

Health Overview and Scrutiny Panel

Thursday, 5th September, 2024
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

Members

Councillor W Payne (Chair)
Councillor Houghton
Councillor Kenny
Councillor Noon
Councillor Gravatt
Councillor Greenhalgh
Councillor Renyard

Contacts

Emily Goodwin
Democratic Support Officer
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Mark Pirnie
Scrutiny Manager
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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 3.

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

2024	2025
27 June	6 February
29 August – moved to 5 September	3 April
31 October – Moved to 7 November	
5 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 27 June 2024 and to deal with any matters arising, attached.

7 SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST - IMPROVEMENT PROGRAMME UPDATE (Pages 5 - 24)

Report of the Chief Executive, South Central Ambulance Service NHS Foundation Trust, updating the Panel on the implementation of the Trust's improvement programme.

8 ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION (Pages 25 - 62)

Report of the Scrutiny Manager recommending that the Panel challenge and consider the appended information relating to the performance of Adult Social Care services, the current financial position of the service and the service transformation programme.

9 MONITORING SCRUTINY RECOMMENDATIONS (Pages 63 - 66)

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

Wednesday, 28 August 2024

Director – Legal and Governance

Public Document Pack Agenda Item 6

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 27 JUNE 2024

Present: Councillors W Payne (Chair), Houghton, Kenny, Noon and Renyard

Apologies: Councillors Gravatt and Greenhalgh

1. **ELECTION OF VICE CHAIR**

RESOLVED that Councillor Houghton be elected as Chair for the 2024-2025 municipal year

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

The apologies of Councillors Gravatt and Greenhalgh were noted.

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

Councillor Kenny declared that she was a Member of Southern Health NHS Foundation Trust and her husband was a Governor of Southern Health NHS Foundation Trust.

Councillor Noon declared that he worked in Adult Social Care.

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

RESOLVED that Councillor Kenny, and Councillor Noon would be involved the discussion of the items on the agenda.

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

RESOLVED that the minutes of the meeting held on 25 April 2024 be approved and signed as a correct record.

5. **HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) SOUTHAMPTON**

The Panel considered the report of the Director of Strategy and Performance and the Director of Public Health which recommended improved awareness and understanding of the Health Determinants Research Collaboration (HDRC) Southampton, and the principles upon which it is based, to support better decision-making related to health outcomes in the city.

Dr Debbie Chase, Director of Public Health; and Councillor Finn, Cabinet Member for Adults and Health were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The HDRC would give a better understanding of the impact of service delivery which would inform future decision making about services.
- Early adopters of the scheme, such as Doncaster had found that within one year the HDRC had drawn in more grants and upskilled staff.
- Southampton had already established a good partnership with the Council and both universities in the city.
- The new Research and Development Hub included a Grants Officer who would look for opportunities for grant funding, so that the HDRC would be sustainable.
- The HDRC would develop the infrastructure to focus on the community, what the people in the community want to see and understanding the real impact made by service delivery
- The HDRC was a long term plan that would be established over five years
- Coventry had used the Marmot City approach and all partners focussed on key building blocks in life and found that in a short period of time they had made a significant impact on deprivation levels across the city.
- Mental Health and Wellbeing was a priority for the City and the strategy would focus on working more effectively with partners and investing in prevention to avert escalation and crisis.
- The six priorities were developed in consultation with stakeholders and people with lived experience.
- Every partner was critical to the delivery of a preventative approach, Mental health needs and waiting times had increased and a service solution was required to help support mental health issues and prevent them escalating. This would be achieved through building up the evidence base to identify the impact of services on outcomes to improve understanding of the opportunity cost in resource allocation.

RESOLVED that a progress report on the Health Determinants Research Collaboration (HDRC) and the Mental Health & Wellbeing Strategy would be scheduled for June 2025.'

6. **ARRANGEMENT FOR ASSESSING SUBSTANTIAL CHANGE IN NHS PROVISION - UPDATE**

The Panel considered the report of the Scrutiny Manager which recommended that the Panel considered and approved the revised arrangements for assessing significant developments or substantial variations in NHS services across Southampton, Hampshire, Isle of Wight and Portsmouth local authority areas.

Mark Pirnie, Scrutiny Manager was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel noted that update had been driven by the change to referral process to the Secretary of State and would not fundamentally impact on the role or work of the HOSP. Healthwatch Southampton were aware of the referral changes.

RESOLVED that the Panel approved the revised arrangements for assessing significant developments or substantial variations in NHS services across Southampton, Hampshire, Isle of Wight and Portsmouth local authority areas, as outlined in Appendix 1 of the report.

7. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Scrutiny Manager which enabled the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

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Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL	
SUBJECT:	SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST - IMPROVEMENT PROGRAMME UPDATE	
DATE OF DECISION:	5 SEPTEMBER 2024	
REPORT OF:	CHIEF EXECUTIVE - SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	
<u>CONTACT DETAILS</u>		
	Title	Chief Executive, South Central Ambulance Service NHS Foundation Trust
	Name:	David Eltringham
STATEMENT OF CONFIDENTIALITY		
Not Applicable		
BRIEF SUMMARY		
<p>On 25 August 2022 the Care Quality Commission published an inspection report into South Central Ambulance Service NHS Foundation Trust (SCAS) and changed its overall rating from “good” to “inadequate”. As a consequence, the Trust was further assessed as National Overview and Assurance Framework Segment 4 (the lowest level) and placed in the Recovery Support Programme.</p> <p>Over the last two years SCAS has been working through a comprehensive improvement programme, which has resulted in significant improvements, particularly in the quality and safety domain. There is still more work to be done specifically in strengthening leadership and culture.</p> <p>Performance remains challenged across SCAS, although within the South West Node, the service performs relatively well.</p> <p>SCAS will remain in the Recovery Support Programme with a focus on delivering longer term strategic and cultural change alongside recovering performance to enable us better to respond to the ongoing financial and operational reality of the NHS.</p>		
RECOMMENDATIONS:		
	(i)	The Panel is asked to note the progress against the improvement programme and discuss the remaining issues with representatives from SCAS.
REASONS FOR REPORT RECOMMENDATIONS		
	To enable the Panel to scrutinise progress with the improvement programme undertaken by SCAS.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
1.	None.	
DETAIL (Including consultation carried out)		
2.	The Panel is requested to consider the appended paper and discuss the progress with the improvement programme with representatives from SCAS. In particular to note:	

	<ul style="list-style-type: none"> the strong improvement in the patient safety domain, and improvements in the oversight and management of safeguarding systems and processes. the significant progress in improving governance and aspects of culture including freedom to speak up and sexual safety at work. The operational improvements that have been made to support timely response to patients. Ongoing work to strengthen leadership and longer term strategic and cultural change.
3.	The Panel is requested to consider the performance information provided, discussing with representatives of SCAS the challenges faced in delivering timely response to patients at the present time.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
4.	N/A
<u>Property/Other</u>	
5.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
6.	N/A
<u>Other Legal Implications:</u>	
7.	N/A
RISK MANAGEMENT IMPLICATIONS	
8.	N/A
POLICY FRAMEWORK IMPLICATIONS	
9.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	N/A
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	SCAS August 2024 Improvement Programme Update

