

Health Overview and Scrutiny Panel

Thursday, 9th February, 2023
at 6.00 pm

CONFERENCE ROOM 3, CIVIC CENTRE

Members

Councillor Professor Margetts (Chair)
Councillor Guest
Councillor Houghton
Councillor Noon
Councillor W Payne
Councillor White
Councillor Shields

Contacts

Emily Goodwin
Democratic Support Officer
Tel: 023 8083 2302
Email: emily.goodwin@southampton.gov.uk

Mark Pirnie
Scrutiny Manager
Tel: 023 8083 3886
Email: mark.pirnie@southampton.gov.uk

PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the Constitution).

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.

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.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

Southampton: Corporate Plan 2022-2030 sets out the four key goals:

- Strong Foundations for Life.- For people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.
- A proud and resilient city - Southampton's greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- A prosperous city - Southampton will focus on growing our local economy and bringing investment into our city.
- A successful, sustainable organisation - The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

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

RULES OF PROCEDURE

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

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 2.

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.

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.

DATES OF MEETINGS: MUNICIPAL YEAR

2022	2023
30 June	9 February
1 September	6 April
20 October	
8 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

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.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 8 December 2022 and to deal with any matters arising, attached.

7 ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION (Pages 5 - 32)

Report of the Director of Operations for Adult Social Care providing the Panel with an overview of the performance of Adult Social Care in Southampton and an update on the service transformation programme.

8 ELECTIVE WAITING TIMES - SOUTHAMPTON UPDATE (Pages 33 - 42)

Report of University Hospital Southampton NHS Foundation Trust and Hampshire and Isle of Wight Integrated Care Board updating the Panel on elective waiting lists in Southampton.

9 MONITORING SCRUTINY RECOMMENDATIONS (Pages 43 - 48)

Report of the Scrutiny Manager enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

Wednesday, 1 February 2023

Director of Legal and Business Services

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 8 DECEMBER 2022

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

In addition Lesley Gilder, Healthwatch Southampton representative was present virtually

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

The Panel noted changes to the membership of the Panel had been made at the November meeting of Council and that Councillor Shields had been appointed to replace Councillor A Bunday on the Panel.

22. **STATEMENT FROM THE CHAIR**

The Chair noted the recent media coverage regarding extreme cold weather and cases of invasive Streptococcus (Strep A) that had caused death in children and invited the Director of Public Health to provide an update on the local response.

The Panel noted that:

- The Director of Public Health had sent a letter to all schools with information about the symptoms of Strep A and if a child has symptoms, the importance of seeking help from a GP or walk in service as soon as possible so that antibiotics can be started as soon as possible and the importance of staying at home to reduce the risk of passing on the infection.
- The National Health Security Agency had provided a pack to schools about how to manage any outbreaks.
- It was important to enable parents to recognise the symptoms early so that antibiotics could be prescribed. Once a prescription had been issued there were no problems reported with the supply of medicine by pharmacies in the area.
- The annual cold weather plan had been issued and was at level 3 in relation to the current weather. The plan provided guidance informing agencies what they needed to do to protect vulnerable people during periods of cold weather.

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

RESOLVED: that the minutes for the Panel meeting on 20 October be approved and signed as a correct record.

24. **NHS DENTISTRY**

The Panel considered the report of the Hampshire and Isle of Wight Integrated Care System which updated the Panel on arrangements for NHS dentistry following a change in national legislation.

Amanda Kelly, Manager, Healthwatch Southampton; Jo York, Managing Director Health and Care Portsmouth and Integrated Care Board lead for dentistry, pharmacy and optometry (virtual); Dr Debbie Chase, Director of Public Health (virtual); and Councillor Fielker, Cabinet Member for Health, Adults and Leisure (virtual) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The national epidemiology programme had stopped and information on need was collected locally from schools' data and from health assessments. However, during the pandemic those health assessments had to be paused.
- Data was collected from dental health services which included children who were registered with a dentist but did not include children who were not registered with a dentist.
- It was not known how many residents in Southampton are seeing a dentist at least once every two years as data was only available for NHS provision and was not available for private dental provision.
- Being unable to register with a dentist or to find a dentist they can access was one of the top 5 reasons for people to contact Healthwatch.
- Healthwatch maintained a list of dental services accepting NHS patients which changed frequently as places that were taking new patients filled up very quickly.
- The national contract that was introduced in 2006 placed a limit on the level of NHS provision a dentist could deliver.
- There had been an additional increase in dental health problems following the reduction of appointments that could be delivered in the pandemic due to infection control.
- NHS England - South East region, have commissioned new contracts in the five areas of greatest need, based upon deprivation, to increase recurrent Units of Dental Activity (UDAs) in these areas.
- Reflecting need in Southampton, two new contracts of 21,000 Units of Dental Activity (UDA) had been awarded in the city for subsidized provision. This will support a new dental service in the west of the city and the expansion of an existing dental service in the east of the city.
- To deliver the additional 42,000 UDA it has been estimated would require 6 full-time dentists. This may present a challenge as the workforce strategy relied on recruitment of dentistry staff from overseas as the number of national NHS training places did not match the demand for dentistry services.
- Specialist dental services provided by Southern NHS trust and by hospital providers included Orthodontics, and provision for people with learning difficulties and disabilities. This detail had not been included in the report.
- The ICB had developed a local strategy which focussed on 1001 days to get good oral health for children, support for older people and sharing information with place based operational groups to improve understanding of where to direct any new dentistry contracts.
- Responsibility for the decision on adding fluoride to the water supply to improve oral health sits with the Chief Medical Officer, reporting to the Secretary of State.

RESOLVED

- 1) That, in the absence of the availability of comprehensive data, the Director of Public Health would provide a report that considered the opportunities to develop understanding of the oral health needs of the city.
- 2) That the Panel would be provided with available data on registration with, and access to, an NHS dentist in Southampton.
- 3) That, to provide context to the additional 42,000 Units of Dental Activity (UDA), the ICB would provide the Panel with the UDAs currently available in Southampton.
- 4) That NHS Dentistry returns to the agenda when the ICB have formalised plans for dental provision across H10W.

