Public Document Pack

Southampton Health and Care Partnership Board

Thursday, 26th September, 2024
at 9.30 am

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Please send apologies to Natalie Johnson email: natalie.johnson@southampton.gov.uk

AGENDA

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

The Chair to welcome Councillors, partners and other attendees to the meeting.

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

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2 DECLARATIONS OF INTEREST

Members to declare any relevant interests they may have in the business to be transacted.

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.

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

To approve and sign as a correct record the Minutes of the meetings held on 25 January 2024 and to note any updates to consider on actions arising from previous meetings.

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4 DENTAL UPDATE (Pages 7 - 16)

Report of the Cabinet Member for Adults & Health outlining dental access in Southampton and key dental initiatives.

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5 ADULT SOCIAL CARE STRATEGY (Pages 17 - 32)

Report of the Cabinet Member for Adults & Health outlining the proposed Adult Social Care Strategy for the Board to consider and endorse prior to approval of the Strategy being sought at Cabinet.

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6 **UPDATE ON THE CREATION OF HAMPSHIRE AND ISLE OF WIGHT HEALTHCARE NHS FOUNDATION TRUST** (Pages 33 - 42)

Report of the Director of Integrated Commissioning outlining progress with the development of the new Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

Director of Legal and Governance

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SOUTHAMPTON CITY COUNCIL

NHS
Hampshire and Isle of Wight

Meeting Minutes

Southampton Health & Care Partnership Board – Public meeting

The meeting was held on Thursday 25 January 2024, 09:30 - 11:30
Conference Room 3, Civic Centre Southampton

Present:		**INITIAL**	**TITLE**	**ORG**
	Councillor Marie Finn	Cllr Finn	Cabinet Member – Health & Adults	Southampton City Council (SCC)
	Dr Debbie Chase	DC	Director of Public Health	SCC
	Martin DeSouza	MDS	Chief Operating Officer	University Hospitals Southampton
	Claire Edgar	CE	Executive Director of Wellbeing & Housing (DASS)	SCC
	Cllr Lorna Fielker	Cllr Fielker	Leader of the Council	SCC
	Dr Pauline Grant	PG	GP and Clinical Director	ICB
	Rob Henderson	RH	Executive Director Wellbeing (Children and Learning)	SCC
	James House	JH	Southampton Place Director	ICB
	Dr Karen Malone	KM	GP and Clinical Director	ICB
	Suki Sitaram	SS	Chair	Healthwatch Southampton
	Dr Sarah Young	SY	Clinical Director	ICB
In attendance:	Paula Anderson	PA	Deputy Chief Executive	Southern Health Foundation Trust
	Terry Clark	TC	Director of Commissioning – Integrated Health & Care	ICB/SCC
	Emily Goodwin	EG	Democratic Services Officer	SCC
	Joe Jenness (as a substitute)	JJ	Senior Manager (Operations & Programmes)	Southampton Voluntary Services

	Natalie Johnson	NJ	Board Manager – Health, wellbeing & Place	ICB/SCC
	Wendy Rees (as a substitute)	WR	Director of Operations	Southern Health Foundation Trust
	Matthew Richardson	MR	Deputy Director of Quality & Nursing (Southampton)	ICB
	Isobel Wroe	IW	Transformation Director	ICB
Apologies:	Mel Creighton	MC	Executive Director, Corporate services	SCC
	Eugene Jones	EJ	Chief Operating Officer	Southern Health NHS Foundation Trust
	Rob Kurn	RK	Chief Executive Officer	Southampton Voluntary Services
	Jo Pinhorne	JP	Deputy Chief Operating Officer	Solent NHS Trust
	Councillor Alexander Winning	Cllr Winning	Cabinet Member for Children and Learning	SCC

		Action:
1.	**Welcome and Apologies**	
	Members were welcomed to the meeting. The Board noted that Rob Kurn had nominated Joe Jenness to attend as a substitute, and Eugene Jones and Jo Pinhorne had nominated Wendy Rees to attend as a substitute.	
2.	**Declarations of Interest**	
	A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship No declarations were made above those already on the Conflict-of-Interest register.	
3.	**Minutes of the previous (Public) meeting**	
	The Board reviewed the minutes from the previous meeting dated 19 October 2023 were agreed as an accurate reflection of the meeting. **Matters Arising** There were no matters arising.	

4.	**Annual Health & Care Quality Update**	
	Matthew Richardson attended via Teams to provide the Annual Health and Care quality update. Please see the report and presentation as part of the papers for this meeting. Discussion points were: SS noted that although it was really positive that no providers in Southampton are rated inadequate, there are also none rated outstanding. SS queried what makes a provider rate as outstanding from good, and asked whether there is any work underway to support good providers to become outstanding. MR explained that the categorisation of outstanding can be subjective and is usually based on a high level of personalised care, and going above and beyond the normal duties that a care home would have, such as more integration with other services including voluntary services. Around 4% of care homes nationally are rated outstanding and it is difficult to achieve this rating. The focus at present is to support providers to become good, as this assures a good level of service for all residents, and the other aim is to ensure that providers who are under pressure are supported. The aspiration is that the city would have outstanding care homes, but the greater priority is giving Southampton residents a good level of care in the first instance. KM asked what is being done to address recruitment problems, and what the crux of the problem is. MR explained that competition with other sectors, including better pay, draws people away. The priority is to get the right culture to try and retain staff, however there are a lot of economic and social factors involved. Cllr Fielker asked that it was noted that in regard to the home that closed, this was managed exceptionally well by all those involved, in difficult circumstances for the residents and staff involved. Cllr Finn queried what the response would be if a provider was in need of intensive support. MR explained that the Quality & Safeguarding team (predominantly made up of Social Workers), would conduct client assessments and address any safeguarding issues. They would also address any training and education needs around clinical skills. The All Age Continuing Care Team are clinicians and very familiar with patient assessment would also be involved, as would the Medicines Management Team. The Infection, Prevention and Control team would also visit. PG raised the fact that there is no longer an Enhanced Health Care Team and asked what this team would usually do and what the impact of longer having them has been. MR explained that this team had left as part of 'natural wastage' (members of staff either retire or move on from their role). Because of the financial position of the ICB these posts have not been recruited to until the direction of travel is clear. MR explained that generally those people would support Quality and	

	Safeguarding Team with quality elements of assessments and running projects such as recognising physical deterioration, falls prevention, etc. Although there is no longer a centralised, dedicated resource there are other resources/experience in the system that they can all on (although it is not always easy to cover the gap in terms of continuity). In answer to the query of whether this has become a reactive approach MR explained that it is both reactive and proactive in that the work of the Quality and Safeguarding team is both and they aim to pick up any problems early.	
5.	**Project Fusion Update**	
	Paula Anderson presented this item and explained that there has been a lot of work to bring together the community, mental health and learning disability services for Hampshire and Isle of Wight into one organisation, starting on 'day 1', 1 April 2024. Please see paper pack for Project Fusion Update Report and 2 accompanying appendices. Discussion points were: Cllr Finn asked for more information about the matrix of clinical leadership and how this will work. PA explained that more information will be available after the Clinical Leadership team meet next week to discuss this in detail. PA explained that leadership and locations for Solent NHS Trust and Southern Health Foundation Trust will remain the same on 'day 1' (1 April 2024). JH emphasised that it is important to communicate this message clearly. Leadership will be addressed once TUPE transfers (Transfer of Undertakings Protection of Employment rights) are compete. Child and Adolescent Mental Health Servies (CAMHS) will transfer on day 1 and any learning from this will be transferred to when all other staff transfer. PG asked how access to support for people will be improved as a result of Fusion. PA explained that teams currently working separately on the same jobs for different populations will be streamlined. There will also be a focus around quality improvement, and services will be shaped with people with lived experience as well as learned experience that the staff team bring. PG felt that problems with demand are being felt across the board, and the risk is that a lesser service is offered to everybody. PA responded that this not the desired effect of Fusion as it only grows demand for the future, PA felt that there is no easy answer but the key is to achieve the best for every pound spent. SY agreed that there are access challenges across the system and the best way forward is to work together differently and in a more integrated way. The benefit of Fusion is that for the first time the health services for Southampton will be in one organisation (except acute). SS was pleased to see staff development and leadership featured in the document. However SS stressed that while there are benefits to	