Documents In Members' Rooms

	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)	
	None	

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NHS

South Central
Ambulance Service
NHS Foundation Trust



Southampton City Council

Health Overview and Scrutiny Panel

5 September 2024

Executive Summary

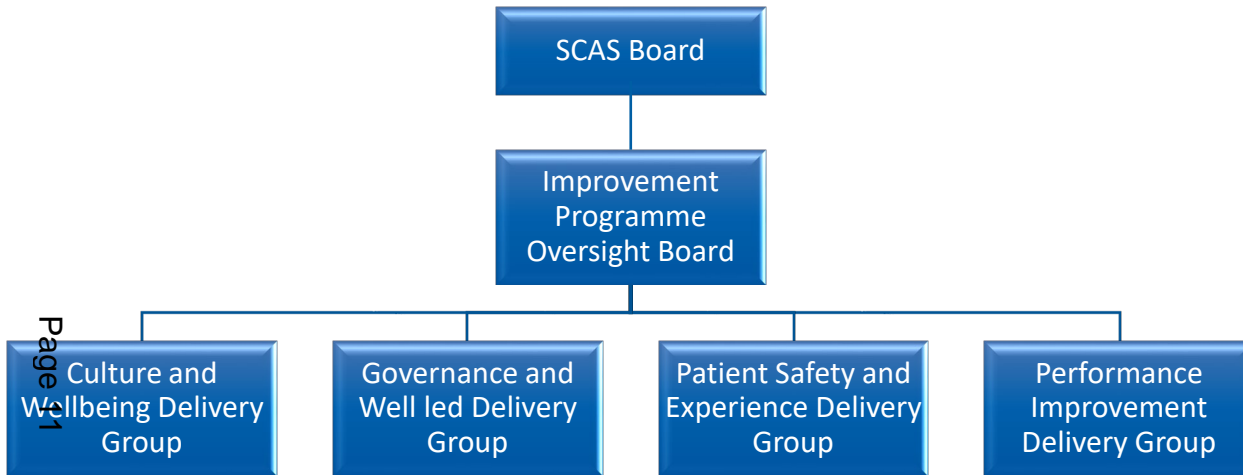


- The CQC published a warning notice following an inspection of South Central Ambulance Service in May 2022 and in August of the same year, it published its report and rated the organisation as inadequate with particular concerns regarding the leadership of the organisation and the safety culture.
- As a consequence of the report, SCAS was placed into NHS Oversight and Assurance Framework Segment 4 and entered the NHS Recovery Support Programme
- Over the last two years, we have remained in the Recovery Support Programme and undergone our own internal improvement programme which continues to support fundamental change
- During that time, we have recruited a new chief executive and seen a number of other changes at executive level. We continue to stabilise our executive team.
- We have delivered significant improvements across the organisation, particularly in the Quality and Patient Safety area, which has effectively been removed from enhanced oversight.
- However, we will remain in the NHS Recovery Support Programme. Our focus will be on delivering longer term strategic and cultural change across the organisation to enable us better to respond to the ongoing financial and operational reality in the NHS.



David Eltringham, Chief Executive

Improvement Plan Overview



- People voice
- Compassionate leadership
- Abuse of power & sexual safety
- Personal development, talent & CPD

- Board and Committee structures
- Governance information
- Board information
- Risk management
- Communications and engagement

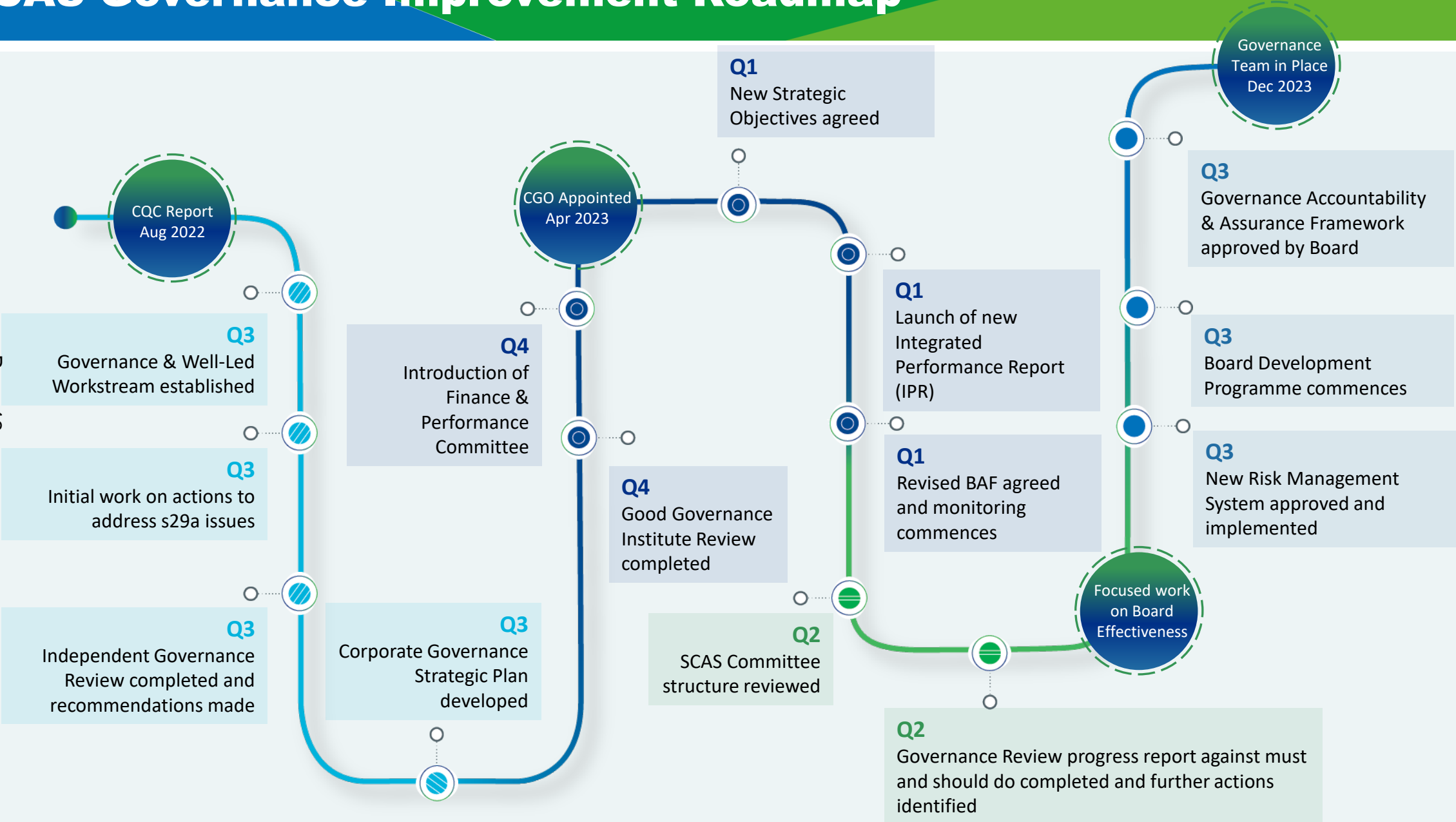
- Safeguarding
- Patient safety and incident management
- Medical devices
- Medicines management
- Infection prevention and control

- Response / waiting times
- Demand / capacity
- Staffing:
- Training / support
- Recruitment / retention

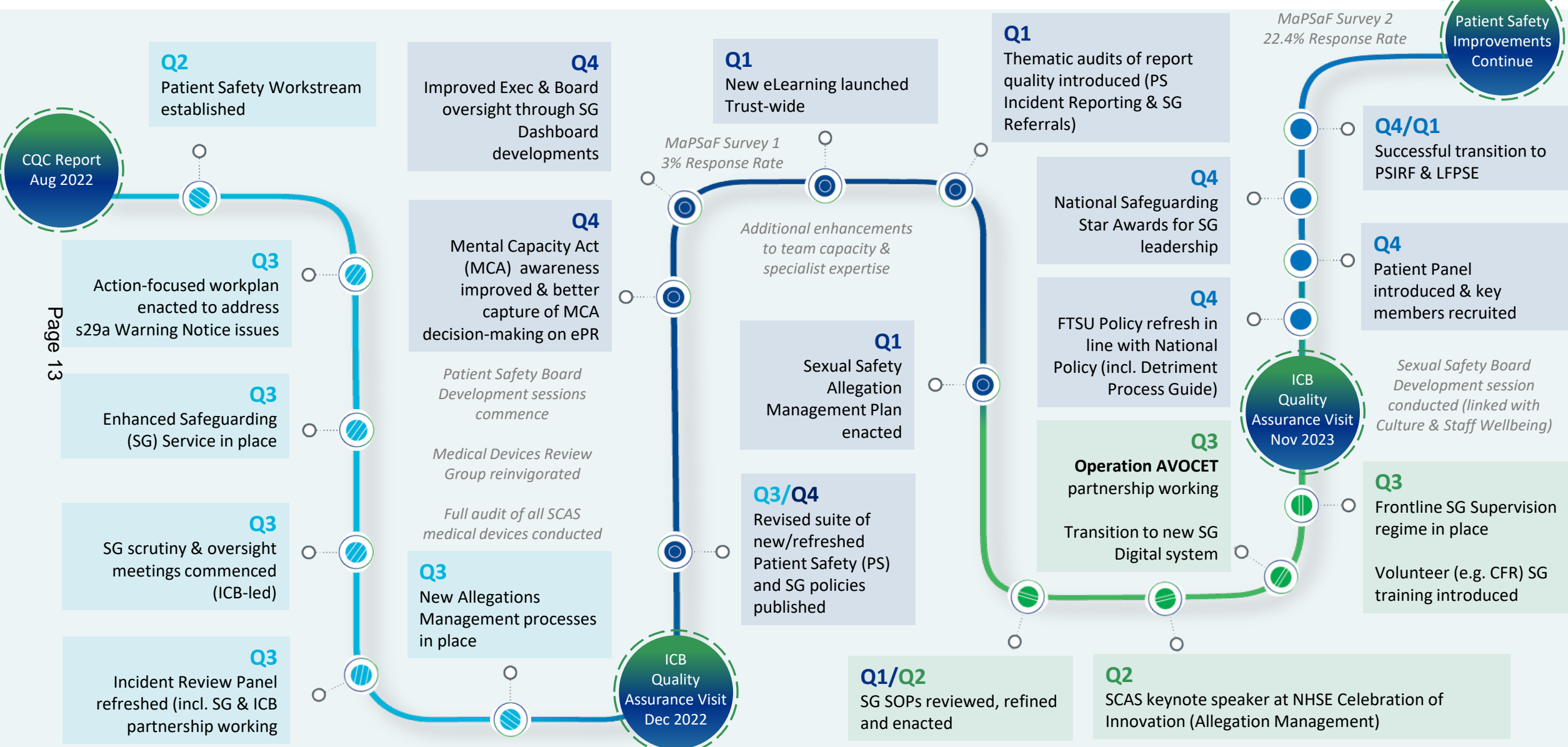
- Over the last two years we have maintained our improvement programme and governance arrangements based around four workstreams, each led by an executive director and a senior responsible officer.
- We report monthly to the Board and to the Executive Management Committee.
- We meet with NHS England and Hampshire and Isle of Wight ICB regularly to review our progress.
- As we move forward on our improvement journey, we are working on building improvement into our core business, enabling us to stand down our bespoke programme arrangements.