25. **INTEGRATED CARE PARTNERSHIP - INTERIM INTEGRATED CARE STRATEGY**

The Panel considered the report of the Hampshire and Isle of Wight Integrated Care Board which recommended that the Panel noted and supported the direction of travel outlined in the draft Interim Integrated Care Strategy.

Ros Hartley, Director of Partnerships, Integrated Care Board; James House, Managing Director, Southampton Place, Integrated Care Board; Dr Debbie Chase, Director of Public Health (virtual); and Councillor Fielker, Cabinet Member for Health, Adults and Leisure (Virtual) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The strategy was built on what was already happening at the level of Place and identified the services delivered locally and where services would benefit from collaboration with other services or from working at scale across a larger area.
- The priority areas of the strategy were Children and Young People, Mental Wellbeing, Promoting Good Health, Providing Proactive Care, Workforce Development and Digital Solutions.
- The strategy was needs focussed and provided a foundation for the development of key actions and targets for the partnership to deliver better value for money in terms of services for people.
- The strategy covered health services, but the integration of care services could be strengthened with more detail on empowering individuals and communities, improving quality of life and collaboration with care services.
- The Integrated Care Partnership would be set up as a statutory board with agreed terms of reference and regular meetings in the new year.

RESOLVED that the final Interim Integrated Care Strategy would be circulated to the Panel.

26. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted 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 information requested at the meeting on the 1 September 2022 regarding the Review of Community and Mental Health Services had not yet been provided and would continue to be monitored.

The Panel also noted that the audit of the performance relating to reviews undertaken requested at the meeting on the 20 October regarding the Adult Social Care Performance Update was in progress and would continue to be monitored.

Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	ADULT SOCIAL CARE – PERFORMANCE AND TRANSFORMATION
DATE OF DECISION:	9 FEBRUARY 2023
REPORT OF:	DIRECTOR OF OPERATIONS – ADULT SOCIAL CARE

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director - Wellbeing and Housing	
	Name:	Claire Edgar	Tel: 023 8083 3045
	E-mail	Claire.edgar@southampton.gov.uk	
Author:	Title	Director of Operations, Adult Social Care	
	Name:	Vernon Nosal	Tel: 023 8254 5600
	E-mail	Vernon.nosal@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

BRIEF SUMMARY

The Health Overview and Scrutiny Panel has requested regular updates regarding the performance of Adult Social Care (ASC) in Southampton. Reporting is at a higher level of accuracy since the introduction of Care Director.

Attached as Appendix 1 is a summary of performance for ASC up to the end of December 2022 (Quarter 3). Following a request at a previous meeting the dataset includes ASC HR data produced by our HR partners.

At the last meeting of the Panel at which ASC performance was discussed a request was made for an update on the progress of the ASC transformation programme. Attached as Appendix 2 is the requested update.

At the meeting the Cabinet Member and senior managers from ASC will be providing the Panel with an overview of performance across the division and the developing transformation programme.

RECOMMENDATIONS:

	(i)	That the Panel consider and challenge the performance of Adult Social Care in Southampton.
	(ii)	That the Panel note and scrutinise the update on the Adult Social Care Transformation Programme.

REASONS FOR REPORT RECOMMENDATIONS

1.	To enable the Panel to analyse and interrogate information regarding the performance and direction of ASC operations.
2.	The Panel will have a data baseline that will enable them to consider any further performance data that they may require.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
3.	None.
DETAIL (Including consultation carried out)	
4.	Performance data is taken from the “Adult Social Care Outcomes Framework (ASCOF)” and this is reported to the Department of Health and Social Care annually.
5.	Since the implementation of Care Director, performance data has been increasing in its reliability and accuracy. The performance team have made great strides in producing dashboards to allow the service to monitor, review and analyse in order to identify areas of strength and to make improvements where required. Attached as Appendix 1 is an overview of ASC performance up to the end of December 2022.
6.	Following a specific request from the Panel, attached to the performance dataset are details outlining key HR indicators for the service. These include absence rates, reasons for absence, turnover, and composition of the workforce by age, gender and ethnicity.
7.	Appendix 2 provides an update on the Transformation Programme for ASC. The service continues to work in a highly dynamic environment. A greater number of people are making requests for assistance and where statutory services have to provide resources the needs identified are increasing in complexity due to increased frailty and co-morbidities. The expense incurred whilst meeting these needs is rising, and the transformation programme is a strategic response to ensure that there is wholesale investment in preventative work with our health and third sector partners spreading the economic load whilst ensuring better outcomes for residents.
8.	The Cabinet Member for Health, Adults and Leisure, and representatives from the ASC Senior Management Team, have been invited to attend the meeting to provide the performance and transformation programme overview.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9.	None directly as a result of this report.
<u>Property/Other</u>	
10.	None directly as a result of this report.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11.	None directly as a result of this report.
<u>Other Legal Implications:</u>	
12.	None directly as a result of this report.
RISK MANAGEMENT IMPLICATIONS	
13.	A full assessment of risk will be available to the programme board.
POLICY FRAMEWORK IMPLICATIONS	

14.	Improving ASC performance contributes to goals within the 2022-2030 Corporate Plan, including strong foundations for life and proud and resilient city. It will also help to deliver objectives within the Health and Wellbeing Strategy and Health and Care Plan.
-----	--

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	ASC performance – End of Quarter 3
2.	ASC Transformation Programme Update

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

This page is intentionally left blank

Adult Social Care Performance & Analysis

9th February 2023



Agenda Item 7
Appendix 1

Performance Overview

- **Local performance measures for priority areas have been developed and related self-serve reports have been in place since September 2022.**
- **Monthly Performance and Quality meeting started in September 2022 with management leads for each area of performance to develop and report on actions to improve performance.**
- **Data quality dashboards have been produced for reporting teams for statutory reporting as well as the CareDirector support team for amending invalid data.**
- **Launched CareDirector technical group to streamline change requests and anticipate reporting impacts within the system.**
- **Recruiting 2 new members of the Care Director team to provide training and update the system as and when necessary.**
- **ASCOF Measures show signs of improvement, with an action plan being implemented to tackle the six poorly performing measures. Still awaiting the updated measures for ASCOF.**
- **Fieldwork has commenced for the annual adult social care survey.**
- **CQC assurance lead is populating the assurance tool.**