	scaling up, it is crucial not lose resources for the city . SS felt that transparency in reporting is important: make it clear what the spend had been before Fusion, and what it is for example 3 months later, 1 year later, and this to be shown against outcomes. SS would like to see the same with the ICB spend in the city in regular reports. PA said that they will know more after 1 April and she would be keen to return to a future meeting with an update.	
	Action: NJ to schedule Fusion update at future meeting. JH suggested this takes place quarterly.	**NJ/PA**
	DC challenged that there is a tension in creating a larger organisation but not losing sight of smaller services, delivered at local place level, such as sexual health services. PA would like to work with DC to give assurance of this. There is already joined-up working underway, and PA meets quarterly with the Director of Public Health for Hampshire to look at opportunities for 0-19 service transformation. Cllr Fielker emphasised that this is the first major change since the development of the Integrated Care System (ICS), and asked how Fusion has worked with the Health & Wellbeing Board, Integrated Care Partnership and Scrutiny Panels, and asked for example of how this has helped developed the work. PA explained that consultation and involvement of partners started 2 years ago with a large review and partners have in effect been round the table for the whole journey. SS felt that what had been missing is a 'consultation loop', where after consultation a response comes back to explain what has been taken on board and what hasn't been possible to take on board and why. Otherwise, this feedback can get lost over the period when the project is being developed. PA accepted this and added that Fusion is coming back to Scrutiny Panel in June 2024 and that Ron Shields, Chief Executive of Fusion, has attended Scrutiny on several occasions. Cllr Fielker responded that at present it was difficult to see how conversations in other panels had directly influenced anything in strategy presented today and felt that if working in partnership this is still missing. PA acknowledged this as a fair comment and felt that how we work together from now on is crucial. JH raised that engagement is still a work in progress and there is an engagement event next week at Oakley Road for Solent, Southern and LA. Cllr Fielker emphasised that Local Authorities are politically led, and political input should be included in engagement. CE was concerned that there is no reference to Local Authority (LA) Adult Social Care (ASC) in the document. There are significant financial pressures for the LA which are not referenced. CE queried where the impact assessment had taken place because this had not been done with the LA in a timely way to enable the LA to influence the document. ASC may have made decisions that will impact their ability to deliver what is in the plans for Fusion, for example Mental Health	

	Social Workers are coming back to the LA – this also applies to learning disabilities in terms of finance and quality. CE also raised that in creating this wider organisation it is important to recognise the uniqueness of Southampton. The city has a young population, as opposed to an ageing population. Some of its biggest challenges are in delivering services to people of working age, for example around substance misuse. CE does not want these issues to get lost, and PA assured she will take this back. SS supported this and said that as a lay person that the document needs to reflect that some services are provided both by the LA and the NHS, not purely the NHS. PA to take this back. Cllr Finn asked Board Members to consider future agenda items and email them to Natalie Johnson. SS queried the Terms of Reference for the Board and why they had not been formally approved since the previous year. NJ and TC explained that there had been some minor changes; EG clarified that any changes need to be approved informally by the Board and formally by Cabinet. The ToR will come to the next meeting for informal approval.	
6.	**Date of Next Meeting**	
	14 March 2023 – briefing	

DECISION-MAKER:	Southampton Health & Care Partnership Board
SUBJECT:	Dental Update
DATE OF DECISION:	26 September 2024
REPORT OF:	Director of Integrated Commissioning – Integrated Health & Care, Terry Clark

CONTACT DETAILS				
Executive Director	**Title**	Executive Director of Community Wellbeing, Children and Learning		
	Name:	Rob Henderson	Tel:	
	E-mail:	Rob.henderson@southampton.gov.uk		
Author:	**Title**	Director of Pharmacology, Optometry and Dentistry, NHS Hampshire & Isle of Wight		
	Name:	Simon Cooper	Tel:	
	E-mail:	natalie.johnson@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY		
N/a		
BRIEF SUMMARY		
The attached summary provides an overview of dental access in Southampton and key dental initiatives. It is intended to give the Southampton Health & Care Partnership Board an overview to enable discussion.		
RECOMMENDATIONS:		
	(i)	To note the contents of the attached report and discuss at the Health & Care Partnership Board meeting of 26 September 2024.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To ensure that Board Members are aware of progress with the provision of dentistry services for residents and can support as appropriate.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
	N/a	
DETAIL (Including consultation carried out)		
	Please see report attached as an appendix.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
	None.	
Property/Other		
	None.	
LEGAL IMPLICATIONS		

Statutory power to undertake proposals in the report:	
	None.
Other Legal Implications:	
	None.
RISK MANAGEMENT IMPLICATIONS	
	None.
POLICY FRAMEWORK IMPLICATIONS	
	None.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	
SUPPORTING DOCUMENTATION	
Appendices	
1.	Update report from Simon Cooper, Director of Pharmacology, Optometry and Dentistry.

Documents In Members' Rooms

1.	
2.	

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.		
2.		

Hampshire and Isle of Wight

Southampton Health & Care Partnership Board

Title of paper	Hampshire and Isle of Wight ICB Dental Update		
Agenda item		**Date of meeting**	26 September 2024
Exec lead	James Roach - Director of Primary Care Transformation	**Clinical sponsor**	Lara Alloway – Chief Medical Officer
Author	Jo Tomkinson, Primary Care Transformation Lead – Dental		

Purpose	For decision	☐
	To ratify	☐
	To discuss	☐
	To note	☒

Link to strategic objective	**Improve outcomes** in population health and healthcare. **Tackle inequalities** in outcomes, experience and **access.**

Executive Summary	
This summary provides an overview of Dental access in Southampton and key dental initiatives. It is intended to give the Southampton Health & Care Partnership Board an overview to enable discussion.	
Recommendations	**The Southampton Health & Care Partnership Board is asked to discuss the Hampshire and Isle of Wight ICB Dental summary.**
Publication	**Include on public website** ☐

Please provide details on the impact of following aspects	
Equality and quality impact assessment	N/A
Patient and stakeholder engagement	N/A
Financial impact, legal implications and risk	Contained within the paper where required.

Governance and Reporting- which other meeting has this paper been discussed		
Committee Name	Date discussed	Outcome

Hampshire and Isle of Wight ICB Dental Update

1. Summary

1.1. Dentistry remains a key priority area for patients and NHS Hampshire and Isle of Wight (HIOW). Dental access in Southampton is recovering, 2023/24 delivered activity increased by 13% on the previous year. As of May 24, 4,294 more patients living within Southampton Local Authority were seen compared to November 2024 (3,034 adults and 1,260 children).

1.2. The mobile dental units continue to provide additional access to Southampton residents, providing 67 clinics in Southampton, seeing over 500 patients, across 8 locations, providing over 2,000 treatments since July 2024.

1.3. The national patient premium is supporting practices to see and treat patients who have not been seen by an NHS dentist in at least two years. The first 3 months of data confirm that 21,473 adults and 15,934 children have been seen under this initiative in HIOW.

1.4. A provider who went into administration in July 24 has already had replacement activity agreed with an existing dental contract on a 12-month basis to ensure patient access whilst the ICB procures permanent replacement activity.

1.5. The ICB continue to engage and support dental providers and professionals. Recent initiatives include funded training, Dental Recruitment Incentive Scheme and Provider Resilience Scheme.

