workforce issue.</p> | |
| 8. | Date of Next Meeting | |
| | 19 th August 2021, 09:30 – 10:30, Council Chamber | |

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| DECISION-MAKER: | THE LEADER FOLLOWING CONSULTATION WITH THE JOINT COMMISSIONING BOARD | | |
| SUBJECT: | Domestic Violence and Sexual Abuse Service Re-commissioning | | |
| DATE OF DECISION: | 19 August 2021 | | |
| REPORT OF: | COUNCILLOR SPIROS VASSILIOU CABINET MEMBER FOR COMMUNITIES, CULTURE AND HERITAGE | | |
| <u>CONTACT DETAILS</u> | | | |
| Director | Title | Executive Director Communities, Culture & Homes Director of Quality and Integration | |
| | Name | Mary D’Arcy Stephanie Ramsey | Tel: 023 8083 4611 023 8029 6941 |
| | E-mail: | mary.d'arcy@southampton.gov.uk stephanie.ramsey1@nhs.net | |
| Authors: | Title | Service Development Officer (Domestic and Sexual Abuse) | |
| | Name: | Lee Tillyer | Tel: 023 8083 4083 |
| | E-mail: | Lee.tillyer@southampton.gov | |
| | Title | Senior Commissioner | |
| | Name: | Sandy Jerrim | Tel: 023 8029 6039 |
| | E-mail: | s.jerrim@nhs.net | |
| STATEMENT OF CONFIDENTIALITY | | | |
| None | | | |
| BRIEF SUMMARY | | | |
| <p>With our current Domestic Violence contracts coming to an end in March 2022, a full service review has been conducted by commissioners to look in detail at the performance of services for medium risk domestic abuse victims, those who have been victims of sexual abuse and those needing to access refuge provision. These services are currently delivered by two separate contracts:</p> <ol style="list-style-type: none"> 1. Prevention and Early Intervention (PEI) – Provided by Yellow Door 2. Refuge – Provided by Homegroup <p>Findings from this review have guided our commissioning intentions from April 2022 and are being presented to Joint Commissioning Board for consideration and support prior to final approval by Council.</p> <p>The Prevention and Early Intervention service currently delivers:</p> <ul style="list-style-type: none"> - Telephone support <ul style="list-style-type: none"> o Contact point for domestic violence (PIPPA) | | | |

- Sexual Abuse helpline
- Yellow Door main contact number
- Independent Sexual Violence Advisors (ISVAs)
- Sexual violence therapeutic services
 - Adults
 - Children and young people
 - Family
- Domestic Abuse team
 - Pattern changing courses
 - Adverse Childhood Experiences recovery
- Education on domestic abuse and healthy relationships for young people in school
- Diversity and inclusion advocacy
- Domestic abuse outreach
- IRIS – educator/advocator work with primary care settings
- Feelings Affect Behaviour courses for families
- Young people drop in sessions

The Refuge service currently delivers:

- A residential option for victims (and their children if they have them) to flee a domestically abusive relationship.
- This consists of 5 family and 7 single occupancy rooms
- Work with victims to build confidence and skills to engage with other support services and access the appropriate support to rebuild their (and their children's' lives).
- Support individuals and families to move on to long term safe accommodation.
- Capacity to the national network of refuges.

Alongside commissioners from the Office of the Police and Crime Commissioner (OPCC), we will be looking to jointly recommission a broadly similar range of services. These will be combined into one single contract with clear instructions of the defined areas of service required. The contract will also set out the potential development and expansion role the provider will need to undertake in response to the new Domestic Abuse Act 2021 and findings from the needs assessment.

As a consequence of new legislation (the Domestic Abuse Act 2021) there is a range of activity underway to prepare Southampton City Council (SCC) and local services to deliver against the requirements of the Act. This paper represents the Commissioned Services element of this work but is aligned to the wider work and duties in the Act.

Alongside the commissioned services review a paper which links into the delivery of domestic abuse work in Southampton is going to Cabinet (August 2021). The report entitled appointment of a Local Partnership Board pursuant to part 4 of the Domestic Abuse act 2021 seeks Cabinet support to appoint a local partnership board consisting of key partners with an interest in tackling domestic abuse and supporting victims, including their children. The role of the Board is to provide advice to Southampton City Council on the exercise of its duties under Part 4 of the Domestic Abuse Act 2021 and the provision of other local authority domestic abuse support in its area. This will include the preparation of a system-wide strategy, addressing the 2021 Act in general and any other relevant need in the city.

The Independent Sexual Violence Advisor (ISVA) service, which has been a significant part of our sexual violence support service will be commissioned by the OPCC as a pan-Hampshire service from April 2022. This means changes will be necessary within the specifications for the new service.