SCAS Governance Improvement Roadmap

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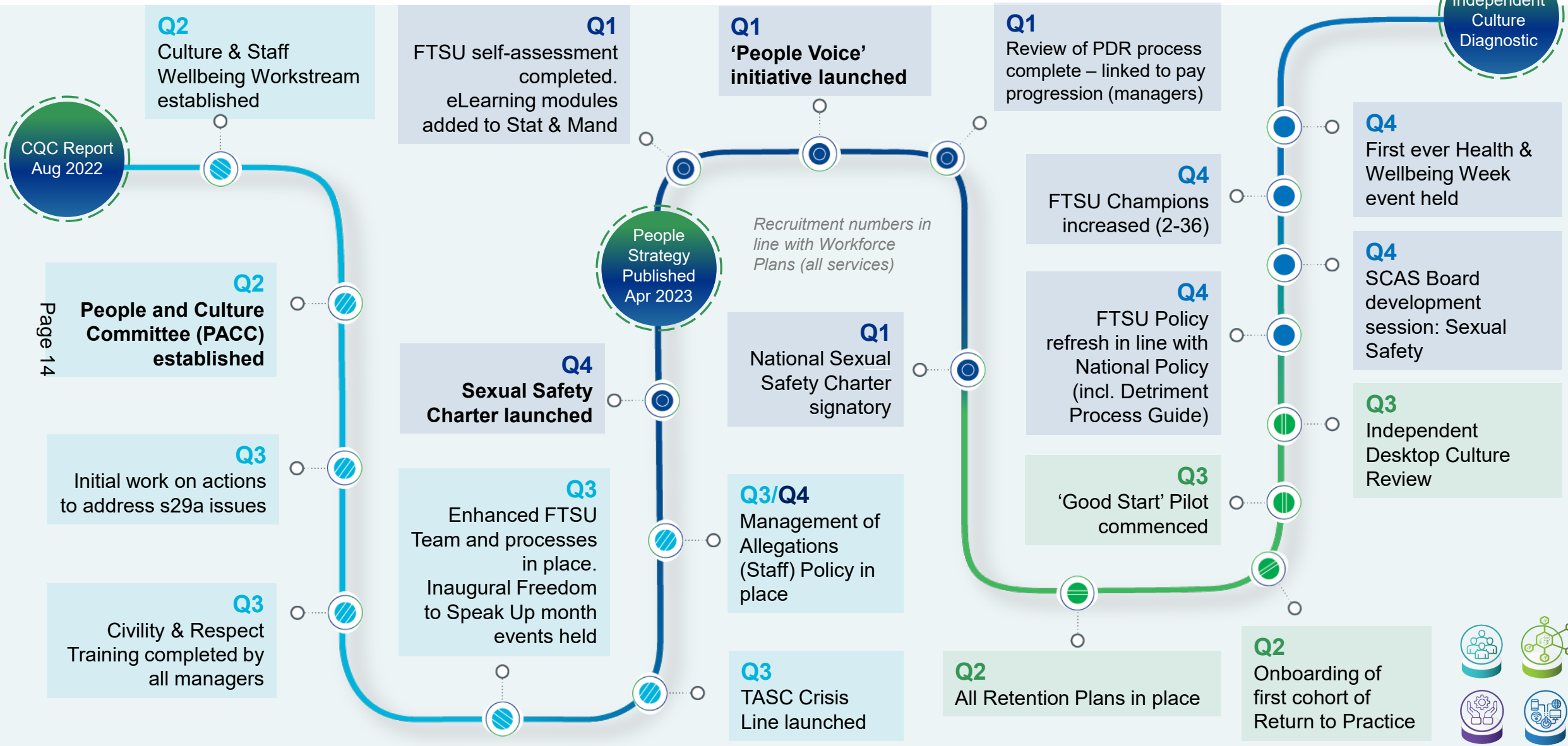
Patient Safety & Safeguarding Improvement Roadmap



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Culture & Staff Wellbeing Improvement Roadmap

International recruitment increase (34 nurses / 49 paramedics)



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Performance Improvement Roadmap

CQC Report
Aug 2022

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Q2
Performance Workstream established

Q2
Revised Training and coaching model to reduce attrition in CCC

Q2 / Q3
Cat 1 Recovery plan implemented

Q3
Revised mentoring model and new start roster to improve clinical support for new ECTs

Q3
Created an intelligence conveyance proposals to commissioners

Q4
International nurses recruited & onboard into CSD

Q4
Review of out of service procedure, (Ops policy 8)

Q3
Call before Convey pilot

Q3
Reviewed EPSP, revised procedure implemented with key changes around a joint decision-making model

Change vehicle mix to DCA priority

Q4
Deployment of TECA to C1 calls

Q1
Developed a 'digital feedback loop' for patient outcomes via SCAS Connect

Q1
Intelligence conveyance proposals revisited by commissioners

Q3
Increased CSD capacity by deploying specialise paramedics into call centres

Q4
Operational Modernisation plan (OMP) development.

Q4
Call improvement plan created incorporating outputs from AACE review of EOC.

Q4
Introduce Immediate Handover

Q3
Fit for Future programme begins looking at strategic changes for Operational Model

Q2
West Midlands support with demand in CCC

Q2
Implement Cat 3 & 4 validation

AACE review of Clinical Deployment with recommendations

OMP & Ops continuous improvement plan

Q1
Rapid drop and go for 'fit to sit' patients.