1.6. This following paper will:

- provide national and local dentistry context
- highlight common dental misconceptions
- give an overview of dental access in Southampton
- summarise Dental strategy implementation to date

2. Context

2.1. The following are the key challenges within Dentistry:

- Access – Patients have difficulty finding an NHS dental practice who is accepting new patients and those known to a dental practice have an increased wait time for a routine appointment.
- Workforce – There is a national shortage of Dentist and Dental Care professionals. This results in the under delivery of contracted activity and creates an access issue for patients.
- Dental contract - The contract is activity driven, where practices are paid in Units of Dental Activity (UDA) depending on banding of treatment delivered but it is rigid and does not promote preventive work or consider patient complexity. The UDA rates vary from practice to practice based on historic practice data. The rates do not consider patient need and the geography of the local area. For some practices this disparity leads to contracts becoming unviable and the contract is terminated.
- Health Inequalities – There is higher dental need in deprived areas due to increased health inequalities they may experience which makes gum disease more likely. However, these groups are less likely to access a dentist, which further impacts their dental health.

2.2. Primary dental care is commissioned as units of dental activity (UDAs) with the number of UDAs awarded to each course of treatment dependent upon the treatment delivered. A UDA is a unit of payment given to providers which is used for different courses of

treatments. More complex dental treatments would count for more UDAs than simpler treatments. For example, an examination is one UDA whereas dentures equate to 12 UDAs. The number of UDAs a patient will need in a year will depend upon their oral health.

2.3. Nationally there is a significant challenge in accessing NHS dentistry. There are issues with the availability of NHS dentists, especially within areas of deprivation, which result in difficulties in finding a dentist who accepts NHS patients and long wait times. There was a recent survey by the BBC and British Dental Association which found that 90% of practices across the UK were not accepting new adult NHS patients and 80% were not accepting new child patients. In response to this, the Health and Social Care Committee launched an inquiry into dentistry which considered the dental access issues and created a report summarising these with suggestions for the government to implement which the government has responded to. The paper included access, addressing inequalities, improved NHS dental contracting and an increase in recruitment and retention of dental professionals.

2.4. Prior to the NHS Dentistry inquiry, the dental profession had been vocal regarding their dislike of the NHS Dental Contract, stating it discourages dentists to work in the NHS. Feedback of this kind prompted the Dental Contract Reform (DCR). The DCR is focusing on addressing the issues with the current NHS contract and will revise the contract according to its findings to enhance patient care and improve delivery of NHS dentistry. The first phase of the DCR is complete and implemented enhanced UDA value and funding for new patients to support the higher needs of patients and improved skill mix guidance. The second phase of the DCR is expected shortly.

2.5. In addition to above challenges, there are national issues with recruitment and retention of Dentists within the NHS. The following factors have contributed to a shortage of Dental Care Professionals (DCPs), particularly in some rural and deprived areas:

- Brexit has meant that dental graduates from the EU are less likely to practice in the UK.
- Overseas Registration Examinations for Dentists from outside the EU is required before Dentists can practice. Dental professionals need to be on the NHS Performer list before they can practice within the NHS.
- Attractiveness of the area – dental professionals usually want to live in attractive areas with good transport links, schools etc.
- Available funding for NHS dentistry – tariffs were initially set based on historical rates so areas where dental need is higher, do not necessarily correlate with higher rates.
- Retention issues, the demand for NHS services is immense and the complexity of NHS contractual arrangements can make private practice very attractive, as usually, there are better wages, packages, and less patient complexity in private practices.

2.6. The NHS has published the Long Term Workforce plan in June 2023 which details the plan to increase ‘dentist training places by 40% so that there are over 1,100 places by 2031/32’. In addition, there will be over 500 training places for dental therapists and hygiene professionals by 2031/32.

3. Common Dental Misconceptions

3.1. There is no such thing as an NHS Dentist, only a dentist with an NHS contract. Dentists can only undertake NHS work when they are registered with both the GDC and the NHS as a performer; and they have won a tender to deliver NHS dentistry, or they have joined a dental practice which holds an NHS contract.

3.2. Patients can attend any practice in England, it is not limited by their postcode or GP practice. Patients are not registered with a dental practice the same way they are with a GP. Dentists are only obligated to complete a course of treatment once initiated. When the treatment is finished there is no obligation for the dentist or practice to see the patient in the future. Most dental practices hold business lists and may recall a patient after a specific time period for a checkup, but this is at their discretion. The amount of time between checkups is called recall and it ranges from 3 months to 24 months depending on the oral health of the patient.

3.3. Dental practices are independent businesses, and unlike GPs, they receive minimal funding to support with business costs. There is a well-established private market for dentists to move to should they no longer wish to undertake NHS work.

3.4. Dental records are the dental practices property and are not shared with other dental practices or the wider healthcare system. If the patient moves to a new practice, a new record is started.

3.5. GPs cannot treat the causes of dental issues as they are not usually qualified or insured to do so but they can prescribe to manage the symptoms of dental issues whilst the patient is waiting to see a dentist.

4. Access

4.1. **Southampton Dental Contract overview**

In 2023/24, number of UDAs delivered by Southampton dental providers was 81.6%, **an increase of 13% compared to 2022/23**.

2023/24 data is not finalised, so they may be slight variation in the numbers above.

4.2. **Southampton Patient overview**

As of May 24, **4,294 more patients** living within Southampton Local Authority were seen compared to November 2024. This is an increase of 3,034 adults and 1,260 children. Currently 33.9% of Southampton residents have seen a dentist in the last 12 months in 2024/25 (Adults 28.9% and Children 53.4%).

It should be noted that dental activity is usually slower in the first 2 quarters of the financial year.

The above figures only give an indication of access in areas as patients may need to be seen more or less frequently than at a 12-month interval. NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to twenty-four months for adults. There is a direct correlation between deprivation and oral health, with those from more deprived households often needing more UDAs a year as they may have more frequent check-ups with higher treatment need identified which attract more UDAs.

4.1 and 4.2 do not include any data from the commissioned Mobile Dental Units.

4.3. **New Patient Premium**

Between March and June 2024, across HIOW, 21,473 adults and 15,934 children have been seen as a new patient under this initiative.

For context this scheme offers additional payment for practices who see patients who have not been seen by an NHS dentist in at least two years. This scheme continues through 2024/25.

4.4. **Dental Mobile Service**

As previously noted, Dentaid have been commissioned to provide mobile dental units which commenced on the 2 February 2024. They provide targeted to increased access to populations that are in greatest need of dental access. The service will focus on populations with health inequalities such as, but not restricted to, homeless, deprived areas and looked after children but will also be able to provide dental services in areas where there is least provision geographically. The service will also accept urgent referrals from 111.

Due to the way the service is commissioned, patients accessing the service are not included in the above figures.

As of the end of July 2024, Dentaid had delivered **67 clinics** in Southampton, **seeing over 500 patients**, across 8 locations, providing over 2000 treatments. **130 patients** accessed the service for **urgent treatment**.

4.5. **Contract termination**

A dental provider has gone into administration who had practices in Southampton and Portsmouth.

The ICB has instigated an urgent direct contract award to an existing dental contractor, who has leased the incumbent premises, on a 12-month basis to ensure continue provision of care for patients.

4.6. **NHS HIOW Dental Strategy**

- The full dental strategy has been ratified by the Primary Care Committee (PCC). The strategy is a live document and will be periodically reviewed and updated in line with new understanding.
- Below are NHS HIOW Dental the strategic priorities:

Oral Health Promotion

- Ensure there is prevention education at all ages, focusing on health inequality.
- Every contact has the opportunity for Oral health promotion.
- Proactively work with pre-natal and post-natal parents via midwives/health visitors and vulnerable elderly, such as care home residents, to promote good oral health.

Stabilisation

- Reduce UDA value variation and review impact of procurement on current contracts.