Areas of Focus

<u>ASC Pathway and Waiting Lists</u>	
<u>Reviews</u>	
<u>Direct Payments</u>	
<u>Safeguarding</u>	
<u>DoLS</u>	
<u>Learning Disability and Mental Health in Employment</u>	
<u>Financial</u>	

ASC Pathway and Waiting Lists

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Percentage of new referrals progressing to Care Act assessment	17.8	19.5	18.0	15.2	14.8	14.2	14.3	13.6	12.6
Number of contacts with an outcome of Information, Advice or Prevention	342	614	631	622	760	857	900	826	684
Proportion of support plans completed within 28 days of assessment	91.8	92.2	93.1	94.0	94.1	93.7	91.8	92.7	92.9
Number of waiting Care Act Assessments (end of month snapshot) *							416	440	471

Comments:

- **Information, advice and guidance under development, webpages have been updated to support residents obtaining information and advice independently.**
- **Transformation programme has mapped ASC pathways and identified issues. “To be” pathway to be mapped and implemented to enable efficiencies.**
- **National message from systems is that the highest performing ones have invested in community reablement as a prevention of discharge model. Reablement business case being developed to expand this to include prevention and new referrals.**

Reviews

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Target
Proportion of people with eligible long term services reviewed during the past 12 months	58.4	57.9	58.1	57.4	68.1	68.3	68.9	70.0	71.3	90

Comments:

Page 13

- **The review activity continues to improve and move towards our target.**
- **Continually improving picture as assessment and review records are added to Care Director, enabling efficient recording of reviews.**

Direct Payments

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	ENG	DIFF	TGT
Proportion of people who use services who receive self-directed support	95.8	95.7	95.3	94.8	94.4	94.4	93.9	93.2	92.4	94.5	-2.1	100
Proportion of people who use services who receive direct payments	14.4	14.5	14.6	14.4	14.2	14.3	13.9	13.9	13.6	26.7	-13.1	20

Page 14
Comments:

Transformation programme has mapped processes, efficiencies identified and staff will now be invited to contribute to pathway re-mapping, process and practice improvement.

- Ongoing investigation underway into the gradual reduction in those who receive self-directed support.**

England benchmarks from 21-22 year.

Safeguarding

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	ENG	TGT
Proportion of completed safeguarding enquiries where the Adult at Risk was asked what desired outcomes they wanted	72.2	77.1	76.4	62.5	57.8	72.1	42.0	34.4	50.7	79.2	80
Proportion of completed safeguarding enquiries where the Adult at Risk achieved their desired outcomes	52.9	69.0	67.7	47.6	62.1	44.4	51.9	55.6	64.3	67.1	65
Proportion of Safeguarding Concerns progressing to Enquiry	32.3	26.8	34.2	44.9	44.2	44.6	32.9	36.2	24.8	34.1	30
Proportion of Safeguarding Enquiries where a risk was identified, and the risk was removed or reduced	100.0	82.1	83.3	50.0	53.3	80.6	60.0	36.4	56.8	91.0	86

Comments:

- **Deployed changes to the Safeguarding form within CareDirector to improve recording of safeguarding outcomes and Safeguarding manager developing an action plan to improve practice.**
- **Proportion of concerns progressing to enquiry dropped in December, however cumulatively still in line with national benchmark.**

England benchmarks from 21-22 year.

DoLS

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	ENG	DIFF
Number of DOLS applications received during the month	83	122	104	97	103	113	89	96	78	146	-48
Number of DOLS applications signed off during the month	25	38	40	39	42	38	43	39	33	138	-101
The number of completed applications taking more than one year to complete	0	0	1	1	0	1	1	1	0		
The average time taken to complete a DOLS enquiry (cumulative average)	102	104	104	108	116	123	138	140	141	153	-12

Page 16

Comments:

- **The changes to DoLS known as the Liberty Protection Safeguards have been pushed back. Date for implementation as yet unknown.**
- **Work being undertaken to understand why referrals in December dropped but may be due to A/L over the festive period.**

England benchmarks from 21-22 year.

Learning Disability and Mental Health in Employment and living independently

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	ENG	DIFF	TGT
Proportion of adults with LD in paid employment	3.8	4.0	4.0	3.7	3.9	3.9	3.9	3.8	3.6	4.8	-1.2	7.3
Proportion of adults with LD who live in their own home or with their family	78.3	77.8	77.3	76.7	76.6	75.8	74.9	74.1	74.3	78.8	-4.5	80
Proportion of adults in contact with secondary MH services in paid employment*	6.0	6.0	6.2	6.2	6.8	6.8	6.8			6.0	0.8	
Proportion of adults in contact with secondary MH services living independently, with or without support*	34.5	33.9	33.2	35.7	36.1	35.1	34.5			26.0	8.5	

Comments:

- **Preparation for Adulthood Manager in post. Has recruited to the PfA team to improve pathway for young people with disabilities into employment and enable forecasting of need for services for young people.**
- **The revised mental health measures now include a wider cohort of mental health users compared to previous reporting, and performance is now in line with national figures.**

*sourced from NHS Digital only up to Oct 2022, Denominator has been updated since previous reporting. England benchmarks from 21-22 year.