RECOMMENDATIONS For JCB:

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| | (i) | To support the recommendation to carry out a procurement of Domestic Violence and Sexual Abuse services for period of 7 years (5+2) for a total value of up to £3,430,000 (£490,000, p/a) using existing and available budgets of which £344,000 is SCC and CCG funding and £146,000 Office of Police and Crime Commissioner funding. |
| | (ii) | To note, in addition to the £490,000, the contract would include the potential to vary the current annual value by up to 45% of SCC contributions (£154,800 per annum) to respond to new services required as a result of the new Domestic Abuse Act, subject to further approvals. |
| | (iii) | To support the recommendation to proceed to Full Council for final decision. |

REASONS FOR REPORT RECOMMENDATIONS

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| 1. | The current Domestic Violence and Sexual Abuse contracts come to an end in March 2022. Approval is required through Council to carry out a procurement for new services. |
| 2. | These services enable Southampton City Council to meet statutory obligations under the Domestic Abuse Act to have support in place for victims of domestic violence and sexual abuse. |
| 3. | <p>Services to support victims of domestic abuse are crucial to the safety and wellbeing of many of our residents. Domestic abuse is seen in all sections of society, regardless of age, faith, education, employment, children, income, complex needs and any other attribute. Southampton is committed to providing support to victims of domestic violence and sexual abuse (DVSA) offering support in a time of crisis, keeping them safe from further harm, enabling victims to make supported and informed decisions such as whether to leave an abusive partner, if that is their wish, and gaining practical and/or emotional support to help them rebuild their lives.</p> <p>This work also supports a number of key strategies such as the Safe City Partnership strategy and the Health and Care 5 year strategy in their aims to safeguard victims and improve their wellbeing while avoiding greater pressures on other services across the system including mental health and substance misuse.</p> |

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

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| 4. | An extension to existing arrangements has been considered but is not viable. All contract extensions have now been used. A final option to direct award to the incumbent providers for a single year was used for the current financial year. This arrangement, implemented under a VEAT (Voluntary Ex-Ante Transparency) Notice specified to the market that the arrangement would be |
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| | for no more than one year. Going back on this assertion leaves us open to legal challenge and reputational damage. |
| 5. | Do nothing has been considered and rejected as it would result in no services being in place when the current contracts come to an end. Services are required to meet legal duties under the Domestic Abuse Act. |
| 6. | The option for SCC to provide these services in house has been considered. This has been rejected because Southampton and neighbouring areas benefit from a good range of existing providers offering high quality and well-respected services. To pursue an SCC led service could mean that we lose the expertise and variety of provision and strong networks that exist amongst the external providers. The Southampton First policy has made this approach a strong consideration but the evidence from our own experience and neighbouring authorities indicates a strong market geared up to competitively tender for this contract and deliver quality, specialism and cost effectiveness. |
| DETAIL (Including consultation carried out) | |
| 7. | Both domestic abuse and sexual violence are sadly seen in all sections of society, regardless of age, faith, education, employment, children, income, complex needs and any other attribute. Southampton is committed to providing support to victims of domestic violence and sexual abuse (DVSA) offering support in a time of crisis, keep them safe from further harm, leave their perpetrator if that is their wish and gain practical and/or emotional support to help them rebuild their lives. Southampton City Council plays a key role in commissioning services to support victims whether they be in crisis or on the road to recovery. |
| 8. | A detailed service review was undertaken by commissioners and looked in detail at service delivery, demand and suitability of the service in context of the Domestic Abuse Act 2021. The review began with a detailed context paper offering a snapshot of key issues at the end of 2020 and culminated with a service review paper including preferred and rejected options for commissioning. |
| 9. | The review engaged colleagues from across Health and Social Care, Health, Criminal Justice and the third sector. Commissioners also noted feedback from service users and commissioners from other areas. |
| 10. | Findings from the review were presented back to key stakeholders to offer the opportunity to confirm or challenge our commissioning intentions. |
| 11. | Following the detailed review, the commissioners recommend: <ul style="list-style-type: none"> • Procurement of Domestic Violence and Sexual Abuse services that provide a range of defined services and includes safe accommodation and refuge provision contained in one contract • The commissioned service to retain a comparable range of services with the exception of Independent Sexual Violence Advisors (ISVAs). From April 2022 the ISVA service will be commissioned jointly with the Office of the Police and Crime Commissioner, Hampshire County Council and Portsmouth City Council as a pan-Hampshire contract. • The contract includes sufficient flexibility to support the delivery of additional work that may be required following completion of the needs assessment and formation of the new Domestic Abuse strategy |

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| 12. | <p>Through the review and the wider work looking at the requirements under the Domestic Abuse Act it was identified that the current services offer good quality interventions to support some of the most vulnerable people supporting them to take control back in their lives. This has been borne out by the commissioning review and the independent review work undertaken as part of our preparedness to implement part 4 of the Domestic Abuse Act. Keeping a reasonably comparative service within the new specification will also allow us to develop the services to meet additional requirements arising from the Act over time without victims or professionals seeing a major change in how service operate</p> |
| 13. | <p>A major change within the new service specification will be the move from commissioning separate contracts for refuge and community-based support for medium risk victims, to commissioning a single contract to cover both.</p> <p>There are a number of benefits identified in this approach:</p> <ul style="list-style-type: none"> • More flexibility as the developmental elements of the specification become defined. • Greater accountability to the commissioners and Domestic Abuse Partnership Board. • Reduced management costs across the contracted services. • Provides a substantive basis to respond to the new duties under the Domestic Abuse Act, aligned to safe accommodation and support into accommodation. <p>One potential disadvantage is that providers may have to take on a new specialist area of work. We will mitigate this by ensuring the tender allows for consortium bids with sub-contracting arrangements to help organisations draw on the required specialisms from other organisations if required.</p> |
| 14. | <p>The review has also taken account of the OPCC decision to commission the ISVA provision as a pan-Hampshire service rather than placing this money into our contract. The benefit to this approach is greater consistency of provision across the whole Hampshire area and greater economies of scale by having one organisation delivering the ISVA work across Hampshire. There is a risk that the focus on Southampton's needs becomes diluted within a larger service but commissioners will be working closely with the OPCC and Hampshire partners to monitor the new arrangements and to ensure the level and quality of the current provision is maintained.</p> |
| 15. | <p>The passing of the Domestic Abuse Act 2021 comes with a portion of "New Burdens" funding which has been granted to local authorities to allow them to deliver new services against Part 4 of the Act (Support into Safe Accommodation). Flexibility will be required within the new service contract to allow for us to develop our capacity in this area and respond to findings from the needs assessment once completed.</p> |
| 16. | <p>The contract would be for a period of a total of 7 years as a 5 year contract with the option to extend for 2 further years. This timeframe will allow for a necessary period to embed the specification and develop services following activities precipitated by the Domestic Abuse Act 2021 (most notably the completion of the needs assessment and strategy for Southampton). An initial</p> |