Access

- Ensure the dental pathway is easy to navigate and well-advertised.
- All patients, regardless of dental need, would be able to access routine or urgent appointments as there are enough resourced dental providers in the local area to meet the demand. Ensure adequate access for Urgent, Routine and Specialist Services.

Achievement of the strategic priorities will be enabled by the following:

Workforce – recruitment and retention

- Skill Mix
- NHS Performer number
- Centre for Dental Development

Data

- Use Business Services Authority (BSA) data to drive decision making to improve care, commissioning and contract management.

The strategy has identified these priority groups to be a focus for any schemes or projects:

- Children
- Pregnant and Post Natal people
- Care home residents and those with dementia
- Patients experiencing Health Inequalities.

5. Approved Schemes

5.1.1. Dental Mobile Service

- Following the success of the service, approved has been received to increase clinic delivery from 569 to 745 annually additional clinics, which will be commencing in Autumn 2024.

5.1.2. Dental recruitment incentive scheme 'Golden Hellos'

- Dental Recruitment Incentive scheme (DRIS) also known as 'Golden Hello' is a national scheme (Dental Recovery and Reform plan) which aims to support practices with recruitment and retention.
- Dentists will receive up to £20,000, over 3 years, depending on hours works to attract individuals into areas which are hard to recruit to.
- NHS HIOW have offered places in Isle of Wight and Portsmouth initially. The scheme will be reviewed, if successful maybe be offered in other areas of the ICB.

5.1.3. Provider Resilience Scheme

- NHS HIOW are trialling a process which allows Dental Contractors to request additional funding or a review in their UDA or Unit of Orthodontic Activity (UOA).
- Each individual scheme when tested against the scheme criteria, will be subject to ICB Financial governance before final financial approval is given.

5.1.4. Post Graduate Certificate in Conscious Sedation for Dentistry

- Funding for up to 10 placements for the Post Graduate Certificate in Conscious Sedation for Dentistry.
- The post graduate certificate is delivered by Portsmouth University Dental Academy and the CDS Service. The course is a 1-year part time programme and commences in September 2024.
- The course upskills qualified dentists to be able to carry out Conscious Sedation in practice and prevents patients having to access care in Acute settings. Dental practices are invited to send expressions of interest to the ICB for review.

6. Priority Projects

6.1. Centre for Dental Development

- Centres for Dental Development (CfDD) joins education and training at all levels with service delivery, located in areas of identified need. The CfDD will provide a range of training opportunities including apprenticeships and post graduate opportunities, growing the skills of the Dental workforce and tailored to the needs of HIOW dental workforce. While trainees are developing their skills, they will be able to provide care to patients, improving access.
- Work is ongoing with partners across the system to look at feasibility, location, procurement, contracting and funding.

6.2. Dental – The Big Conversation

- A community engagement event took place in June 2023. The ICB worked with the Regional Team and Healthwatch to bring together providers, commissioners, Local Dental Committee and Healthwatch with the aim of co-designing solutions to the current access issues.
- The POD team are currently scoping a follow up Big Conversation event.

6.3. Procurement

- NHS HIOW ICB are determining size and locations for the next Mandatory Dental Services (High Street Dentists) procurements.

7. Decision required

The Southampton Health & Care Partnership Board is asked to note the Hampshire and Isle of Wight ICB Dental summary.

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DECISION-MAKER:	Southampton Health & Care Partnership Board
SUBJECT:	Adult Social Care Strategy
DATE OF DECISION:	26 September 2024
REPORT OF:	COUNCILLOR MARIE FINN CABINET MEMBER FOR ADULTS AND HEALTH

CONTACT DETAILS				
Executive Director	**Title**	Executive Director of Community Wellbeing, Children and Learning		
	Name:	Rob Henderson	Tel:	
	E-mail:	Robert.henderson@southampton.gov.uk		
Author:	**Title**	Director of Adult Social Care		
	Name:	Kay Reeve	Tel:	
	E-mail:	Kay.reeve@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY		
N/a		
BRIEF SUMMARY		
This report accompanies the proposed new strategy for Adult Social Care which will be published this Autumn.		
RECOMMENDATIONS:		
	(i)	To endorse the proposed strategy.
	(ii)	If subsequently approved by Cabinet, to commit to support the strategy's aims in all organisations involved in the Health & Care Partnership Board.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To ensure the Health & Care Partnership Board is sighted and supportive of the strategic aims of the new strategy, and to ensure that Board Members have the opportunity to discuss the new strategy in order to endorse it or request any changes prior to approval being sought at Cabinet.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
	N/a	
DETAIL (Including consultation carried out)		
	The current Adult Social Care Strategy has expired and work has been undertaken to create a new strategy that acknowledges the financial position of the City Council while striving for the best outcomes for city residents. The proposed new strategy is attached for Board Members' comments and input during the board meeting of 26 September 2024.	

RESOURCE IMPLICATIONS	
Capital/Revenue	
	None.
Property/Other	
	None.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	Care Act 2014: The Council has the power to charge individuals for social care provision other than care and support that is specifically exempted pursuant to S14 of the Care Act 2014 and in compliance with the Care Act statutory guidance, particularly part 8 and in accordance with The Care and Support (Charging and Assessment of Resources) Regulations 2014.
Other Legal Implications:	
	The Equality Act 2010 imposes various duties on Local Authorities and in particular the duty to have due regard to its public sector equality duty when carrying out any function. In particular, the duty to eliminate discrimination, harassment and victimisation and advance equality of opportunity and fostering good relations. Local Authorities also have a duty under the Human Rights Act Page 144 1998, when carrying out any function, not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms. In particular Article 8, the right to respect for private and family life and Article 25, the rights of elderly to lead a life of dignity and independence and to participate in social and cultural life. Local Authorities when carrying out any function must adhere to the United Nations Convention of the Rights of Person with Disabilities and in particular respect for dignity, autonomy, freedom to make own choices, equality and elimination of discrimination. The ESIA sets out how the Council has had due regard to equality, human rights and safety implications.
RISK MANAGEMENT IMPLICATIONS	
	None
POLICY FRAMEWORK IMPLICATIONS	
	Southampton City Council Corporate Plan Adult Carers strategy Tobacco. Alcohol and Drugs strategy Health and wellbeing strategy City Health and Care Strategy Housing Strategy Homeless and Rough Sleeping Strategy

KEY DECISION?	No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices	
1.	Proposed new Adult Social Care Strategy
2.	Equality and Safety Impact Assessment (ESIA)

Documents In Members' Rooms

1.	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes (Appendix 2)
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)**

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Adult Social Care Strategy 2024 - 2029

We share the #SocialCareFuture vision to enable us all:

To live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us.

Introduction

This strategy for Adult Social Care at Southampton City Council sets out what we want to achieve by **working as a team** with partners, residents and communities **across the city** over the next 5 years.

The **challenges** facing organisations that provide social care **have never been greater**. Nationally and locally **demand for services is increasing** at a faster rate than capacity to meet it and much focus is given to the **systemic strain** across Health and Social Care. A seismic shift is required to **change the narrative** and approach to the way we, **as a society, better support all our residents to live the lives they want to live** and enable each of us to **fulfil our gifts and potential**. This strategy sets out **what we want to achieve** and **how we will address the challenges**. It includes the **voices of our staff, partners and residents** and how we are and will continue to work together to build a sustainable and bright future.

Key Facts

Southampton is home to fewer people aged 65+ compared to similar authorities however, the number of **requests for support per 100,000 population is 24% higher**	Southampton has a **larger percentage of people in Nursing Care** than the comparator group average	The percentage of requests resulting in no services is far higher in Southampton indicating that a **significant proportion of needs presenting at our front door would be best met by other services**	Southampton City Council Adult Social Care faces **23.5% increase in costs** by 2040	Based on 2021-22 benchmarking **demand in Southampton is 3x higher than average** for 18-64 and 50% higher than average for 65+
The average cost of a **long term care placement is 8% higher** than our statistical neighbours	Expenditure on providing long term support for people with **learning difficulties and mental health is higher than the comparator group average** for people aged 18-64 and 65+	The average cost of **residential care is higher** than the group average	Between 2022 and 2029, the **65+ population** is set to **increase by 18.7%**, or 7,070 people, with the **75+ population** set to **increase by 20.2%**, or 3,824 people	The average cost of **nursing care provision is 55% higher** than the average for our statistical neighbours

What do we want to achieve and why is this important?