Q4
Hear & Treat plan implemented

Q3
Milton Keynes Call center fully functioning

Q3
Cat 2 Segmentation implemented

Operational Development Plan created

Safeguarding and S29a

ICB Quality Assurance Visit / OFSTED



- In December 2022, Hampshire and Isle of Wight ICB undertook a Quality Visit to ‘test’ the evidence of improved safeguarding provided by SCAS at scrutiny meetings.
- The visit provided additional assurance that SCAS have delivered in full the foundation improvements in the quality areas identified within the Section 29a notice.
- A follow up visit by the ICB in November 2023 was positive on the progress made as part of SCAS Improvement Journey.
- The Ofsted report of January 2023 that looked at apprenticeship training stated:

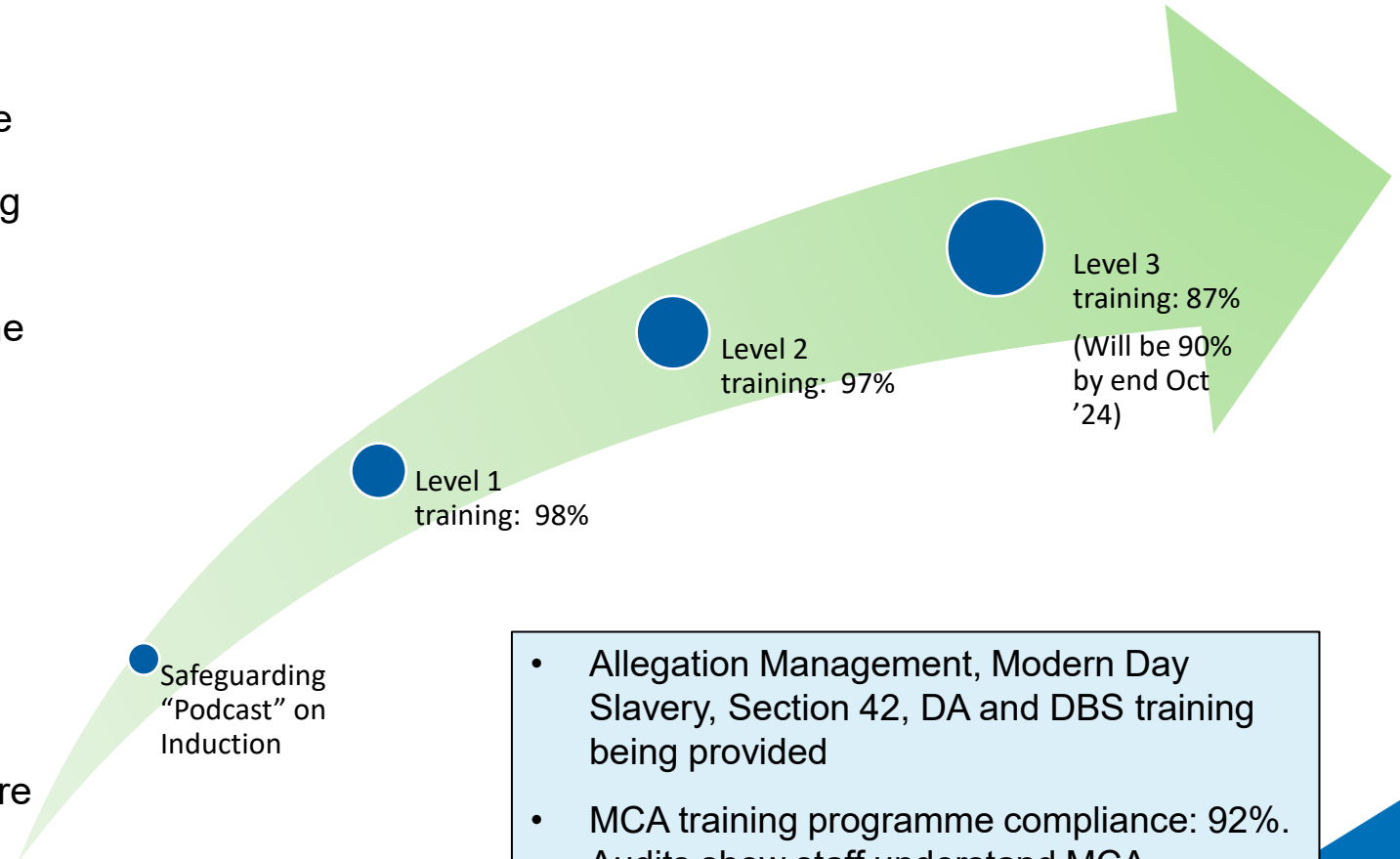
“The arrangements for safeguarding are effective. Appropriately trained safeguarding staff understand current and emerging s/g trends well. They ensure staff complete mandatory safeguarding training and are kept up to date about safeguarding concerns.”

Safeguarding Governance, Oversight and Outcomes



- Safeguarding Committee Established and operational, chaired by Chief Nursing Officer, reporting to the Quality and Safety Board Committee
- Regular Board training and updates on Safeguarding issues
- Safeguarding stories included in patient stories to the Board
- Weekly updates on Safeguarding to the Executive Management Committee
- An Executive-Led Task and Finish Group managing remaining risks
- ICS and NHS Oversight Safeguarding Meetings
- Update Reports to SG Boards via the Integrated Care System (ICS) named safeguarding nurses
- Safeguarding Annual Report produced covering all safeguarding activity and progress

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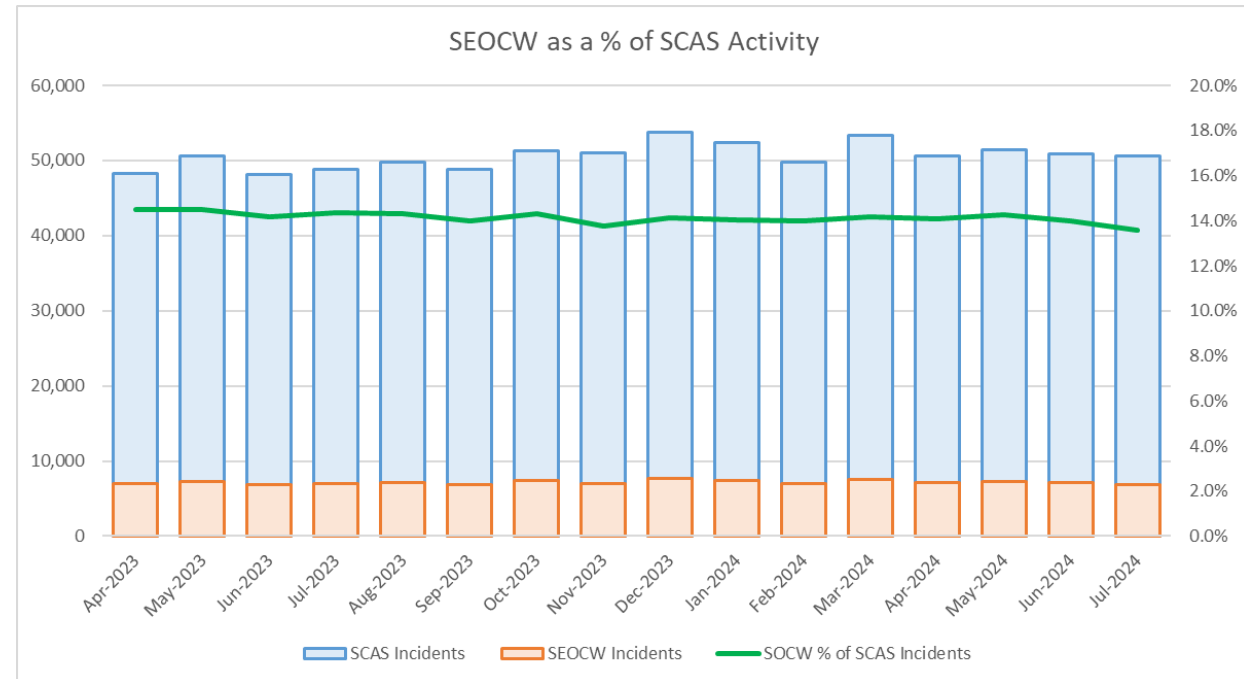
- Allegation Management, Modern Day Slavery, Section 42, DA and DBS training being provided
- MCA training programme compliance: 92%. Audits show staff understand MCA
- Prevent Training Level 3 compliance: 90%