Financial

Comments:

- Measures are in place to very closely monitor spending and encourage a shift from risk averse practice.
- The ICU has now completed the PWC review. There are a number of quick wins identified wherein opportunities exist that, whilst not impacting on services, will result in savings, these are in the ICU savings plan.
- The PWC review has also resulted in revealing a portfolio of opportunities that require planning and longer term work to realise further efficiencies from which savings will be identified
- Cost of Care meeting takes place every month to monitor and review the most expensive packages and propose alternative models of care. Reduction in expenditure has been achieved in this area.
- Management continue to seek to identify areas where savings may be made

HR Information

The top line dashboard statistics provided show the number of sickness absence days per employee within Wellbeing – Health & Adults to be 10.46, this has reduced compared to the figure for last month which was 11.66 days. The target for the City Council is 8 days.

The breakdown for Sickness Absence Days per Employee is as follows:

	Sept 22	Oct 22
Wellbeing - Health & Adults	11.61	11.66
Adult Social Care Operations	10.70	10.50
Public Health	7.46	8.51
Quality & Integration	6.55	7.82
Safeguarding Service	4.43	4.32
Provider Relationship	8.97	8.33

(New Service Areas)	Dec 22
Wellbeing & Housing	10.46
Adult Social Care Operations	10.98
Public Health	11.83
Quality & Integration	6.41
Quality, Governance & Professional Development	0.50

Comparison with rest of SCC:

SCC	9.02
Place	11.71
Wellbeing & Housing	10.46
Wellbeing – Children & Learning	6.95
Corporate Services	5.83
Strategy & Performance	3.24

Top 5 Reasons for absence

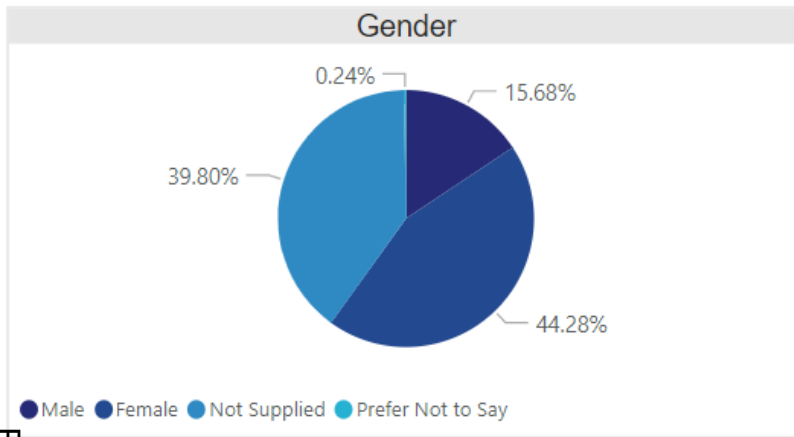
Absence Reason	Number of Absences
Covid 19	19
Stress & Anxiety	13
Cough/Cold/Flu	12
Depression	8
Surgery	8