1. **A high-quality service that is easy for people to navigate,** developing our pathways and processes will lead to people's experience of social care being accessible and supportive, rather than confusing and difficult. Making safeguarding personal will support people to be safe and well.
2. **An excellent early intervention offer,** supporting people to live good lives, preventing or delaying the need for specialist services. Enabling people to make informed choices around their wellbeing.
3. **A confident and competent workforce,** ensuring that people receive the right support, in the right place, at the right time. We want well supported and healthy workforce who enjoy the work they do and use their skills and knowledge to support people well.
4. **A fair, sustainable and flexible service for the residents in Southampton,** ensuring resources are shared with equality and equity, enabling people to maintain control and exercise choice.

Our Challenges

Nationally, **people are living longer** which is positive, but we are also seeing that many people are **now living with poorer physical and mental health** which means there is a greater need for support from Social Care as well as health services. This means that **demand for adult social care support is rising significantly**.

- Social care for Adults in the UK is means-tested, it is not free for everyone like health care. The remaining costs are covered by the Council. This means that **the Council funds required to meet the growing needs are rising.**
- **There is less public funding available**. The drive to reduce the national deficit (often called 'austerity') has meant the funds available to local authorities has reduced, with 10% less available in 21/22 than in 09/10. This means that **less money is available** to the Council to cover the cost of providing services.
- The cost-of-living crisis means that the **running costs of services** including heating, food and staffing are all Increasing. The cost-of-living crisis also means that people have **less money to support themselves to live healthily**.
- Legacy of the pandemic has resulted in **growing waiting** lists for appointments and procedures. People's **health and wellbeing is decreasing while they wait** for treatment. **Delayed intervention** is leading to higher needs.
- Demand across health and social care means that people are **spending longer in hospital**. This often means that they are **more frail and less independent** when they return home or to onward care in a nursing or residential setting.
- According to Skills for Care's Social Care Workforce Data 22/23 , nationally in Adults Social Care there is a job vacancy rate of 9.9% and in Southampton this rises to 10.3% where we also have a 28.3% turnover rate for staff. This can bring challenges in providing enough **capacity to meet demand and continuity of care.**

What our residents say

Our residents tell us that they:

What are we going to do

Develop a high-quality service that is easy for people to navigate

- [x] We have redesigned our service to provide the right support, sooner and to reduce the number of times it's necessary to pass work between staff members.
- [x] We are trialling a new a system in some of our service areas to help us be more proactive in our support of people using our services and their carers.
- [ ] We will be implementing our revised 'Quality Assurance Framework' to ensure the work we do is of high quality. We will look for themes and opportunities to improve through audits and reviews. We will actively seek feedback from those who use our services to help us embed continuous improvement.
- [ ] We will continually review our supplier contracts to ensure that performance is monitored and well-managed and services reflect value for money. We will continue to encourage our providers to take up the workforce training available to them to maintain or improve CQC ratings.
- [ ] We will embed innovative technology in our practice to give our residents more choice and to protect and promote their independence.
- [ ] We will improve support for unpaid carers by implementing the Carers Strategy
- [ ] We will create a Co-production Strategy with our residents, staff and partners to ensure our improvement journey and all that we do is coproduced. People will be at the heart of all we do. We will strengthen the voice and influence of those with lived experience in shaping the future of our services.

What are we going to do

Build an excellent early intervention offer

- [x] We have developed our Advice and Information and Guidance webpages and developed city wide training to partners and providers on how to use these so that everyone is better informed about the services and options available.
- [x] We have introduced online tools, including an online needs assessment to help point our residents to the right help and support more quickly. We have also provided access to EquipMe – a self-evaluation tool to identify the right tools and assistive technology to support everyone to live independently for longer.
- [x] We have a wide range of great services in Southampton. We have created a new interactive Southampton Directory, listing these to help more people find and access them.
- [ ] We will implement our newly developed 'Southampton Steps'. This is a framework to support staff to promote the independence of our residents prioritising prevention.
- [ ] We will continue to redesign how are services are accessed so that a larger number of our staff with a broader range of skill and information are available earlier to our residents and their carers.
- [ ] We will continue to train and support our staff who take the first calls from people to resolve questions and issues at the first point of contact.
- [ ] We will continue to work closely with our partners in Housing, Public Health Stronger Communities, Health and the Voluntary Sector helping to build community resilience.

What are we going to do

Grow a confident and competent workforce

- [x] We have created Cornerstone, a 3-year development programme incorporating a newly developed Assessed and Supported Year in Employment (ASYE). This additional support helps retain staff and supports Newly Qualified Social Worker's to develop their skills.
- [x] We have invested in training Practice Educators, who are experienced social workers to support students and staff, ensuring we develop and support excellent practice across the service.
- [x] We run a 'Grow Your Own' Social Work Apprenticeship to help us to recruit and retain the best staff and social workers.
- [ ] We will complete and implement a new Workforce Strategy, focussing on recruitment and retention whilst also building skills, developing practice, and developing our staff.
- [ ] We already work closely with our local universities; we will continue to develop these strategic relationships.
- [ ] We will develop a new Quality Assurance Service, and will be piloting a Practice Lead Role, who will be a more experienced social worker to help and support other social worker's practice. They will help us deliver a robust training and development programme for all staff in Adult Social Care

What are we going to do

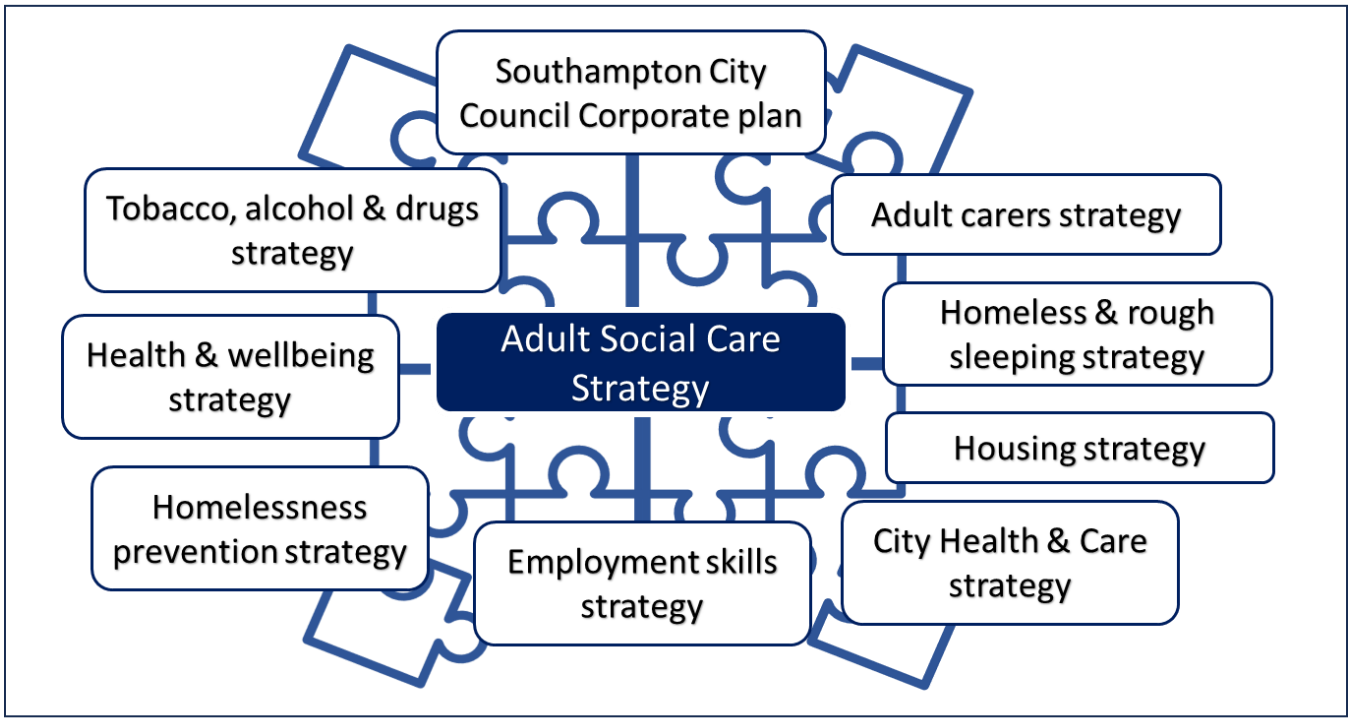
Create a fair and sustainable service for the residents in Southampton