Performance

SCAS Performance in the South West



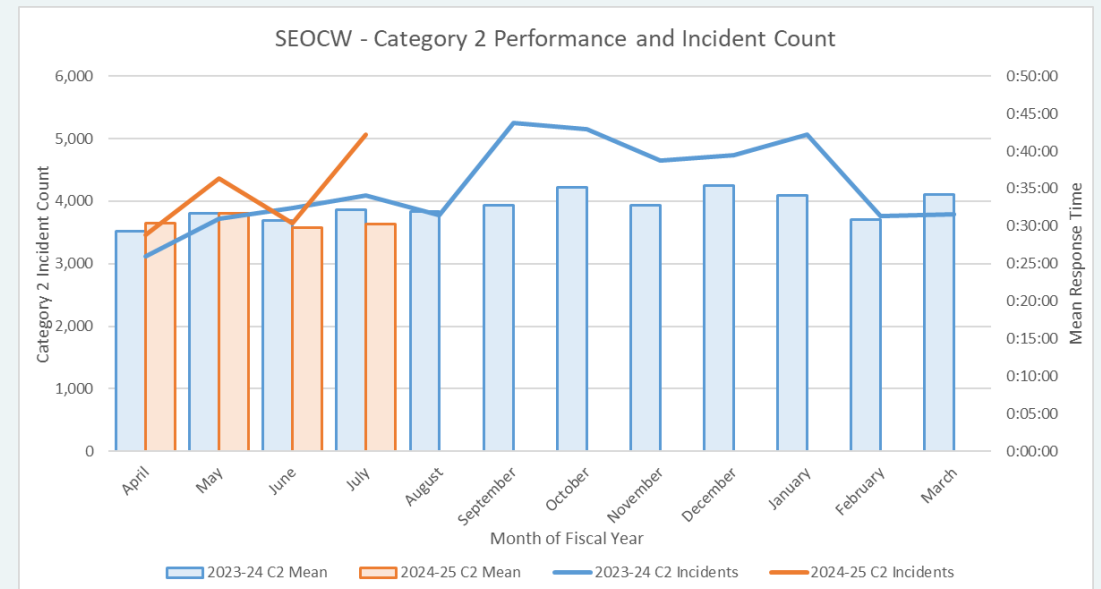
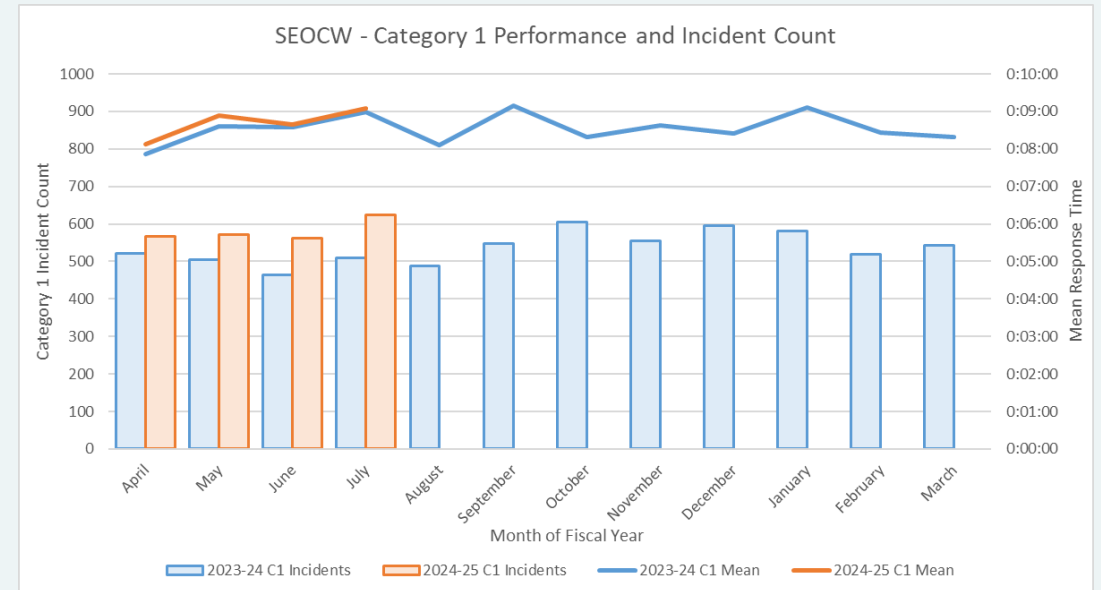
- The South West Node of SCAS covers Southampton City and the New Forest geography, conveying patients mainly to Southampton Hospitals, but also on occasion to Bournemouth and Poole.
- It is responsible for c.8,000 incidents a month out of a total of c.50,000
- It represents 14.1% of SCAS total activity



Category 1 and 2 (higher acuity) Incidents

South West Node to July 2024

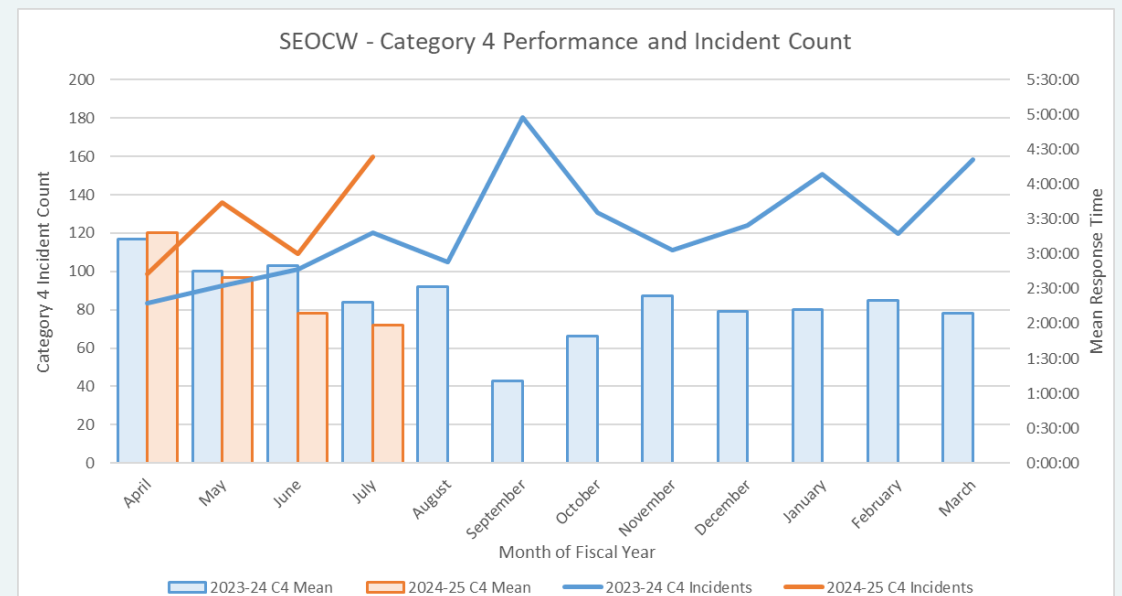
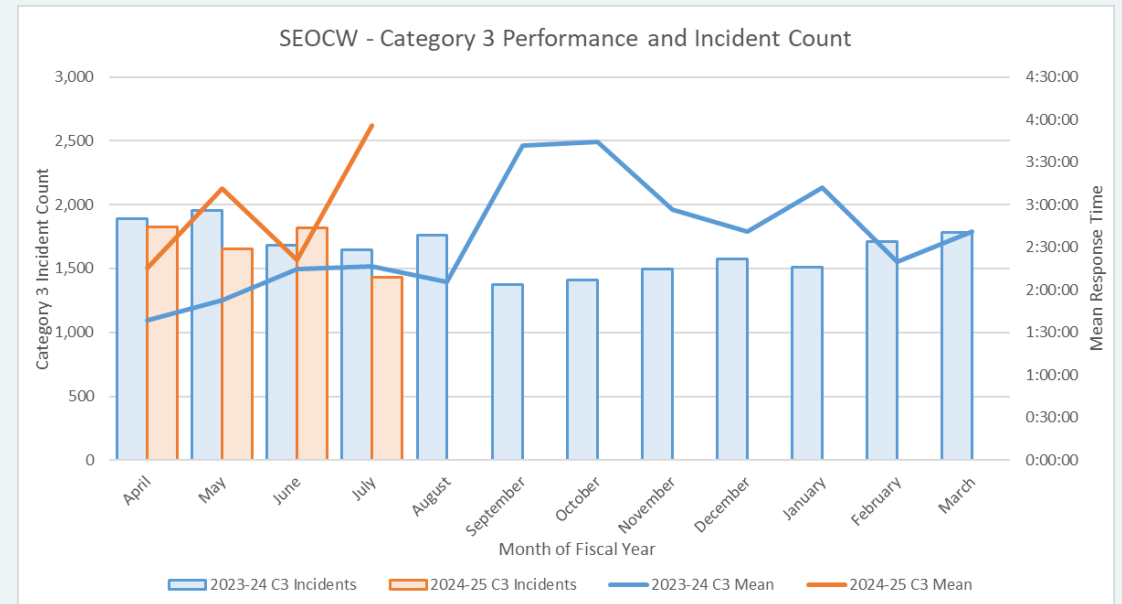
- The number of Category 1 incidents between April and July is 16.1% higher than expected year to date.
- This has been a key contribution to mean response times being higher than planned at between 8 and 9 minutes (target 7 minutes).
- The increase in Category 1 incidents has a knock-on effect on other categories of response.
- The number of Category 2 incidents have been closer to our plan; however, response times have been higher than planned. In particular, in July, we exceeded our target by 8 minutes 7 seconds (the in-year target for mean cat 2 response times is <30 minutes).
- We expect to enter winter pressures soon with demand increasing from to October.