Of which 1 was Long Covid

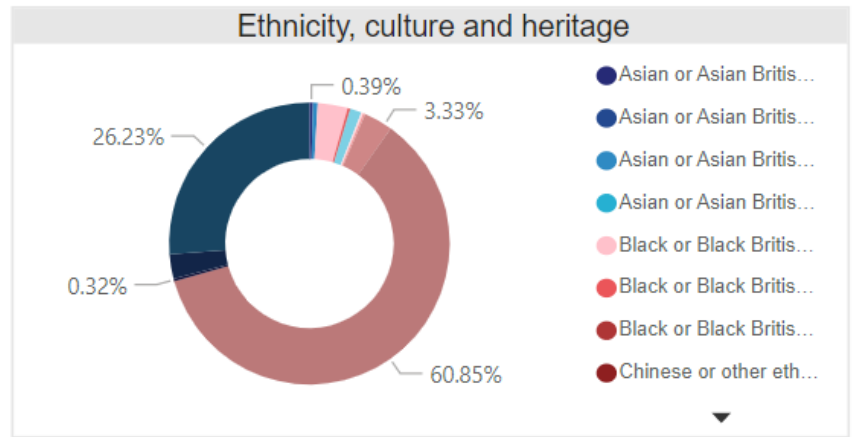
Of which 3 were work related

Workforce Breakdown

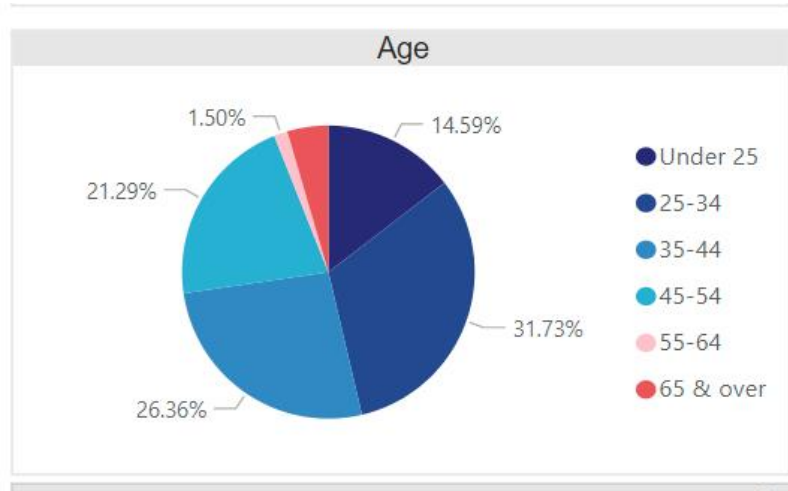
Gender



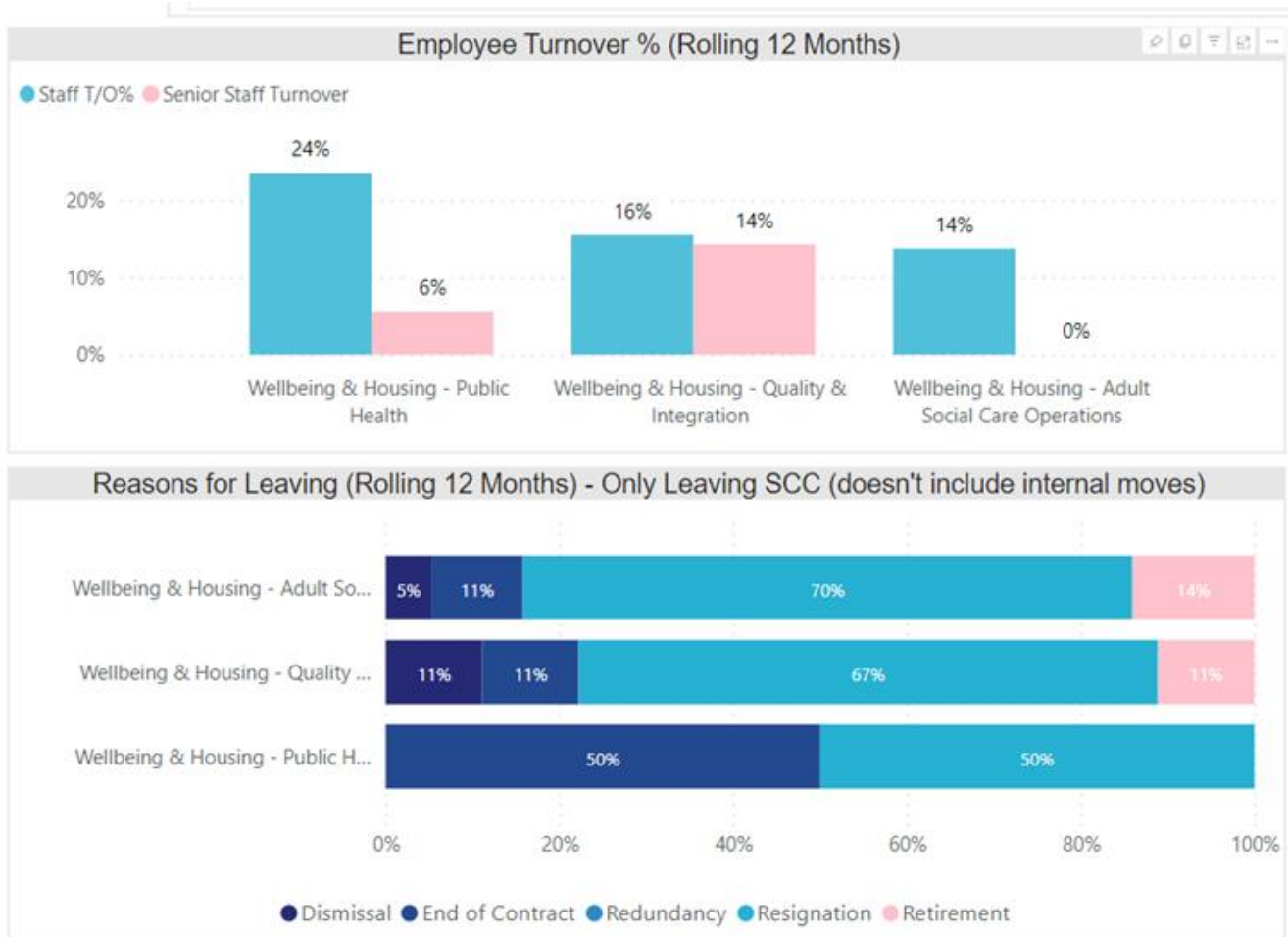
Ethnicity, culture and heritage



Age



Turnover



This page is intentionally left blank



ASC Transformation Programme

Update 9th February 2023



Background & Purpose

- The purpose of this briefing is to update the Panel on the current scope and plan for the ASC Transformation Programme.
- ASC has been on a transformation journey over the last few years. This has to date delivered the new management structure and overseen the implementation of the new case management system – CareDirector.
- The next iteration of the programme has been designed to embed the changes within working practice in order to:
 - promote **independence**
 - be **proactive and preventative** in mindset
 - provide easier **access to better information**
 - **improve the way we work** with people accessing our services including carers and providers.
- This programme will deliver an ASC Service that is sustainable, person centred, clear and confident in practise and delivering good quality care.

Programme Objectives

ASC must continue to transform to deliver support services through new ways of working to become sustainable. This programme of work will deliver:

- A shift to making access to information, assessments and guidance universally available to ensure that there is the availability to choose between digital and analogue/manual platforms. There will also be provision to support those who may have special needs or sensory loss to have access.
- An intense focus on **staff training** and development to embed a person-centred, asset based approach.
- Streamlined end-to-end care and finance **processes** on which staff are trained and able to support residents to understand.
- To ensure that prevention and a community led support approach improves outcomes for residents.

Phase 1

- This programme will be carried out in phases
- The work of Phase 1 will closely align and support the service's preparations for **CQC inspection** expected from April 2023.
- All workstreams will be **led by a member of the ASC Senior management team** with support of a project and business change manager and the communications team, and where appropriate, business analyst and subject matter experts.

Workstreams

- 1. Investing in our People, Improving the way we work**
- 2. Finance**
- 3. Health and Care Network**
- 4. Access to our Services**
- 5. Digital and TEC Solutions**
- 6. Data and Performance**
- 7. Business Change and Communication**
- 8. CareDirector Phase 2**

Key Deliverables – Phase 1 (1st Year)

- Deploy self-serve capability for IAG (information, advice & guidance) and assessments
- Rollout and embed strengths based practice and develop practice toolkit
- Clear career development pathways
- Improve D2A and health pathways
- Front door remodelling
- Direct payments improvements
- Telecare analogue to digital
- Transitions processes and team
- Move to data-driven, preventative care
- Community networks development and coproduction
- Core offer creation

Next steps

What	Description	When
High level Plans per workstream	To enable creation of timeline and to begin to capture interdependencies	End of Feb
Governance paper	Outline of Boards, attendees, how we'll update on progress and make decisions	End of Jan
Business Case	Secure Funding	End of Jan
Secure team and fill vacancies	Scope roles and engage agencies	End of Jan
Comms plan	Drafts of Internal and external	End of Feb
Business Change plan	Analysis of As-Is	Spring 2023