- [x] We have reviewed the way we calculate and communicate our Charging Policy to make it more transparent, fairer for all residents and easier to understand.
- [x] We use Practice Development Forum, a meeting with a range of attendees to challenge us to demonstrate best practice and the right outcomes for people.
- [x] We have implemented a new system that supports and encourages value for money in the provider market.
- [ ] We will continue to redesign our service to more closely align teams who manage the market and commission service to practitioners so that we are proactively ensuring we provide services to best meet the needs of our city.
- [ ] We will improve the quality of service we provide to those who manage their care via a Direct Payment. We will ensure that a greater range of choice is available.
- [ ] By the introduction of our new learning and development programme we will ensure consistency in staff skills and capabilities helping to deliver a fair service.
- [ ] We will work with providers and people with lived experience to design and implement a new Inclusive Lives Programme.
- [ ] We will reduce the number out of area placements so that people can remain closer to home whilst also providing better value for money.

How we will measure ourselves

Outcome	Measure
A high-quality service that is easy for people to navigate	• Will we ask residents for feedback on our online tools and we will continually improve them. • We will work to ensure our services are be rated to be of good quality. • We will improve the information available about services available in Southampton on our webpages
An excellent early intervention offer	• We will increase the use of assistive technology to promote and protect independence. • We will increase the number of people who use our self-assessment tool to understand their Care Act eligible needs. • We will increase the number of people who are able to use our online tools to find equipment to help them live independently.
A confident and competent workforce	• We will increase the number calls we resolve at first contact • We will encourage residents to complete the annual survey of our Adult Social Care services and we will act on the results • We will conduct learning events relating to our Safeguarding Adults Reviews to ensure we widely share lessons and learning
A fair and sustainable service for the residents in Southampton	• We will increase the number of people able to manage their care via a Direct Payment • We will reduce the number of people in out of area placements • We will increase the number of people we are able to support in Shared Lives arrangements

Our Adult Social Care Strategy is supported by a number of city wide strategies



Equality and Safety Impact Assessment

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

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

Name or Brief Description of Proposal	New Adult Social Care Strategy

Brief Service Profile (including number of customers)

The provision of Adult Social Care (ASC) is regulated by the Care Act 2014, which includes statutory guidelines covering the Council's duties.

Southampton City Council (SCC, or the Council) has new ASC strategy which sets out it's aims for the development of the service in the next 5 years.

SCC ASC has approximately 3000 people who draw on its services. Of these:

- Approximately 1800 are in non-residential care (care outside a care home)
- Approximately 700 are receiving long-term (permanent) residential care (in a care home)
- Approximately 50 are receiving occasional short-term/respite residential care

People who use our ASC services all have a "primary support reason" indicating the main reason they need care and support. This breaks down as follows:

- Learning Disability Support 21%
- Mental Health Support 13%
- Physical Support - Access and Mobility only 5%
- Physical Support - Personal Care support 49%
- Sensory Support - Support for Hearing Impairment <1%
- Sensory Support - Support for Visual Impairment <1%
- Social Support - Substance Misuse support 1%
- Support with Memory and Cognition 8%

- Other 1%

The key aims set out in the strategy are:

1. A **high-quality service that is easy for people to navigate**, developing our pathways and processes will lead to people's experience of social care being accessible and supportive, rather than confusing and difficult. Making safeguarding personal will support people to be safe and well.
2. 2. An **excellent early intervention offer,** supporting people to live good lives, preventing or delaying the need for specialist services. Enabling people to make informed choices around their wellbeing.
3. 3. **A confident and competent workforce**, ensuring that people receive the right support, in the right place, at the right time. We want well supported and healthy workforce who enjoy the work they do and use their skills and knowledge to support people well.
4. 4. **A fair, sustainable and flexible service** for the residents in Southampton, ensuring resources are shared with equality and equity, enabling people to maintain control and exercise choice.

Summary of Impact and Issues

1. **Service redesign**
This will strengthen the ASC with a greater mix of skills available earlier in the persons journey through our service and improving the value of first conversations. There will be less handoffs to reduce the number of times it is necessary to pass work between staff members.
2. **Implement the new Quality Assurance and Practice Framework**
This will ensure that the work we do is of high quality and delivers good outcomes for the people we're working with.
3. **Continual review of supplier contracts and quality of placements**
This will ensure quality and best value. It will also reduce the number of out of area placements.
4. **Increased use of technology**
This will give people more choice and protect their and their carers independence
5. **Implementation of the Carers Strategy**
This will increase our focus on meeting the needs of our carers who are a valued support to those who draw on our services.
6. **Co-production Strategy**
This will improve the development of our service by incorporating the views of people with lived or learned experience.
7. **Increasing and improving self-serve information**
This will enable people to access the information and tools they need to remain independent and improve their support networks
8. **Improving partnership working**
This will help build community resilience and the experience of people use our services.
9. **Workforce Strategy**
This will improve staff experience, development of skills, recruitment and retention.

Potential Positive Impacts

The overarching purpose of the strategy is to improve the health and wellbeing of all persons making contact with and drawing on ASC services. It has been written with a layout and format to support accessibility. The strategy aims to: 1. Reduce the need for people to repeat their 'story' and strengthen relationships between practitioners and families. 2. Promote people's independence. 3. Assure that our statutory duties are met to a high standard. 4. Ensure people get the right level of service at the right time. 5. Meet people's needs earlier in the process. 6. Reduce of waiting times. 7. Raise standards to improve outcomes from CQC assurance.

Approved by Senior Manager	Kate Concannon
Date	6th September 2024

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	In the Southampton population, the age range of adults is: 82% aged 18-64 18% aged 65 and over However, for adult social care: 44% aged 18-64 56% aged 65 and over The following age-related impacts have been considered, in relation to the proposed changes: Older people may not as easily access online information and tools. Older people my find it harder to access co-production groups	Retain ability to contact ASC by phone. Retain home visits by Staff.
Disability	None of the changes proposed should have any impact on a person with a disability.	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Gender Reassignment	None of the changes proposed should have any impact on a person with a reassigned gender.	
Marriage and Civil Partnership	None of the changes proposed should have any impact on a person because of their marriage or civil partnership status.	
Pregnancy and Maternity	None of the changes proposed should have any impact on a person because of their pregnancy/maternity status.	
Race	In the Southampton population, the ethnicity profile is: • 11% Asian/Asian British • 3% Black / Black British • 3% Mixed • 81% White/White British • 2% Other The profile for adult social care user is: • 4% Asian/British Asian • 2% Black / Black British • 2% Mixed • 89% White/White British • 3% Other/unknown This suggests that some ethnicities are under-represented in Adult Social Care. The new Adult Social Care Strategy is seeking to address this by ensuring that we make our services accessible to all residents. None of the changes proposed should have any impact on a person because of their ethnicity.	Seek to ensure that coproduction groups are representative of Southampton's ethnicity profile.