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| | term of 5 years is considered more attractive to the market as it offers a greater degree of stability and greater scope to deliver the developmental aspects of the specification. | | | | | | | | | | | | | | | | | | | | |
| 17. | To support the requirement to be flexible and respond to requirements emerging from the Domestic Abuse Act and needs assessment, the contract will contain relevant and adequate variation clauses. | | | | | | | | | | | | | | | | | | | | |
| RESOURCE IMPLICATIONS | | | | | | | | | | | | | | | | | | | | | |
| <u>Capital/Revenue</u> | | | | | | | | | | | | | | | | | | | | | |
| 18. | <p>As a minimum the expected annual contract value will be £490,000, and a total of £3,430,000 in total across the 7 years. The budget comprises funding from several sources including</p> <table border="0"> <tr> <td>ICU direct budget</td> <td style="text-align: right;">£134,400</td> </tr> <tr> <td>Plus contributions</td> <td></td> </tr> <tr> <td>Public Health</td> <td style="text-align: right;">£132,500</td> </tr> <tr> <td>Public Health additional contribution to Yellow Door</td> <td style="text-align: right;">£8,000</td> </tr> <tr> <td>HRA contribution towards Yellow Door</td> <td style="text-align: right;">£11,100</td> </tr> <tr> <td>CCG towards DA contracts</td> <td style="text-align: right;">£58,000</td> </tr> <tr> <td>ICU & Public Health total =</td> <td style="text-align: right;">£209,600</td> </tr> <tr> <td> Overall SCC and CCG budget total =</td> <td style="text-align: right;"> £344,000</td> </tr> <tr> <td> Office of Police and Crime Commissioner =</td> <td style="text-align: right;"> £146,000</td> </tr> <tr> <td> Total Funding =</td> <td style="text-align: right;"> £490,000</td> </tr> </table> <p>The contracting arrangements include the option to vary the contract if required and subject to further approvals.</p> | ICU direct budget | £134,400 | Plus contributions | | Public Health | £132,500 | Public Health additional contribution to Yellow Door | £8,000 | HRA contribution towards Yellow Door | £11,100 | CCG towards DA contracts | £58,000 | ICU & Public Health total = | £209,600 | Overall SCC and CCG budget total = | £344,000 | Office of Police and Crime Commissioner = | £146,000 | Total Funding = | £490,000 |
| ICU direct budget | £134,400 | | | | | | | | | | | | | | | | | | | | |
| Plus contributions | | | | | | | | | | | | | | | | | | | | | |
| Public Health | £132,500 | | | | | | | | | | | | | | | | | | | | |
| Public Health additional contribution to Yellow Door | £8,000 | | | | | | | | | | | | | | | | | | | | |
| HRA contribution towards Yellow Door | £11,100 | | | | | | | | | | | | | | | | | | | | |
| CCG towards DA contracts | £58,000 | | | | | | | | | | | | | | | | | | | | |
| ICU & Public Health total = | £209,600 | | | | | | | | | | | | | | | | | | | | |
| Overall SCC and CCG budget total = | £344,000 | | | | | | | | | | | | | | | | | | | | |
| Office of Police and Crime Commissioner = | £146,000 | | | | | | | | | | | | | | | | | | | | |
| Total Funding = | £490,000 | | | | | | | | | | | | | | | | | | | | |
| <u>Property/Other</u> | | | | | | | | | | | | | | | | | | | | | |
| 19. | <p>The new provider will need to source 12 units of refuge accommodation, for which there may be an option to use an existing property owned by Southampton City Council and in use in the current contract. If they chose to use the property, it will be subject to the findings of a survey checking it remains fit for purpose. If they do not use the SCC property, through their choice or outcome of the survey, appropriate steps will be taken to ensure all individuals who have accessed the current refuge provision, and not moved on by April 2022, are supported to pursue a number of positive move on options, including a transfer to the new commissioned refuge.</p> <p>Where a provider is not seeking to take forward the SCC property, the property will be considered for alternative use by SCC Housing and ICU teams.</p> | | | | | | | | | | | | | | | | | | | | |
| LEGAL IMPLICATIONS | | | | | | | | | | | | | | | | | | | | | |
| <u>Statutory power to undertake proposals in the report:</u> | | | | | | | | | | | | | | | | | | | | | |