This page is intentionally left blank

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	ELECTIVE WAITING TIMES - SOUTHAMPTON UPDATE
DATE OF DECISION:	9 FEBRUARY 2023
REPORT OF:	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST AND HAMPSHIRE & ISLE OF WIGHT INTEGRATED CARE BOARD

<u>CONTACT DETAILS</u>		
Executive Director	Title	Chief Operating Officer (UHS) and Managing Director (ICB)
	Name	Joe Teape (UHS) and James House (ICB)

STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
<p>Due to the significant pressure over the winter period on local NHS services, alongside the need to act swiftly to ensure patients continue to receive safe, high-quality care, our services had to take action to prioritise urgent care needs.</p> <p>At the points of highest demand, nearly all hospital beds were occupied in University Hospital Southampton (UHS), and across the wider Hampshire and Isle of Wight area. This is in addition to the significant pressure experienced by urgent treatment centres, GP practices, minor injuries, and ambulance services.</p> <p>We know that some people may not be receiving care in as timely a way as we would like, but our focus remains on reducing waiting times for planned treatment for the city's residents. The attached briefing paper provides an update around elective waiting times in Southampton.</p>	
RECOMMENDATIONS:	
	(i) That the Panel notes the report.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To update the Panel on elective waiting times in Southampton.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
3.	Last year NHS England set out its longer term objectives to improve waiting times, following the increase caused by the COVID-19 pandemic. This is detailed in the attached paper.
4.	In Spring 2022 the acute alliance, which is a group of the four acute hospitals in Hampshire and Isle of Wight, working closely with the Integrated Care Board, put together its plan to improve waiting times.

5.	In order to best focus resources on the plan, this group set out its referral, surgical and diagnostic priorities, and each trust took ownership of four workstreams to help delivery these.
6.	The UHS waiting list continues to grow in the post-pandemic environment. Further detail can be found in the attached paper.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
7.	N/A
<u>Property/Other</u>	
8.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
9.	N/A
<u>Other Legal Implications:</u>	
10.	N/A
RISK MANAGEMENT IMPLICATIONS	
11.	N/A
POLICY FRAMEWORK IMPLICATIONS	
12.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Elective waiting times – Southampton update

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

Elective waiting times - Southampton update

1. This paper provides an update around elective waiting times in Southampton.

Context

2. Due to the significant pressure over the winter period on local NHS services, alongside the need to act swiftly to ensure patients continue to receive safe, high-quality care, our services had to take action to prioritise urgent care needs.
3. At the points of highest demand, nearly all hospital beds were occupied in University Hospital Southampton (UHS), and across the wider Hampshire and Isle of Wight area. This is in addition to the significant pressure experienced by urgent treatment centres, GP practices, minor injuries, and ambulance services.
4. We know that some people may not be receiving care in as timely a way as we would like, but our focus remains on reducing waiting times for planned treatment for the city's residents.

National priorities and local planning

5. Last year NHS England set out its longer term objectives to improve waiting times, following the increase caused by the COVID-19 pandemic. The objectives included:
 - That the waits of longer than a year for elective care are eliminated by March 2025.
 - Diagnostic tests are a key part of many elective care pathways, with the ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025.
 - By March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
 - For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology.
6. In Spring 2022 the acute alliance, which is a group of the four acute hospitals in Hampshire and Isle of Wight, working closely with the Integrated Care Board, put together its plan to improve waiting times.
7. In order to best focus resources on the plan, this group set out its referral, surgical and diagnostic priorities, and each trust took ownership of four workstreams to help delivery these.
8. The workstreams, their recent successes and future plans are detailed below:

Workstream	Objectives	Success in 2022	Focus for 2023
Working collaboratively	<ul style="list-style-type: none"> Recover efficiency lost due to Covid-19 including from Infection Prevention Control Where possible, maximise existing infrastructure utilisation e.g. implementing extending working hours (including weekends) Move to a single access point for new referrals 	<p>Review of provider access policies to establish a single access policy for Hampshire and Isle of Wight</p> <p>Review of evidence based interventions and prior approvals</p> <p>Waiting list validation to ensure data is correct</p>	<p>Implementing the single access policy, including the consistent use of evidence based interventions, to ensure consistent application across the NHS and Independent Sector providers</p>
Outpatient transformation	<ul style="list-style-type: none"> Review the existing transformation processes across Hampshire and Isle of Wight ICS (HIOW) to create an aligned approach. This will ensure that we quickly adopt best practice, reduce variation and ensure a consistent offer across HIOW. Initial focus on Patient Initiated Follow Ups (PIFU) to ensure that as a minimum 	<p>Improving triage processes with Advice and Guidance (known as A&G). A&G services will help transform the way referrals are managed by improving the interface and facilitating shared decision making between primary and secondary care.</p> <p>Developing a patient initiated follow up approach.</p> <p>Review of tier two service and their role in referral optimisation</p>	<p>Continue to promote the use of Advice and Guidance and Patient Initiated Follow Ups</p> <p>Complete and implement the tier 2 services review</p> <p>Establish Fit4You pre-habilitation service for patients within last year of life with the aim of improving quality of life and avoidance of</p>

	Hampshire and Isle of Wight will meet the 15% reduction in outpatients and achieve 5% of all follow ups as PIFU.	Dermatology digital first – national pilot tbc	Emergency Department presentations / admissions.
Green pathways (creating new pathways)	<ul style="list-style-type: none"> Determining how the two ISTCs (Independent Sector Treatment Centres) can be used to maximum effect in delivering the elective activity plan over the next three years and within the context of the ICBs 5 year strategy Identifying gaps in service delivery and productivity opportunities based on current service constraints and to complement future service development plans (i.e. Winchester hub) 	<p>Overseeing the development of the new Elective Hub at Winchester scheduled to open in 2025</p> <p>Review commenced on future use of hub sites in Southampton and Portsmouth</p>	<p>Continue to take forward the plans for the new Elective Hub at Winchester and ensure other hub sites are tailored to the greatest need of our population.</p> <p>Complete the review of the future of the hub sites in Southampton and Portsmouth</p> <p>Ensure the new Community Diagnostic Centres are established and opened to agreed schedules</p>
Reducing variation	<ul style="list-style-type: none"> Ensuring that arrangements are put in place which secure effective implementation of the GIRFT (Getting It Right First Time recommendations) 	Implementation of High Volume Low Complexity for ophthalmology (cataracts). This is a programme of work developed nationally to reduce cataract waiting times which increased during the pandemic.	Implement the learning from the stocktake of theatre productivity and other reducing variation programme across the area