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Religion or Belief	The breakdown of religion shows that of our 2,654 service users: • 39% are Christian • 1% are Muslim • 1% are Sikh • 1% are Hindu • 3% state another religion • <1% are atheist • <1% are agnostic • 12% state "no religion" • 3.5% refused or could not say • 39% are unknown None of the changes proposed should have any impact on a person because of their religion.	
Sex	In the Southampton population, 49% are female and 51% male. Of our adult social care service users, 54% are female and 46% are male. None of the proposed changes should impact people of any gender more than the other.	
Sexual Orientation	None of the changes proposed should have any impact on a person because of their sexual orientation.	
Community Safety	n/a	
Poverty	The relative poverty of our service users has been assessed using the ONS Combined Index of Multiple Deprivation (IMD) 2019. The index indicates the level of deprivation in the local area someone lives in, based on multiple factors including income. This is the deprivation profile for Southampton residents overall –	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	figures show the percentage of people living in the most deprived areas, then the slightly less deprived areas etc: • Top 20% most deprived: 28% • Next 20%: 35% • Next 20%: 19% • Next 20%: 14% • 20% least deprived: 4% The profile for adult social care users is similar overall, except for people in residential care. This group has much lower numbers in the most deprived areas and more people in the least deprived areas. Another ONS measure, the Income Deprivation Affecting Older People Index (IDAOPI) was also checked. The results for the Southampton population were: • Top 20% most deprived: 26% • Next 20%: 30% • Next 20%: 20% • Next 20%: 18% • 20% least deprived: 6% Again, the pattern for ASC service users was similar, with the same exception for people in care homes. This difference between the IMD and IDAOPI profiles suggests that older people are overall slightly less deprived than the population as a whole. The strategy seeks to improve support for those who self-fund their care equally to those whose care is funded. None of the changes proposed should have any impact on a person because of their socio-economic status	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Health & Wellbeing	Ensuring residents' health and wellbeing is at the core of adult social care practice. None of the proposed changes should impact adversely on anyone's health and wellbeing.	
Care-Experienced	None of the proposed changes will adversely impact people with care experience.	
Other Significant Impacts	No other significant impacts have been identified at this time.	

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DECISION-MAKER:	Southampton Health & Care Partnership Board
SUBJECT:	Update on the creation of Hampshire and Isle of Wight Healthcare NHS Foundation Trust
DATE OF DECISION:	26 September 2024
REPORT OF:	**Terry Clark, Director of Commissioning – Integrated Health & Care**

CONTACT DETAILS				
Executive Direct	**Title**	Executive Director of Community Wellbeing, Children and Learning		
	Name:	Rob Henderson	Tel:	023 80
	E-mail:	robert.henderson@southampton.gov.uk		
Author:	**Title**	Finance Director and Deputy Chief Executive (Southern) Chief Financial Officer, SIRO (Acting up for Solent)		
	Name:	Paula Anderson	Tel:	
	E-mail:	Natalie.johnson@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY		
N/a		
BRIEF SUMMARY		
The attached summary provides an overview of the development of the new Hampshire and Isle of Wight Healthcare NHS Foundation Trust.		
RECOMMENDATIONS:		
	(i)	To note the contents of the report and discuss progress at the Health & Care Partnership Board meeting of 26 September 2024.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To ensure that Board Members are aware of progress with the provision heath services for city residents.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
	N/a	
DETAIL (Including consultation carried out)		
	Please see attached report and appendix.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
	N/a	
Property/Other		
	N/a	

LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	N/a
Other Legal Implications:	
	N/a
RISK MANAGEMENT IMPLICATIONS	
	N/a
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	Enclosure 1 - Update report from Paula Anderson
2.	Appendix 1 – Geographic and Trust Wide Divisions

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.		
2.		

Update on the creation of Hampshire and Isle of Wight Healthcare
September 2024

Hampshire and Isle of Wight Healthcare NHS Foundation Trust will be the new, combined NHS Trust to deliver community, mental health and learning disability services across Hampshire and the Isle of Wight.

Bringing services into a single organisation will result in more consistent care with reduced unwarranted variation, more equitable access to services irrespective of postcode, and a more sustainable workforce and services. The new organisation will be large, yet will operate locally to ensure services can best meet the needs of different communities.

Recent developments

On 1 February 2024 the child and adolescent mental health services previously provided by Sussex Partnership NHS Foundation Trust in Hampshire, transferred into Southern Health. This means that for the first time in many years, all of the mental health services for young people across the whole of Hampshire are together in one service.

This was followed on 1 May 2024 by the community and mental health services on the Isle of Wight joining with the mainland services. We had hoped that we might be able to create the new organisation, completing the final phase by bringing together Southern Health and the services of Solent NHS Trust on 1 July 2024, but this was not possible with the announcement of the general election.

The Solent and Southern Trust Boards had committed that if, for whatever unexpected reasons, the new Trust was not formally created on 1 July 2024, then we would still do everything possible to work as though we were a single organisation. Whilst we retain two legally separate Trust Boards, they will as far as it is possible to do, share a common agenda and operate as though they were a new single board.

Significant progress has been made. The Designate Executive leadership team is already in place and leading our work to create the new Trust. On 6 August 2024 we took a significant step forward and hosted our first Trust Boards in Common meeting in public where the business of both current organisations, and Hampshire and Isle of Wight Healthcare, were carried out together.

Focus on developments in Southampton

Fundamentally, having a single operational and clinical structure and model will improve service delivery through better communication, joined up working and simpler governance.

Although we have not yet formally come together as a single Trust, teams in the city have been working closely for many months to identify some of the benefits that being one team will bring for the population of Southampton.

On the Western Community Hospital site we have already started to share expertise across wards. For example, from October 2024 a consultant geriatrician who leads the physical health inpatient rehab wards will work directly with the consultant psychiatrist on Primrose ward for older people with mental health needs to provide a more holistic multi-professional clinical model.

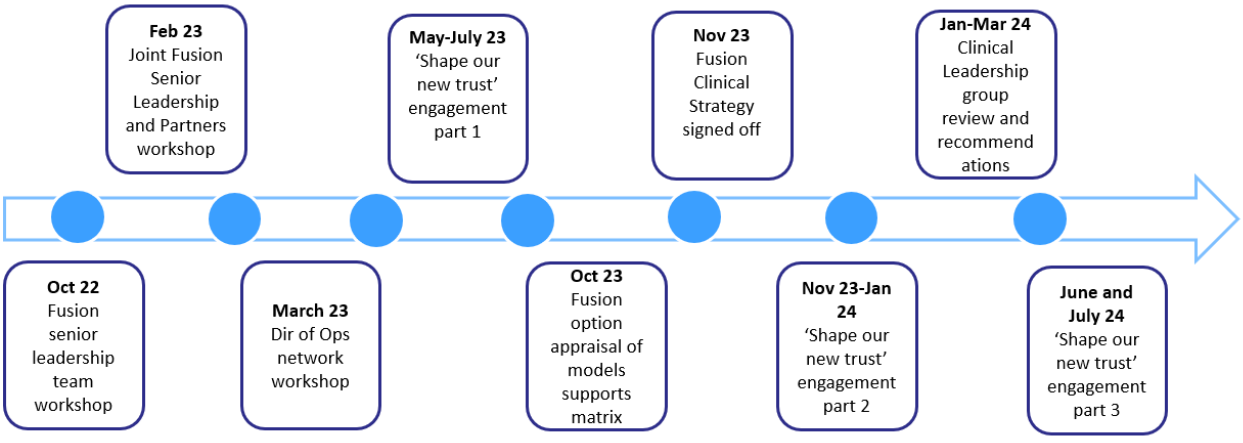
In University Hospitals Southampton we have community team members from Solent working directly with the clinical team in the emergency department to support people home where possible instead of hospital admission. Clinical team members from Southern are joining this team in the next few weeks to increase the support available across Southampton and South-west Hampshire. The in-reach discharge team will become one, supporting patients to inpatient rehab settings across over 100 physical health beds with a shared criteria and multidisciplinary team model. Access to these beds will not be restricted by post-code.