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| 20. | The Domestic Abuse Act (the Act) was signed into law on 29 April 2021. The Act places new Duties on a range of statutory partners. |
| | <p>Part Four of the Act places Duties on Southampton City Council (SCC) to:</p> <ul style="list-style-type: none"> ● Appoint a multi-agency Domestic Abuse Local Partnership Board ● Carry out a Safe Accommodation Needs Assessment ● Develop and publish a Safe Accommodation Strategy by August 2021 (date subject to formal consultation), having regard to the needs assessment ● Give effect to the strategy (through commissioning / de-commissioning decisions) ● Monitor and evaluate the effectiveness of the strategy ● Report back to central government annually. |
| 21. | <p>The Statutory Guidance makes it explicit that Part Four Duties are, “<i>separate to local authority housing duties under the Housing Act 1996 and the Homelessness Reduction Act 2017</i>” and Part Four Duties do, “<i>not place a requirement on authorities to provide domestic abuse victims with accommodation</i>”. It states, “<i>local authorities must still comply with their duties under homelessness law in line with the Chapter 8 of the Homelessness Code of Guidance for local authorities</i>”. It clarifies that, “<i>Accommodation such as generic Bed and Breakfast accommodation and homeless hostels – in that they are not solely dedicated to providing a safe place to stay for victims of domestic abuse, including expert support are not considered relevant safe accommodation, and as such, local authorities cannot commission support within these types under this duty</i>”. It states, “<i>Commissioning authorities will need to ensure that accommodation covered under other Acts, such as temporary accommodation provided under Part 7 of the Housing Act 1996, are not utilised in fulfilling the requirements of this duty</i>”.</p> |
| 22. | <p>Part 7 (s71 and s72) places Duties on SCC Housing. s71 requires local authorities to give those who are homeless because of fleeing domestic abuse priority need status for accommodation secured by the local authority.</p> <p>s72 requires local authorities, when re-housing an existing lifetime social tenant, or offering them a new sole tenancy in their own home, to grant a new lifetime tenancy if the local authority is satisfied that the tenant or a member of their household has been a victim of domestic abuse and the new tenancy is granted in connection with that abuse. It is likely that SCC will receive funding to implement Part Seven Duties. Information regarding funding was not available at the time of writing this report.</p> |
| <u>Other Legal Implications:</u> | |
| 23. | Procurement will be carried out in accordance with the Council’s Contract Procedure Rules and Financial procedure Rules and having regard to the Equality Act 2010 and the Human Rights Act 1998 in considering the impact of commissioned services on end service users. |
| CONFLICT OF INTEREST IMPLICATIONS | |
| 24. | None |
| RISK MANAGEMENT IMPLICATIONS | |

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| 25. | OPCC funding does not gain approval. Should this unlikely event occur we would enact contingency plans to commission a smaller service. |
| 26. | <p>Reputational risk:</p> <ul style="list-style-type: none"> - By not providing services SCC may face considerable reputational risk around the lack of action to tackle domestic abuse. Commissioning services will mitigate this risk - Providing poor quality services could result in reputational damage. These risks will be managed through a procurement process weighted towards quality over price and having a clear specification in terms of our expectations around service delivery. |
| 27. | <p>Financial risk:</p> <ul style="list-style-type: none"> - Financial contributions may not be available at the proposed value, or for the life of the contract. This will be mitigated in two ways <ul style="list-style-type: none"> o Agreements will be in place to support income, ensuring sufficient notice is given by funders to SCC to enable contracts to be amended accordingly o Clauses in the contract will allow commissioners to amend the contract value and service model to accommodate any change in income. |
| 28. | <p>Procurement risk:</p> <ul style="list-style-type: none"> - A lack of providers tendering for the service. The risk is being mitigated by a longer contract, 5 years, with the option of further extension of 2 years. We will also welcome consortia bids where a lead provider is responsible for subcontracting smaller/more specialist elements of the contract. - A locally valued provider is not successful in retaining an existing contract could lead to concerns being raised. A legally compliant and transparent procurement process will mitigate this risk, but not avoid concerns being raised. |
| 29. | <p>Contract performance:</p> <ul style="list-style-type: none"> - Demand may exceed the capacity of the service commissioned. Management of this risk will be through regular and timely contract monitoring and remedial steps taken to prioritise the service against demand and need. - A robust procurement process will ensure the provider is able to deliver the service to the quality and performance level required. This will be monitored through regular and timely contract monitoring meetings. Contract clauses will also allow for action to be taken should poor performance or quality emerge. |
| | <p>Property Risk:</p> <ul style="list-style-type: none"> - Termination of current lease could be a risk as we will need to carefully manage the current residents and new referrals and work closely with the incumbent provider to carry out any necessary works on the property to prepare it for a new leaseholder. - Providers may be put off bidding because of the property issues. To mitigate we will work with the incumbent provider, SCC Housing and SCC Property Services to resolve any outstanding issues as soon as practicable. |