	<ul style="list-style-type: none">• Ensuring that effective arrangements are put in place to drive improvements in theatre productivity, and reduce unwarranted variation, thereby supporting higher numbers of elective/day case admissions specifically.	Stocktake of theatre productivity and Getting It Right First Time programmes underway across Trusts completed. Getting It Right First Time is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.	
--	--	--	--

Cancer

9. We continue to work closely with the Wessex Cancer Alliance to support the post-COVID-19 recovery plan, focussing on improving patient pathways.
10. Southampton continues to benefit from the lung health checks programme, in which people aged 55 to 74 who are registered with a city GP and are current or former smokers are invited to have a lung health check. This helps with the early diagnosis of lung conditions and problems. The programme, part of a national pilot, is being rolled out more widely in Hampshire following success in Southampton.

Community diagnostic centres

11. In order to improve diagnostics locally, people across Southampton will see improved access to help diagnose life-threatening conditions such as cancer and heart problems faster, following new funding for community diagnostic centres put in place nationally.
12. The creation of new and expanded community diagnostic centres (known as CDCs) which will help to reduce how long local people are waiting to access vital tests, scans and checks. These centres are based in easy reach of their local communities and many services will be open 7 days a week.
13. The CDC covering Southampton and its wider geography served by UHS is provided in partnership by University Hospital Southampton NHS Foundation Trust, Solent NHS Trust, and Southern Health NHS Foundation Trust. There will be a CDC located at Royal South Hants Hospital in Southampton and another, larger CDC located at Lymington New Forest Hospital. Two smaller hubs are located at Hythe Hospital and Romsey Community Hospital.
14. Between them the CDCs provide a range of planned tests to help reduce pressure on local acute hospitals. The diagnostic centres will also support the local workforce offering new recruitment opportunities as well as expanding the skills of the existing workforce through ongoing training.
15. All of the services across the different sites can be accessed via GP surgeries.

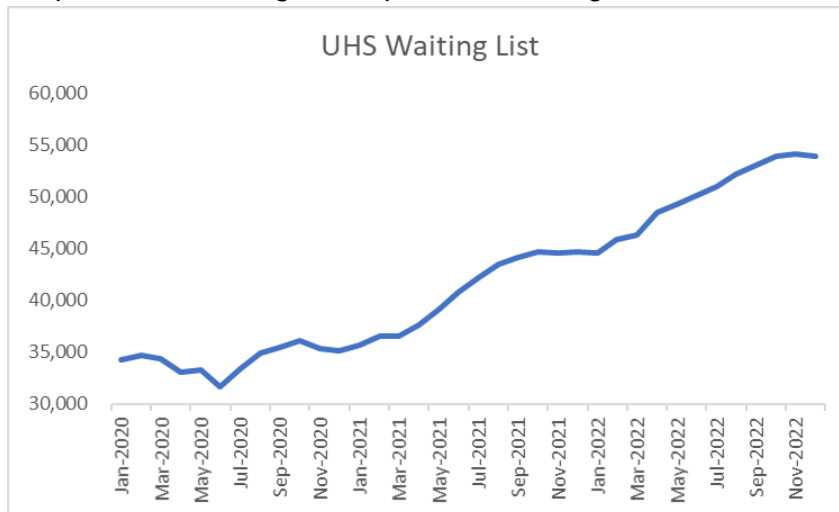
UHS waiting list

16. The UHS waiting list continues to grow in the post-pandemic environment and as of December 2022 stands at just under 54,000 patients (see graph 1). This is for the entirety of the trust; the figures are not available at a Southampton City level.
17. The waiting list continues to grow despite UHS delivering approximately 106% of activity (e.g. appointments and surgeries) compared to pre-pandemic levels.

18. Referrals are approximately 4% higher compared to pre-COVID levels. This growth has been consistent since the release of lockdown and does not appear to be reducing.

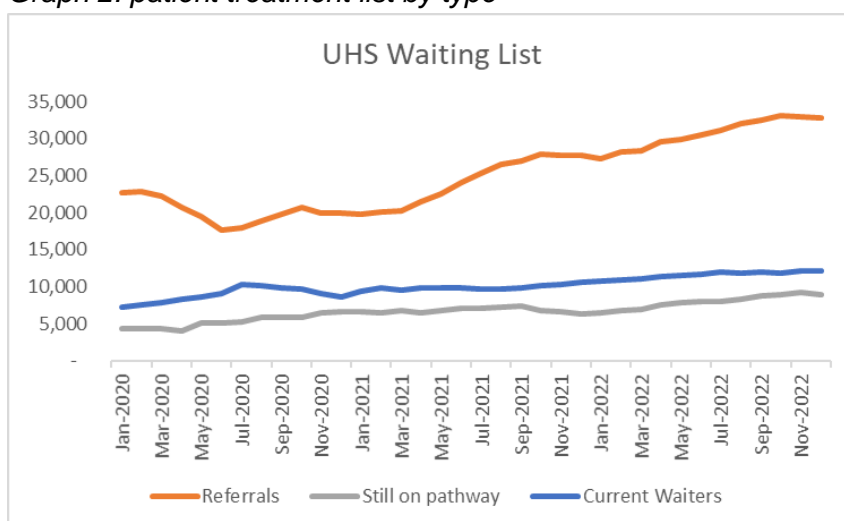
19. As a major, tertiary, teaching hospital, UHS receives referrals for patients requiring complex treatments which cannot be conducted at other hospitals. This includes patients being seen at the specialist Southampton Children’s Hospital. Therefore, UHS waiting lists have grown proportionally more than other hospitals.

