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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 20 OCTOBER 2022

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Present: Councillors Professor Margetts (Chair), Houghton, Noon, W Payne Shields, and White

Apologies: Councillors Bunday

14. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

The apologies of Councillor A Bunday were noted.

It was noted that following receipt of the temporary resignation of Councillor A Bunday from the Panel, the Service Director – Legal and Business Services acting under delegated powers, had appointed Councillor Shields to replace them for the purposes of this meeting.

15. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

Councillor Margetts declared that he was a governor of Southern Health NHS trust.

Councillor Noon declared that he worked in Adult Social Care.

The Panel noted the declarations of interest and considered that it did not present a conflict of interest in the items on the agenda.

**RESOLVED** that Councillor Margetts and Councillor Noon would be involved in the discussion of the items on the agenda.

16. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

**RESOLVED:** that the minutes for the Panel meeting on 1 September 2022 be approved and signed as a correct record.

17. **SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST - CARE QUALITY COMMISSION REPORT AND UPDATE**

The Panel considered the report of the Chief Executive, South Central Ambulance Service NHS Foundation Trust which provided the Panel with an overview of the Trust's Care Quality Commission inspection findings and the improvement programme to address the issues raised.

Will Hancock, Chief executive, South Central Ambulance NHS Foundation Trust (Virtual); Tom Stevenson, Improvement Programme Communications Lead, South

Central Ambulance Service NHS Foundation Trust (Virtual) Michela Morris, Head of Operations for Southampton and South West, South Central Ambulance Services; and James House, Managing Director, Southampton Place, Integrated Care Board; were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The poor rating from the Care Quality Commission was a surprise as the service had been rated good in previous inspections.
- Assurance was provided that in recognition of the improvements required robust action plans had been implemented.
- The Panel expressed their thanks for the hard work and commitment of the frontline staff who work hard in often difficult circumstances to deliver compassionate care to the people with whom they had contact.
- The service was partnered with a wide range of organisations across the south and implementing change can be challenging as agreement needed to be reached with many different services.
- The staff training and appraisal programme had been reviewed and found that when pressures escalated, due to a high level of calls requiring emergency response or life support, the focus was on patient care and staff training and development activity diminished.
- Managers had been visiting staff at their workstations to examine what changes could be made by the service in the short term and what changes were required that were the responsibility of the hospitals and other health services.
- The report did not include feedback from the trade unions regarding the implementation of plans to improve support for staff.
- The service had also delivered the Covid booking and passport service for NHS England and Public Health England which had stretched the service over the last couple of years.
- There had been some challenges with the supply of resources such as vehicles that had been ordered 18 months ago and had still not been delivered.
- The shortage of staff to be recruited into services required health services in the area to collaborate on workforce planning in the south.
- A new leadership training programme had been introduced to change the management culture in the organisation and the speak-up-guardian approach, that had been adopted across the whole NHS, had been promoted within the service.
- Improvement was required in the governance of safeguarding referrals that had been made by service staff and additional staff and training had been implemented to clear the backlog.
- Response times was an area that required improvement for the service across the whole area, however, in Southampton response times were good as the University Hospital Southampton were very good at taking on patients as soon as the ambulances arrived.
- The Integrated Care Board had a good relationship with the service and there was a shared understanding of the service strengths and required improvements.

**RESOLVED** that the Panel would be kept updated on inspection activity and findings with a view to SCAS returning to update HOSP on progress at a future meeting of the Panel.

18. **THE INTEGRATED CARE PARTNERSHIP AND THE DEVELOPMENT OF THE INTERIM INTEGRATED CARE STRATEGY**

The Panel considered the report of the Integrated Care System which provided an update on the development of the Integrated Care Partnership (ICP), the development of the Integrated Care Strategy and local Place-based governance arrangements.