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| | - There is a non-commissioned provider of refuge services in the city who may wish to tender for the contract, and in doing so, may present their current refuge service as an alternative. We will reduce this risk by seeking properties to be brought forward with vacant possession. | |
| POLICY FRAMEWORK IMPLICATIONS | | |
| 30. | Service will align with principles set out in the Southampton Against Domestic & Sexual Abuse Multi Agency Strategy 2017-20 | |
| 31. | Tackling Violence Against Women and Girls Strategy 2021 | |
| 32. | Serious Violence Duty: draft guidance for responsible authorities | |
| 33. | Service will support the Safe City Partnership Strategy 2017-2020 and Safe City Strategy 2021-2026 to be consulted on this year | |
| 34. | Health and Care 5 year strategy 2020-2025 | |
| KEY DECISION? | | Yes |
| WARDS/COMMUNITIES AFFECTED: | | |
| <u>SUPPORTING DOCUMENTATION</u> | | |
| Appendices | | |
| 1. | Appendix 1 - Equality Impact Assessment - DVSA commissioned services 2022 | |
| Documents In Members' Rooms | | |
| 1. | None | |
| Equality Impact Assessment | | |
| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | | Yes |
| Privacy Impact Assessment | | |
| Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out. | | Yes |
| Other Background Documents | | |
| Other Background documents available for inspection at: | | |
| Title of Background Paper(s) | | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
| 1. | None | |

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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 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.

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| <p>Name or Brief Description of Proposal</p> | <p>To commission a service to provide community-based prevention and early intervention services for medium risk domestic abuse victims and refuge as part of a wider domestic abuse integrated service model. This will utilise existing revenue from all current contracts and external funding from the Office of the Police and Crime Commissioner.</p> |
| <p>Brief Service Profile (including number of customers)</p> | <p>The new service will provide a firm foundation, through a single procurement process, to deliver a refuge and support service for medium risk victims in the community setting. The services are designed to respond to a range of challenges identified in the delivery of domestic abuse services in Southampton. In particular the need for local services to prevent or reduce the impact of domestic abuse by intervening earlier and reducing the number of cases escalating to high-risk situations, and better supporting victims with support into safe accommodation.</p> <p>Early intervention will also seek to break the cycle of intergenerational abuse. The services will provide a continuum of support to victims, especially at medium-risk level to either prevent escalation to high risk, or where support has been provided in high risks situations, offering a continuum of support (step down), thereby preventing them from escalating back to high risk.</p> <p>The commissioned service will provide:</p> <ul style="list-style-type: none"> • A co-ordinated Community and voluntary sector response that focuses on prevention & early intervention and involve: <ul style="list-style-type: none"> ○ Identification and access to advice and support ○ Intervention and support for medium risk victims ○ Education and awareness ○ Recovery: group and therapeutic support and counselling • refuge spaces within Southampton and support in to refuge <p>Southampton needs to commission the service to address the volume of domestic and sexual abuse.</p> <p>The following are key facts and figures from 2019/20 which underpin the rationale for these services:</p> |

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| | <ul style="list-style-type: none"> • Domestic violent crimes have increased by 9.7% between 2018/19 and 2019/20. Domestic violence accounts for an increasing proportion of violent offences over time; almost a third (32.3%) of violent offences in 2019/20. • 72% of domestic flagged crimes known to be committed by current or former spouse or partner. • Strongly patterned by deprivation; Rates are approx. 5x higher in the most deprived neighbourhoods compared to the least deprived. While SCC are responsible for approx. 14.5% of housing in the city a much greater proportion of DV incidents (44.1%) are potentially linked to SCC social housing (based on postcode analysis). • 52.2% of Southampton HRDA referrals have children and young people in the household (Apr '18 to March '20) • 58.9% of child assessments undertaken in 2018/19 had domestic violence recorded as an assessment factor. • Southampton has the 2nd highest rate for sexual offences among comparator CSPs and 10th highest in England. • 3.4% increase in sexual offences in 2019/20 • 13.7% increase in rapes and decrease of -2.7% in other sexual offences. • In 2019/20, 20.8% of sexual offences in Southampton were nonrecent (a similar proportion to the previous year), compared to 23% nationally. • 26% of rapes and 17.2% of other sexual offences in Southampton were non-recent. |
| <p>Summary of Impact and Issues</p> | <p>Due to the Domestic Abuse Act 2021 being passed by Parliament there will be a renewed focus and an enhanced requirement to provide support services to individuals and families at low to medium levels of domestic abuse. With a Victims Bill also being consulted on at present this is expected to see a similar interest in sexual violence and its devastating impact on victims. Due to part 4 of the Domestic Abuse Act there will need to be an enhancement of support into safe accommodation.</p> |
| <p>Potential Positive Impacts</p> | <p>Refuge resources will allow people to get support wherever they are living. Other services will be prioritised for local residents, enabling individuals from different backgrounds (gender, transgender and ethnicity) to access appropriate levels of support.</p> <p>Individuals, children and families will be able to remain in their own homes as a result of increased support to them, alongside improved approaches to removing and referring perpetrators to support services. Significant increase in raising awareness and education to prevent domestic and sexual abuse, resulting in fewer people remaining in, or accepting unhealthy relationships.</p> <p>Reduction in harm to individuals and families resulting from earlier intervention and support, contributing to an individual's wellbeing as well as overall improvements for Southampton residents.</p> <p>Prioritising support for some of our most complex cases should help them stabilise more quickly, prevent further deterioration and complexity and help reduce pressure on other support services.</p> |
| <p>Responsible</p> | <p>Sandra Jerrim, Senior Commissioner, Integrated Commissioning</p> |

| | |
|------------------------|------------|
| Service Manager | Unit (ICU) |
| Date | 04.08.21 |

| | |
|---------------------------------------|--|
| Approved by Senior Manager | |
| Signature | |
| Date | |