Category 3 and 4 (lower acuity) Incidents

South West Node to July 2024

- The number of Category 3 incidents in the South West node is highly variable ranging from a low of <1,500 a month in September to a high of just under 2,000 in May.
- This variability is highlighted this year - in May and July we saw a reduction of 15.2% and 12.9% respectively against expected activity levels whereas in June there was an increase of 8.1%.
- Response times are equally variable, with patients waiting on average around 2½ hours for an ambulance in June, rising to nearly 4 hours in July. (target – 90th centile 2 hours).
- With the smaller numbers of Category 4 incidents, ranging from just over 40 planned in September up to a high of 120 in actual figures in April, any change in demand is more noticeable in terms of the percentage change, although overall activity has been close to plan. Patients were waiting around 4½ hours for an ambulance in this category in July (target - 90th centile 3 hours).



Glossary

Glossary



Acronym		Acronym	
AACE	Association of Ambulance Chief Executives	IPR	Integrated Performance Report
BAF	Board Assurance Framework	LFPSE	Learning from Patient Safety Events
Cat 1/2/ 3/4	Category of ambulance response, 1 being the most acute and in need of quick response and 4 being lowest	MaPSaf	Manchester Patient Safety assessment framework (tool for assessing the maturity of patient safety culture)
CCC	Clinical Coordination Centre (covers all telephone activity within SCAS, including EOC and CSD – see below)	MCA	Mental Capacity Act
CFR	Community First Responder	OMP	Operational Modernisation Programme
CGO	Chief Governance Officer	PACC	People and Culture Committee
CPD	Continuous Professional Development	PDR	Personal Development Record
CQC	Health and Care Quality Commission	PSIRF	Patient Safety Incident Response Framework
CSD	Clinical Support Desk, provides additional clinical advice to crews on the road	SAAF	Safeguarding Accountability and Assurance Framework
DCA	Direct Conveyance Appliance (i.e. Ambulance) (as opposed to RRV – rapid response vehicle such as a car)	SG	Safeguarding
EOC	Emergency Operations Centre – where 999 calls are answered	SOP	Standard Operating Procedure
ePR	Electronic Patient Record	S29a	CQC warning notice to NHS Trusts related to a requirement for significant improvement in the quality of care
EPSP	Enhanced Patient Safety Protocol (used when the service is under extreme pressure from demand)	TASC	The Ambulance Services Charity
FTSU	Freedom to Speak Up		

Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION
DATE OF DECISION:	5 SEPTEMBER 2024
REPORT OF:	SCRUTINY MANAGER

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director – Enabling Services	
	Name:	Mel Creighton	Tel: 023 8083 3528
	E-mail	Mel.creighton@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	
At the request of the Chair, the Executive Director – Community Wellbeing has, provided the Panel with an update on the performance of Southampton City Council’s Adult Social Care Services, the current financial position of the service and the service transformation programme. This information is attached as Appendix 1.	
RECOMMENDATIONS:	
	(i) That the Panel consider and challenge the appended information from the Executive Director – Community Wellbeing.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to scrutinise the performance of Southampton City Council’s Adult Social Care services and the transformation programmes led by the service.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	No alternative options have been considered.
DETAIL (Including consultation carried out)	
3.	Attached as Appendix 1 is a presentation providing the Panel with details relating to: <ul style="list-style-type: none"> • The performance of Adult Social Care Services • The service transformation programme
4.	The Panel are requested to use the appended information to scrutinise the Cabinet Member for Adults and Health and the invited officers who will be in attendance.
RESOURCE IMPLICATIONS	

<u>Capital/Revenue</u>	
5.	Not applicable
<u>Property/Other</u>	
6.	Not applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty for local authorities to undertake overview and scrutiny is set out in Part1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	The management of risk at it relates to performance is a key consideration for the Council risk register, internal audit and ASC quality assurance. Scrutiny at this panel also provides further assurance.
POLICY FRAMEWORK IMPLICATIONS	
10.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Adults and Health - Performance and transformation 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

An aerial photograph of Southampton harbor and the surrounding city. The harbor is filled with various ships, including a large cruise ship docked at the quay. The city buildings and green spaces are visible in the background.

Adults and Health HOSP

Performance and Transformation – August 2024

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Agenda

1. Our Vision and Strategic Aims
2. Delivering the Vision – key achievements and challenges
3. Our Performance Data
4. Next steps in our transformation – Key programmes of work

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Vision and Context

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Our Vision and Strategic Aims

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



A high-quality service that is easy for people to navigate



An excellent early help offer



A confident and competent workforce



A fair, sustainable and flexible service

Delivering the vision

Key completed activity

- ✓ ASC Strategy 2024-2029
- ✓ Charging policy
- ✓ EquipMe
- ✓ SCC Mental Health team created
- ✓ Occupational Therapy Team created
- ✓ Redesign of ASC webpages
- ✓ Financial Self-Assessment
- ✓ CareTec trial
- ✓ Needs Self-Assessment
- ✓ Direct Payments – Phase 1

Benefit delivered

- Self-serve **capability strengthened**
- **Use of self-serve tools** and Information, Advice & Guidance steadily increasing
- Service Centre **resolving a greater number** of requests
- % of people accessing ASC team requiring a Care Act Assessment increasing meaning the **skilled workforce is focused at the right level** of need
- Our **Mental Health** team has social work **oversight and support**
- Our **Occupational Therapy** team has social work **oversight and support**
- Our restructure has **delivered targeted savings** with no redundancies
- We have **evidenced the crucial role technology** can play in protecting independence

Case study – Joint working best practice

In July, Social Workers from our Learning Disability Service and Children's Services, jointly presented to a national conference, for Principal Social Workers from Children's and Adult's Services. The feedback from attendees was overwhelmingly good, including positive feedback from established researchers in this area of practice.

The SW's shared 'Bella & Riley's'* story who had been supported by both services. Initially it appeared that Bella may not keep parenting Riley due to her Learning Disability. Sadly, research shows that nationally, this happens far too often. However, the work between adult's and children's teams in supporting Bella and Riley ensured that this was not the story for this family.

Riley is no longer under a section 20 and Bella has moved into independent living with Riley. Bella receives some support under the Care Act 2014. The family are described as 'flourishing'.

Childrens and Adults staff learnt from each other, in understanding the legislative frameworks and priorities. Bella received a gift voucher for her contribution, of a voice recording for the event, as a person with lived experience.

Other Local Authorities have asked for the slides and there is interest in SCC presenting at other national events.