Terry Clark, Director of Commissioning, Integrated Health and Care, Ros Hartley, Director of Partnerships, Integrated Care Board; and Councillor Fielker, Cabinet Member for Health, Adults and Leisure were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- There were two parts to the statutory integrated care system, an Integrated Care Board (ICB), which was an organisation governed with a board and the other was an Integrated Care Partnership (ICP) which was a joint committee with upper tier local authorities and the NHS that would collaborate on service delivery and build on the work and strategies of the local Health and Wellbeing Boards.
- The ICP would develop relationships with a wide range of organisations including the police, health watch and voluntary sector organisations.
- The terms of reference for the governance and operation of the ICP were being developed and arrangements would be in place by April 2023, however the ICP would continue to grow and develop all the time.
- Southampton had a history of strong partnership working over the past ten years.
- The ICP would focus on the local delivery of health and care services and would also be able to focus on the scope for benefits of scale across the whole area, for example collaboration on a workforce recruitment and retention strategy.
- It would be important for residents to have the opportunity to contribute to the ICP and to take part in the decision making about the delivery of health and care services in their local area.
- The arrangements would need to ensure that local areas received value for money from the funding they contributed to the Integrated Care System.
- The report provided information on the integration of health services; however, the Panel were keen for additional focus on the integration of health and social care services.

**RESOLVED** that the draft Interim Integrated Care Strategy would be considered at the 8 December meeting of the Panel.

19. **ADULT SOCIAL CARE - PERFORMANCE UPDATE**

The Panel considered the report of the Interim Director of Adult Social Services which provided an update on performance against Key Performance Indicators for Adult Social Care.

Vernon Nosal, Interim Director of Adult Social Services and Councillor Fielker, Cabinet Member for Health, Adults and Leisure were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- This was the first comprehensive performance report that had been considered by the Panel.
- New staff had been recruited and work force stability had increased.
- Feedback was collected from staff as part of an annual council staff survey.
- Staff feedback had indicated that processes could be more efficient.
- For a number of indicators statistical neighbour comparisons could only be provided on an annual basis.
- The report highlighted exceptions in performance, such as where there had been a significant change or a consistently very low or very high indicator.
- Direct payments were complex and digital solutions had been explored to help make it simple and easy to access for people. There was a fixed traditional model of care provision that was not as flexible as people demanded. A micro economy of services that are flexible and suitable to meet the needs of direct payment clients would be helpful.
- The review figures reported that 70% of reviews had been completed, however, a number of Panel Members reflected that this did not correspond with feedback from local residents who are in receipt of adult social care services, many of whom reported that they had not had a review.
- The service operated a waiting list for completing reviews, which prioritised the completion of reviews according to risk.
- It was important that reviews were completed in a timely manner to ensure that the service was providing the right care.
- The service was bound by the Mental Capacity Act to make sure that they find out what people want and if it was clear that someone did not have mental capacity, they were required to use the protection courts to approve care plans.
- Councillors had received feedback from service users that when they had made a complaint about a care service it had been difficult to progress and resolve the issues. It was important that the service was managing complaints effectively.
- Care services were provided by organisations that had been commissioned by Adult Social Services, and these organisations were responsible for the management of the staff that provided care.
- A transformation programme had been developed for the adult social care service.

### **RESOLVED**

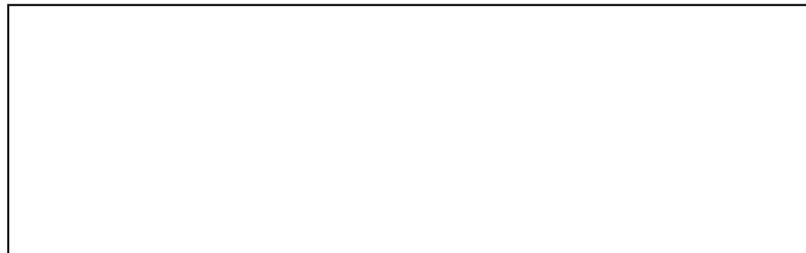
- 1) That an overview of the transformation programme would be appended to the next Adult Social Care Performance report, which was scheduled to be considered by the Panel at the 9 February 2023 meeting.
- 2) That the Adult Social Care workforce indicators would be included within the performance dataset to be considered at future meetings.
- 3) That, reflecting concerns about the accuracy of the data reported, an audit of the performance relating to reviews undertaken would be conducted.

20. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel considered the report of the Service Director – Legal and Business Services, which updated the Panel on the responses received to recommendations from previous meetings.

The Panel noted that the requested information had been received apart from a timetable outlining the key milestones for the review of community and mental health services, which had not yet been received.

CHAIR



8 December 2022