Potential Impact

| Impact Assessment | Details of Impact | Possible Solutions & Mitigating Actions |
|---------------------------------------|--|--|
| Age | No negative impact, increased community services will benefit all ages, including children and older victims. | |
| Disability | No negative impact, increased community services will be able to offer increased personalised support to individuals, including those with disabilities. | |
| Gender Reassignment | No negative impact, increased community services will be able to offer increased personalised support to individuals and help address any local stigma and barriers. | |
| Marriage and Civil Partnership | No negative impact, increased community services will be able to offer increased personalised support to individuals and help address any local stigma and barriers. | |
| Pregnancy and Maternity | No negative impact, increased community services will be able to offer increased personalised support to individuals and help ensure continuity of care during pregnancy. | |
| Race | No negative impact, increased community services will be able to offer increased personalised support to individuals, located within suitable community networks and culturally relevant settings. | |
| Religion or Belief | No negative impact, increased community services will be able to offer increased personalised support to individuals, located | |

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| | within suitable community networks and culturally relevant settings. | |
| Sex | No negative impact, increased community services will be able to offer increased personalised support to individuals, including men. | |
| Sexual Orientation | No negative impact, increased community services will be able to offer increased personalised support to individuals and help address any local stigma and barriers. | |
| Community Safety | No negative impact. Increased support and focus on perpetrators can only improve local community safety. This may involve behaviour change or prosecution as appropriate. | |
| Poverty | No negative impact as increased community based services will be available for all socio-economic groups, including those disproportionately impacted by DASV and from lower socio-economic areas in Southampton. | |
| Other Significant Impacts | None noted. | |

Agenda Item 5

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| DECISION-MAKER: | | Joint Commissioning Board | |
| SUBJECT: | | Quality Update | |
| DATE OF DECISION: | | August 2021 | |
| REPORT OF: | | Director of Quality and Integration | |
| <u>CONTACT DETAILS</u> | | | |
| AUTHOR: | Name: | Matthew Richardson | Tel: 07768 838218 |
| | E-mail: | matthew.richardson2@nhs.net | |
| Director | Name: | Stephanie Ramsey | Tel: 023 80296914 |
| | E-mail: | stephanie.ramsey1@nhs.net | |
| STATEMENT OF CONFIDENTIALITY | | | |
| Not applicable | | | |
| BRIEF SUMMARY | | | |
| This paper provides an update on quality in health and care services in Southampton with a specific focus on social care providers. | | | |
| RECOMMENDATIONS: | | | |
| | (i) | Note the quality report | |
| REASONS FOR REPORT RECOMMENDATIONS | | | |
| 1. | The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the city and is intended as an information only item to provide assurance to the Board. | | |
| ALTERNATIVE OPTIONS CONSIDERED AND REJECTED | | | |
| 2. | No alternatives considered as this is intended as an information only item to provide assurance to the Board | | |
| DETAIL (Including consultation carried out) | | | |
| 3. | Quality Report | This short update provides an overview of the current good practice and challenges for quality of services that are commissioned by the Integrated Commissioning Unit between Southampton City Council and Southampton area team, NHS Hampshire, Southampton, and Isle of Wight Clinical Commissioning Group. | |
| 4. | The Integrated Commissioning Unit (background/context) | The Integrated Commissioning Unit is a joint commissioning team for Southampton City Council and NHS Hampshire, Southampton, and Isle of Wight Clinical Commissioning Group (Southampton area), established in December 2013 and based across both organisations. The Integrated Commissioning Unit aims to deliver efficiencies across departments and improve outcomes for vulnerable adults, children, and families in Southampton by putting the residents at the centre, designing services around them, joining up the delivery of services and adopting a strategic approach to the wider | |

determinants of health and wellbeing.

The Quality Assurance Team and the Safeguarding in Provider Services team were brought together when the Integrated Commissioning Unit (ICU) was created to form the Quality and Safeguarding (in provider services) Team. The team comprises the following elements to provide a multi-disciplinary approach to quality assurance and safeguarding in provider services:

- Quality and Safeguarding (in provider services) Team
- The Digital Care Team
- The Enhanced Care Home Quality Team
- The Trusted Assessor
- Children's quality assurance practitioner.

Additional support is also provided to the team via:

- Care Homes Medicines Management Team
- Infection Prevention and Control Team.

5. Good Practice

Currently across Southampton social care providers in the care home and home care market are considered overall to be providing good care. The Care Quality Commission continues to undertake focused inspections based on an assessment of risk and local intelligence with the option of carrying out a comprehensive inspection as necessary.

Further updates to the regulatory framework are being released by CQC regularly.

The current profile of Care Quality Commission ratings across Southampton is:

| | <i>Outstanding</i> | <i>Good</i> | <i>Requires Improvement</i> | <i>Inadequate</i> | <i>Not yet rated</i> |
|---------------------|--------------------|-------------|-----------------------------|-------------------|----------------------|
| Nursing Homes | 0 ↔ | 8 ↔ | 1 ↔ | 0 ↔ | 0 ↔ |
| Residential Homes | 1 ↔ | 41 ↔ | 5 ↔ | 0 ↔ | 1 ↓ |
| Home care providers | 1 ↓ | 36 ↓ | 2 ↓ | 0 | 15 ↑ |

The nursing home rated Requires Improvement continues to make progress in resolving the concerns identified and the Quality and Safeguarding is monitoring the situation with regular contact to support improvement. The remaining nursing homes have not been formally inspected by the Care Quality Commission since 2018/2019 and new rounds of inspections are likely as the pandemic impact decreases.