ASC Performance

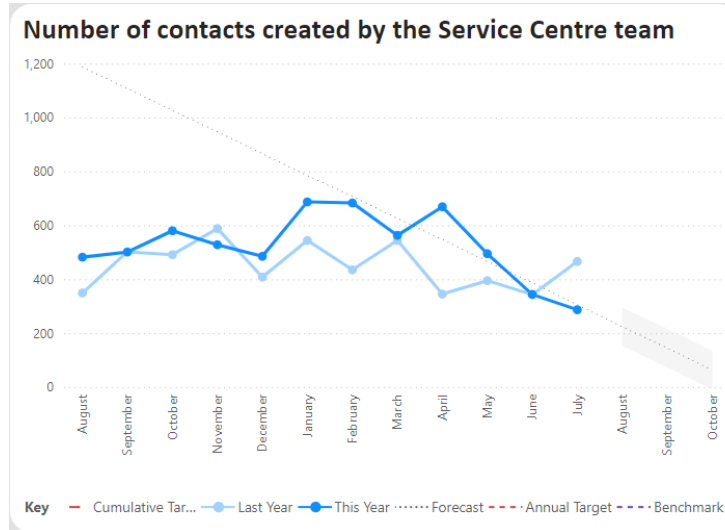
Page 33



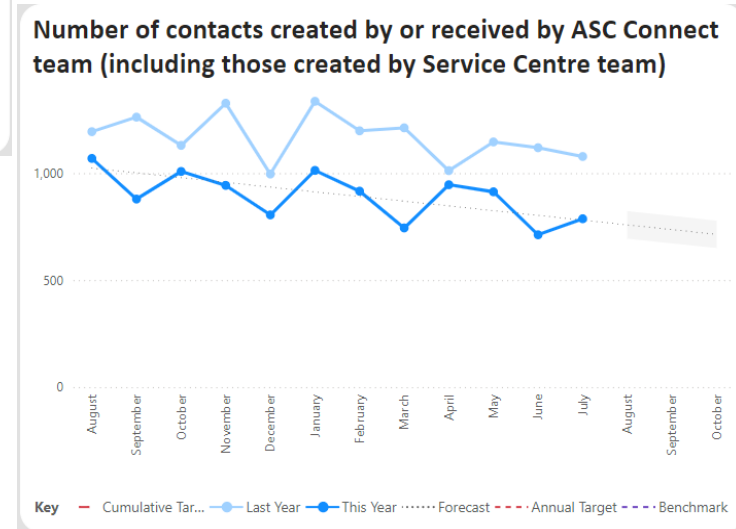
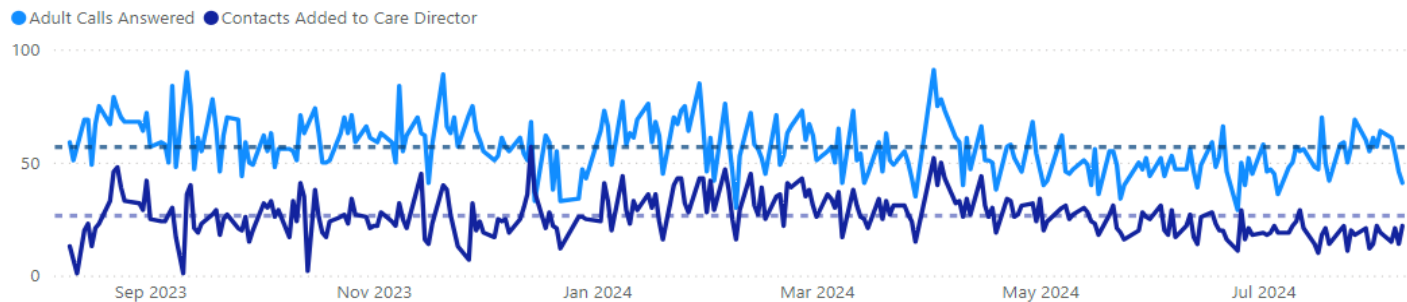
Managing Demand - Service Centre

There is a **gradual downward trend** of ASC calls coming to the service centre and a further downward trend of contacts being created and referred to ASC. This is positive and **demonstrates the effectiveness** of the improvements that have been made to information advice and Guidance and self-serve tools over the last 12 months

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Adult calls answered and contacts added to Care Director: 10 August 2023 - 09 August 2024



Managing Demand – Self-serve tools

We have created a number of online self-serve tools including **EquipMe** – An assistive technology tool to assess, recommend and support purchases. This is showing **increased uptake and reducing the number of calls** to the service centre enquiring about tools to support independent living.

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Southampton City Council	June	July	Variance
New Visitors	183	215	up 17%
Repeat Visitors	45	33	down 27%
Total Visitors	204	236	up 16%
Reports Completed	60	48	down 20%
Total Visitors/Reports	29%	20%	-
Total Entrances	268	280	up 4%
Total Bounces	112	151	up 35%
Bounce Rate	42%	54%	-

Visitor Data

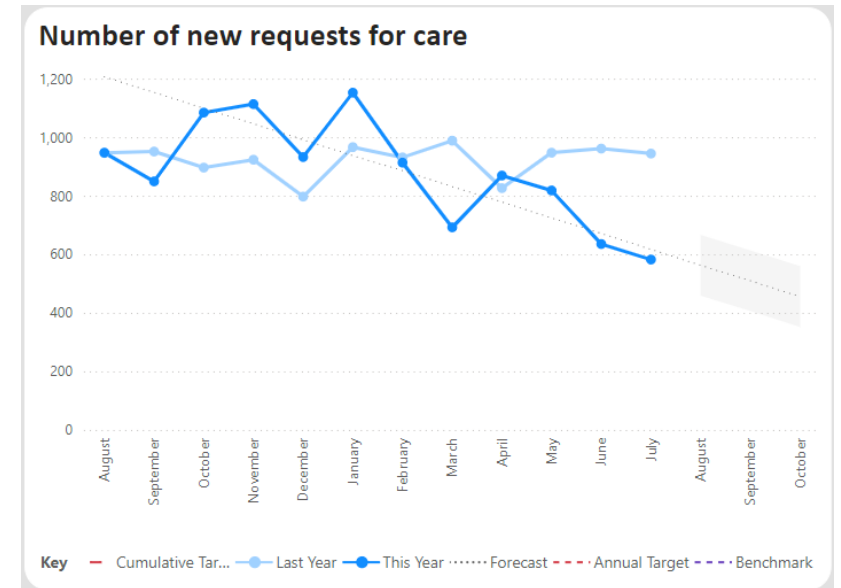
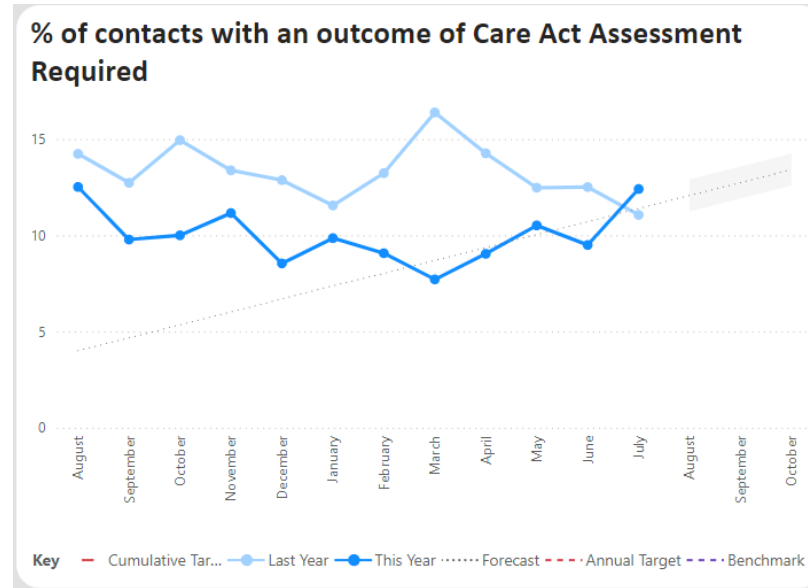
All Time Visitor Data - May 2023 - July 2024



Managing Demand – New requests for care

The percentage of people referred to the ASC team requiring a **Care Act Assessment** is increasing this means that the skilled workforce is focused at the **right level of need**

The number of **new requests for care** is decreasing this is suggesting that an increased number of people are using our self-service tools and information to **meet their needs**