Graph 1: UHS waiting list for patients awaiting treatment



20. As graph 2 shows, the growth in the waiting list is predominantly driven by patients awaiting their first appointment at referral stage, relative to the “still on pathway” (patients who have had their first appointment, but not yet been admitted for surgery) and “current waiters” (those awaiting surgical admission).

Graph 2: patient treatment list by type



21. Due to the general increase in acuity in our population, we would expect a significant number of those currently waiting for their initial appointment to later become patients waiting for surgery.

Prioritisation and support of patients on waiting lists

22. At all stages, UHS ensures that all patients referred are appropriately prioritised in line with their clinical urgency, and therefore some patients will wait longer than others.

23. At the end of December 2022, the average wait from referral to first appointment in the trust is 11 weeks. However, 2 week waits (suspected cancer patients), and urgent referrals have a lower average wait in line with their clinical priority.

Referral Category	Total referrals	Average wait
2 week wait referrals	1,134	2 weeks
Urgent referrals	3,815	7 weeks
Routine referrals	28,798	13 weeks
Total	33,734	11 weeks

24. Where patients remain on the waiting list for more than 12 weeks, UHS contacts patients to ensure that they still require their appointment or treatment, but to also provide them information on where to obtain advice or support if they require it. This is part of our overall patient risk management strategy.

This page is intentionally left blank

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL	
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS	
DATE OF DECISION:		9 FEBRUARY 2023	
REPORT OF:		SCRUTINY MANAGER	
<u>CONTACT DETAILS</u>			
Executive Director	Title	Chief Executive	
	Name:	Mike Harris	Tel: 023 8083 2882
	E-mail	Mike.harris@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.			
RECOMMENDATIONS:			
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.		
RESOURCE IMPLICATIONS			
<u>Capital/Revenue</u>			

5.	None.
<u>Property/Other</u>	
6.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Monitoring Scrutiny Recommendations – 9 February 2023
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (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	
Equality Impact Assessment and 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

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 9 February 2023

Date	Title	Action proposed	Action Taken	Progress Status
01/09/22	Review of Community & Mental Health Services	1) That the timetable outlining the key milestones for the review of community and mental health services is circulated to the Panel to enable the identification of appropriate meetings at which the HOSP can be updated on developments.	An update on the review of Community, Mental Health and Learning Disability Services is due to be considered by the Panel at 6 April 2023 meeting – Scrutiny Manager	Ongoing
20/10/22	Adult Social Care – Performance Update	1) That, when the Panel are next considering Adult Social Care performance, an overview of the transformation programme is appended to the performance report.	ASC Transformation update appended to ASC performance and transformation on 9 February HOSP agenda.	Completed
		2) That Adult Social Care workforce indicators are included within the performance dataset to be considered at future meetings.	HR metrics have been included in the ASC performance dataset for consideration by the Panel at 9 February meeting.	Completed
		3) That, reflecting concerns about the accuracy of the data reported, an audit of the performance relating to reviews undertaken is conducted.	Performance have been asked to comment on accuracy of information presented and any caveats.	In progress
08/12/22	NHS Dentistry	1) That, in the absence of the availability of comprehensive data, the Director of Public Health gives consideration to opportunities to develop understanding of the oral health needs of the city.	Evidence ^{1 2} shows that deprivation and ethnicity are strongly associated with tooth decay in children, so these are considered valuable proxy indicators for oral health needs. With results from the 2021 Census now becoming available, we have the opportunity to look at new data on these indicators at very small geographies across the city. In addition, the Southampton School Survey asks two questions related to oral health to Year 7 pupils:	Complete

Page 45

Appendix 1

Agenda Item 9

¹ John JH et al. Predicting the presence or absence of tooth decay in the South East: briefing note for local authorities. 2017 (unpublished)

² Mortimore A. et al. Exploring the potential value of using data on dental extractions under general anaesthesia (DGA) to monitor the impact of dental decay in children. Br Dent J 2017; 222: 778-781

Date	Title	Action proposed	Action Taken	Progress Status
			<ul style="list-style-type: none"> • If they have visited a dentist in the last 6months • If they have problems with their teeth or gums <p>During the pandemic data was collected for a range of pupils between Years 7, 8 and 9. From January 2023 the survey will return to being for Year 7s only and will be conducted via a digital questionnaire, with the results available by July 2023 at the latest. The survey also asks questions about how happy pupils feel, their physical health and any health concerns they may have.</p> <p>Of all the pupils surveyed, the data tells us that in 2020/21 76.0% had visited a dentist in the past 6 months. This had fallen to 67.7% in 2021/22. The proportion of pupils who reported a problem with their teeth or gums was 9.5% in 2020/21 and 15.3% in 2021/22. These changes are likely to be related to the COVID pandemic and so the data being collected in 2023 will help us understand the current situation.</p> <p>The Public Health Team is working with colleagues from across Hampshire and IOW on a potential new survey of Year 8 and 10 pupils called BeeWell. We are exploring whether oral health questions could be included within this survey if it goes ahead. This would give consistent data across Hampshire, Portsmouth, Southampton and the IOW.</p> <p>In the future we could consider running a residents' survey with questions based on the national Adults Oral Health Survey. This would enable national benchmarking.</p>	

Date	Title	Action proposed	Action Taken	Progress Status
		2) That the Panel are provided with available data on registration with, and access to, an NHS dentist in Southampton.	Awaiting information from NHS England	Ongoing
		3) That, to provide context to the additional 42,000 Units of Dental Activity (UDA), the ICB provide the Panel with the UDAs currently available in Southampton.	Awaiting information from NHS England	Ongoing
		4) That NHS Dentistry returns to the agenda when the ICB have formalised plans for dental provision across HIOW.	Agreed	
08/12/22	Integrated Care Strategy	1) That the final Interim Integrated Care Strategy is circulated to the Panel.	Interim Integrated Care Strategy circulated to the Panel on 20/01/2023	Completed

This page is intentionally left blank