Over the past months, several home care providers have de-registered from the market whilst others have been established and are awaiting Care Quality Commission inspection. The change in ratings reflects this movement in the market. The Integrated Commissioning Unit has agreed a process to safely manage quality assurance of off framework providers so that they can be safely commissioned under spot purchase contract arrangements.

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| 6. | <p>The Integrated Commissioning Unit has been proactively supporting the care home and home care sector throughout the pandemic. The bi-weekly video conferencing sessions run by the Quality and Safeguarding and Infection Prevention and Control team, for any social care providers who wish to participate, continue and have been adapted to include training sessions on a range of relevant topics and engaging speakers from outside of the area. These sessions have been running since the start of the pandemic and are a vital link with the care home and home care sector, allowing timely dissemination of new guidelines and discussion about how these are put into practice. More recently, this support has included communications advice related to the publication of care home COVID-19 death data, information on vaccination and the impact of the mandatory vaccination requirements and updated guidance on visiting in and out of care homes/supported living.</p> |
| 7. | <p>Digital Care</p> <p>The Digital Care Team service (part of the Integrated Commissioning Unit) established in 2019 holds responsibility for workstreams related to digital health and social care at a place-based level in Southampton. A need for the service was identified with ever increasing digital health and social care mandatory workstreams having been delegated to local systems by NHS England and the Department of Health and Social Care to project manage and deliver. The team is unique in that it works across both Southampton City Council and the Clinical Commissioning Group and brings together a multitude of digital health/social care workstreams with a mandate to improve partnership working across the health and social care system to improve outcomes for residents.</p> <p>The team completes foundation and enabler projects to support services to become more integrated, efficient, and safer and supports the local priorities of community-based care, keeping people healthy and independent. Over the past 18 months, the team have successfully bid for £110,000 for digital projects (Data Security and Protection Toolkit, NHS Mail, NHS Teams, iPads for Care Homes, RESTORE2 digital (prevention of deterioration) and wellbeing/communication) for Southampton.</p> <p>The Digital Care Team are currently working to roll out RESTORE2 digital to residential and nursing homes, an initiative shown to help carers to identify when a resident may be becoming unwell and to access timely intervention with a view to preventing unnecessary escalation/transfer and improving quality of life. The scheme has also been shown to significantly improve carer confidence and role satisfaction levels, key elements of retaining a highly training, stable and motivated workforce.</p> <p>The Digital Care Team are now looking at how to support the Home First agenda by increasing the markets digital maturity and connectivity, including through NHS mail, data security, access to the Care and Health Information Exchange (CHIE) (enabling care providers to receive rich care information from partner agencies to better care for their service users) and vital signs tools to keep people healthy and out of care.</p> |
| 8. | <p>COVID-19 mandatory vaccination of care home staff</p> <p>From 11 November 2021, new regulations will require all care home workers, and anyone working or volunteering inside the indoor premises of a Care Quality Commission-regulated care home providing nursing or personal care, to be fully vaccinated against COVID-19 unless they have a medical exemption.</p> <p>Key dates:</p> |

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| | <ul style="list-style-type: none"> • 22 July The 16-week grace period started, following approval of the regulations by Parliament • 16 September Any staff or volunteers who are receiving a two-dose vaccine will need to get the first dose by this date in order to be fully vaccinated and be able to continue their role in a care home by the end of the grace period • 11 November The regulations come into force. <p>Currently, across providers in Southampton 72.2% of employed care home staff have received two doses of a Medicines and Healthcare products Regulatory Agency approved COVID-19 vaccine and this position is improving (data obtained from the National Capacity Tracker). Levels of vaccination are similar across registered nurses, care staff and non-care staff. The Integrated Commissioning Unit via the Digital Care Team and Infection Prevention Control Team under the direction of the Care Home Oversight Group continue to provide resources, education and one to one counselling to support care staff to take up vaccination. Reliable video and written information in multiple languages is being disseminated and specific vaccination sessions for lower uptake groups (e.g., Polish and Chinese communities) have been undertaken, as well as using faith premises for vaccination. A review of individual home data on vaccinations is being undertaken to allow more targeted interventions, including local onsite vaccination to occur. The national criterion for medical exemptions is yet to be published but it is likely that this will result in some individuals who are unvaccinated being excluded from the requirement, mitigating the risk further. However, at present levels, the impact of losing this workforce to the market would be significant.</p> |
| 9. | <p>Care Home COVID-19 deaths</p> <p>On 21 July 2021, the Care Quality Commission published a summary of all care home resident deaths involving COVID-19 notified to the commission between 10 April 2020 and 31 March 2021. As has been recognised nationally, the care home sector has been particularly affected by the pandemic and every death is a personal tragedy for individuals and families and the staff caring for them. The published data reflects total numbers of deaths in residents but does not provide any context (for example, the occupancy of the home or the age and complexity of the resident’s needs). Care should, therefore, be taken in interpreting the data as a higher number of deaths does not necessarily equate to any failure in infection control measures or quality standards.</p> <p>Since the start of the pandemic, Southampton City Council and the Quality and Safety Team in the Integrated Commissioning Unit has worked with care homes to support the implementation of all government guidance in relation to COVID-19 as it has become available, including the use of personal protective equipment, hand hygiene, social distancing, regular staff and resident COVID testing and vaccination. Regular support, advice and training has been offered around infection prevention control and other issues through webinars with local specialists and individual support for homes which have had outbreaks.</p> |
| 10. | <p>Quality and Safeguarding in Provider Services Team</p> <p>The primary duties of the Quality and Safeguarding team are to review provider safeguarding concerns received via Adult Social Care Connect (including leading on Section 42 Provider Led Enquiries and/or Large-Scale Safeguarding Enquires) to fulfil the statutory role for Southampton City Council in relation to safeguarding adults and to</p> |