Community mental health and physical health teams will have shared forums for learning with expert leadership to support across portfolios. The ability for patients to seamlessly move from team to team depending on the needs at the time will increase. The virtual ward offer for patients with frailty will be shared across a wider area, enabling resource to move around depending on need, totally around 70 hospital at home beds. Primary Care Network and city borders will no longer be a barrier to deploying staff depending on patient need; workforce in the South-west Hampshire and Southampton areas will work as one team further strengthen the workforce in the city, which can be challenging, by sharing resources more evenly.

Development of our clinical operating model

Over the course of the last 18 months there has been extensive engagement from staff and partners in developing a proposed clinical operating model for Hampshire and Isle of Wight Healthcare. This describes the way we will group and organise services to bring about the benefits of working as one.

Figure 1: Engagement on the clinical operating model



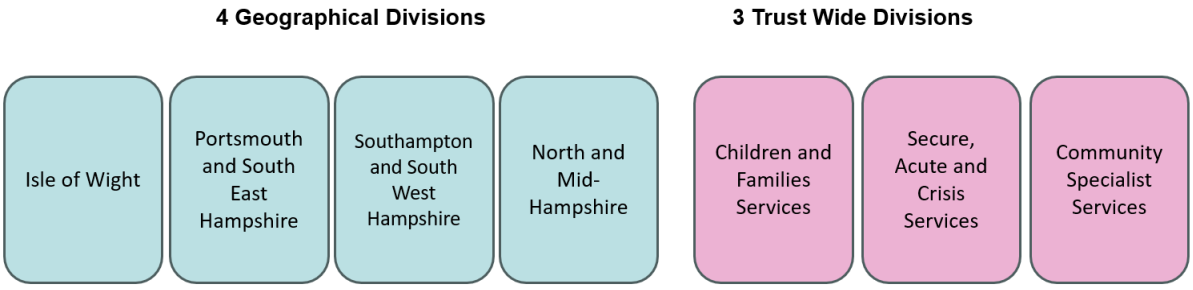
The development of the clinical operating model has not been developed in isolation. It has taken place in parallel with other key organisational design elements (including a leadership and accountability framework and design of the corporate operating model).

The model includes Divisions that deliver services and Communities of Practice that work across the whole organisation ensuring there is effective communication, learning and improvement. Divisions will be accountable for the delivery of care to either a geographical population or Trust wide services. Communities of Practice will comprise all the clinical functions delivered by the new Trust and set the clinical strategy for these functions.

Geographically based divisions are a core component of the model as we want to respect the geographies we have within Hampshire and Isle of Wight, and the diverse needs of communities in them. The four geographical divisions will enable us to collaborate across mental and physical health services and with local partners (including primary care, VCSE, social care and acute hospitals), to deliver care that is tailored to meet the individual needs of people who are using our services, their families and carers, as close to their home as possible. These Divisions will provide a strong voice and identity for their local services, and will be accountable for delivering clinical and quality standards, financial and workforce performance, and justify and deliver any warranted variation needed for the local population.

Trust Wide Divisions are required to deliver services that will benefit from a larger scale. The services within these divisions will collaborate closely with services in the geographically based divisions, as the principle of delivering care close to home applies to all of our services.

Figure 2: Make up of Hampshire and Isle of Wight Healthcare Divisions



Communities of Practice will be responsible for holding divisions to account for ensuring a framework of standards are consistently met, driving forwards clinical transformation, and driving out unwarranted variation in outcomes, experience and quality. They will include:

- Mental health
- Physical health
- Neighbourhood teams (Primary care and prevention)
- Learning disabilities and neurodiversity
- Children and Families

This cross-cutting clinical operating model offers a unique opportunity to strengthen our integrated care within our geographies whilst ensuring we keep services connected and receive wider benefits from working at scale.

Next steps

Following extensive engagement with staff and partners the proposed clinical operating model was presented and approved by the Trust Boards in Common on 6 August 2024. Appendix 1 (attached with this paper) outlines the services that will make up both the geographic Divisions and the Trust wide Divisions.

We are now focusing on implementation and putting in place the organisational structures that will support our clinical and corporate operating models.

Members and Governors in the new Trust

As we are in the process of bringing together community, mental health and learning disabilities services across Hampshire and the Isle of Wight into a new single trust, we are actively engaging with the public and are keen for them to get involved by signing up as a member of the Trust, including those interested in being part of a new service user and carer constituency.

Members are able to:

• Present ideas, feedback or concerns to the Trust

• Elect fellow members to become Governors (or stand for Governor)

• Meet and interact with the Council of Governors

• Go to constituency meetings to discuss health care in their local area

• Attend the Annual Members' Meeting

• Register for Health Service Discounts, where they can find a huge range of offers and benefits

We are using the Southern Health membership programme, (as the only existing Foundation Trust) and have amended our joining information to state that when a member signs up for Southern Health, they will also automatically transfer to the new Hampshire and Isle of Wight Healthcare NHS Foundation Trust upon establishment.

- Ends -

Hampshire and Isle of Wight Healthcare update

Appendix 1: make up of geographic and Trust wide Divisions

We CARE through:

Compassion Accountability Respect Excellence

Geographic Divisions

Isle of Wight Division	Portsmouth and SE Hampshire Division	Southampton and SW Hampshire Division	Mid and North Hampshire Division
Acute and crisis mental health services for working age adults	Acute and crisis mental health services for working age adults in Portsmouth		
Community mental health services, including CMHT, EIP, primary care MH and talking therapies	Community mental health services, including CMHT, EIP, primary care MH and talking therapies	Community mental health services, including CMHT, EIP, primary care MH and talking therapies	Community mental health services, including CMHT, EIP, primary care MH and talking therapies
Community physical health services, including community beds, planned and unplanned community care	Community physical health services, including community beds, planned and unplanned community care and palliative care	Community physical health services, including community beds, planned and unplanned community care	Community physical health services, including community beds, planned and unplanned community care
OPMH functional and organic inpatient and community services	OPMH functional and organic inpatient and community services	OPMH functional and organic inpatient and community services	OPMH functional and organic inpatient and community services
Integrated MH&LD liaison services	All age mental health liaison services	All age mental health liaison services	All age mental health liaison services
IOW Community Learning Disability team	Portsmouth Community Learning Disability team	HIOW-wide perinatal and maternal mental health services	Southampton and Hampshire Community Learning Disability team
	Eating Disorder services	Regional gambling services	**NOTE – services in blue are provided for a wider geography than the Division**

Trust-wide Divisions

Children and Families Division	Secure Services and Acute and Crisis Division	Community Specialist Division
CAMHs	Adult Low and Medium Secure	Specialist Neurorehabilitation
CAMHS Inpatient – Leigh House and Austen ward	Adult Mental Health Inpatient (Southampton & Hampshire)	Specialist MSK
Mental Health Support Teams	Learning Disabilities- Secure	Specialist nursing • Cardiac • Diabetes • Stoma • Bladder and bowel • COPD • Specialist Neuro Nursing (MS, PD, epilepsy)
Eating Disorders Children	CAMHS - secure	Specialist Dental
0-19 Health Visiting & School Nursing	Stalking	Sexual Health
CHIS	Community Forensic	Primary Care
Immunisation	Place of Safety (Southampton & Hampshire)	
Children's Community Nursing	Mother and Baby Unit	
Children's Continuing Care	CRHTT	
Community Paediatrics & Therapies	NHS 111 mental health	
Swanwick Lodge	Crisis House/ Crisis Services	
Children's Learning Disabilities		

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