| | |
|-------------------------------|---|
| | <p>provide quality assurance and improvement support to City providers (care homes, home care providers, extra care settings, supported living and day services).</p> <p>During the pandemic, a rise in safeguarding concerns and the extension of Adult Social Care Connect to seven-day working has increased the number of safeguarding referrals coming into the team. The number of safeguarding referrals awaiting action with the Quality and Safeguarding team has risen from an average of 5-10 to 44 on the case load at any time (averaging 4-5 new referrals per day), along with significant delays to action investigations. This poses a risk to vulnerable individuals in Southampton and to the statutory duties of the local authority. The Quality and Safeguarding team are actively triaging all referrals and prioritising the most urgent/significant cases whilst progressing actions to improve capacity within the team and manage the backlog.</p> |
| 11. | <p>Health providers</p> <p>The wider ICU Quality Team continues to support and monitor health providers utilising the internal governance and assurance functions of those providers which has proved to be a more collaborative approach which supports the future transition to self-governing systems. The Southampton and Southwest Hampshire local Quality Committee, made up of health, social and voluntary sector providers continues to mature.</p> <p>At present, the health system is under unusual and exceptional pressure (akin to high winter demand) due to a combination of activity across the urgent and emergency care pathways, workforce (COVID-19 isolation, other absence, competing demand for social care workforce from hospitality sector), planned care (restoration of elective care services and waiting list initiatives) and flow (access to Home Care / onwards care). System partners are working together to increase flow and capacity.</p> <p>Due to the higher levels of COVID-19 activity, some limited episodes of transmission are occurring but are being managed by the infection prevention and control teams. Norovirus is at normal seasonal levels but due to low prevalence during the winter months from COVID-19 restrictions it is anticipated that increased activity will be seen. All sectors are continuing to promote messaging on hand hygiene, social distancing, and isolation when symptomatic.</p> <p>A review of safeguarding resource across the new Integrated Care System is currently underway with an essential focus on providing designated and specific capacity to Place, based on the boundaries and functions of each local authority area. Within Southampton, as an interim measure pending finalisation of the safeguarding resource and structure, an additional 0.5 WTE of Designated Children’s safeguarding capacity is being brought in to support the new associate Designated Nurse for Children’s safeguarding and Looked After Children.</p> |
| RESOURCE IMPLICATIONS | |
| <u>Capital/Revenue</u> | |
| 12 | There are no specific resource implications of this paper. |
| <u>Property/Other</u> | |
| 13 | None noted |

| LEGAL IMPLICATIONS | |
|---|--|
| <u>Statutory power to undertake proposals in the report:</u> | |
| 14 | The Council has a statutory power and responsibility to safeguard individuals receiving services within the Southampton City boundary |
| <u>Other Legal Implications:</u> | |
| 15 | None noted |
| CONFLICT OF INTEREST IMPLICATIONS | |
| 16 | No conflicts of interest are noted |
| RISK MANAGEMENT IMPLICATIONS | |
| 17 | The Council has a responsibility as a commissioner of services to ensure the quality of those services meets an acceptable standard. In addition, the Council has a statutory responsibility under the Care Act to ensure mechanisms are in place to safeguard adults, who may be vulnerable, and are receiving care within the city boundary. |
| 18 | <p>Areas of Concern</p> <p>The main areas of concern currently relate to:</p> <p>Mandatory vaccinations for care home workers: currently one quarter of the workforce does not meet the criteria to continue working past 11 November 2021. Mitigations are in place (see section 9).</p> <p>Capacity and quality in the Home Care market: the lack of capacity amongst on framework providers means that increasing spot purchase of packages of care is being undertaken. A process for 'onboarding' and quality assuring these providers has been agreed.</p> <p>Quality and Safeguarding in Provider Services Team: the increase in safeguarding referrals and resultant delays in resolution poses a significant risk to the population and to the statutory duties of the local authority and is being addressed with urgency.</p> |
| POLICY FRAMEWORK IMPLICATIONS | |
| 19 | The information contained within this report are in accordance with the Council Policy Framework plans |
| KEY DECISION? | N/A |
| WARDS/COMMUNITIES AFFECTED: | N/A |
| <u>SUPPORTING DOCUMENTATION</u> | |
| Appendices | |
| 1. | None |
| Documents In Members' Rooms | |
| 1. | Not applicable |

| | |
|---|---|
| Equality Impact Assessment | |
| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | No |
| Privacy Impact Assessment | |
| Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out. | No |
| Other Background Documents | |
| Other Background documents available for inspection at: | |
| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
| 1. | Not applicable |

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