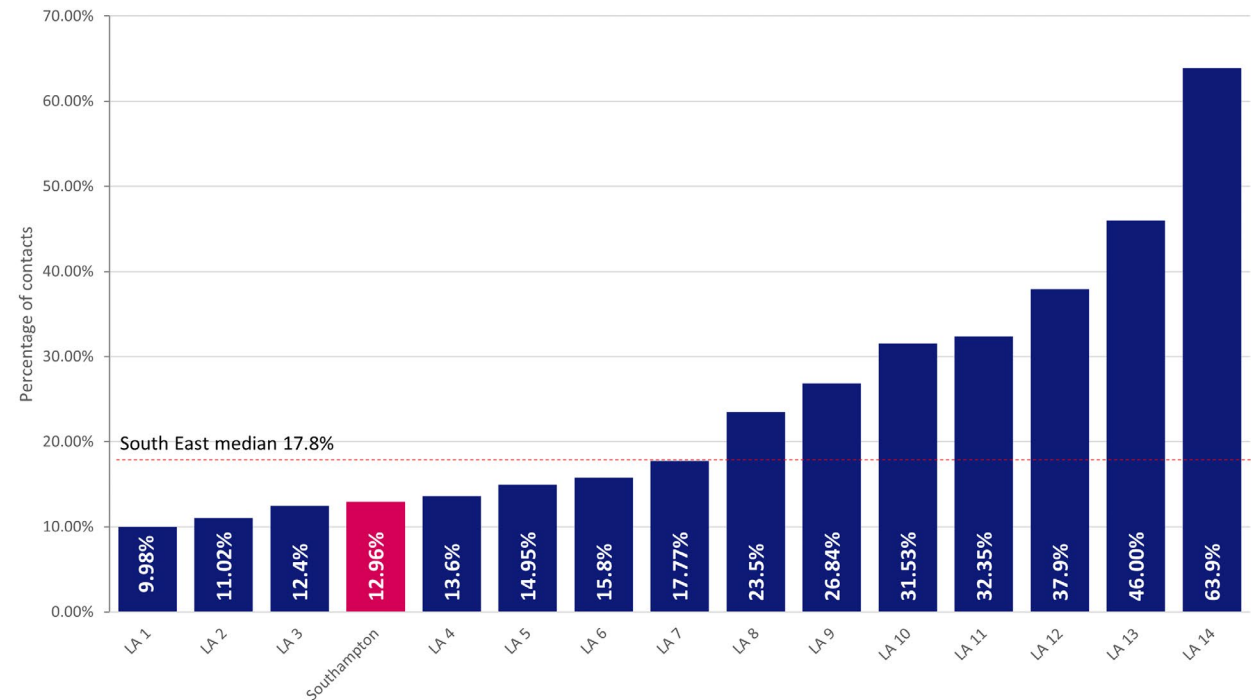


Contacts to care assessments – SE ADASS provisional data

This links to previous slides around our strategic ambition to support people to self serve. Managing conversations with people at the point of contact to offer advice, information and guidance prior to the need for a Care Act Assessment is a positive direction.

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Percentage of contacts that progress to social care assessment, South East local authorities, Jan-Mar 2024

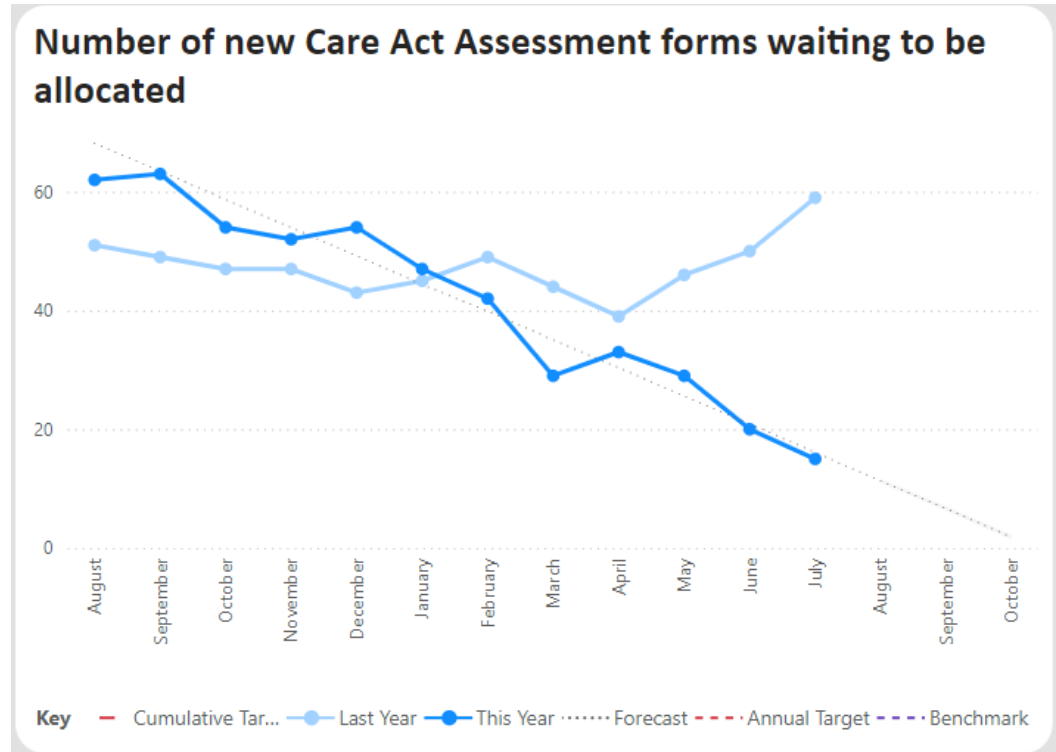


Care Act Assessments

The **timeliness** of Care Act assessment allocation **continues to improve**, the restructure of adult social care will improve process and practice to further improve timeliness of allocation and completion.

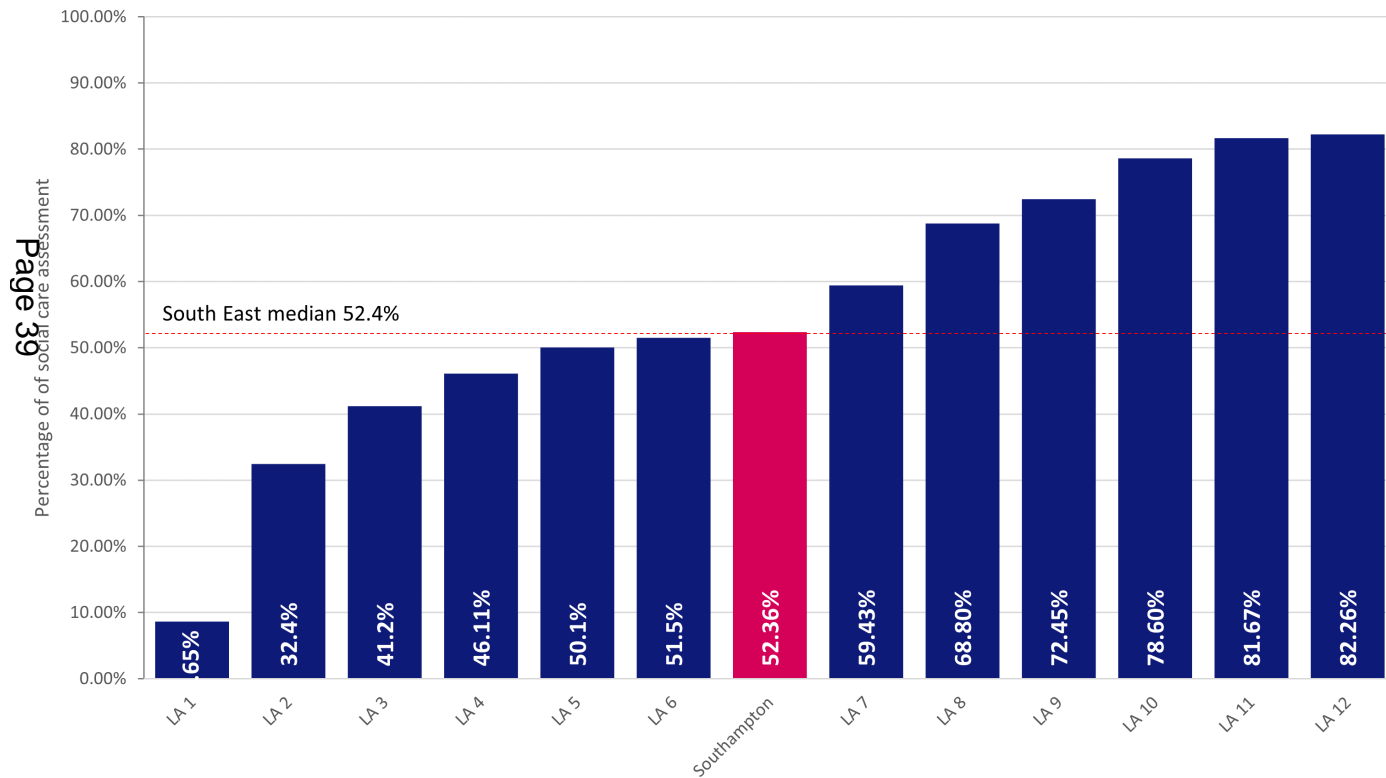
Annual reviews have improved since last year and performance is **higher than national average**.

Percentage of people being assessed or reviewed in last 12 months has levelled off over the last 6 months **but remains higher than the national average**.



Social care assessment that result in support plans – SE ADASS provisional data

Percentage of social care assessment that result in support plans, South East local authorities, Jan-Mar 2024



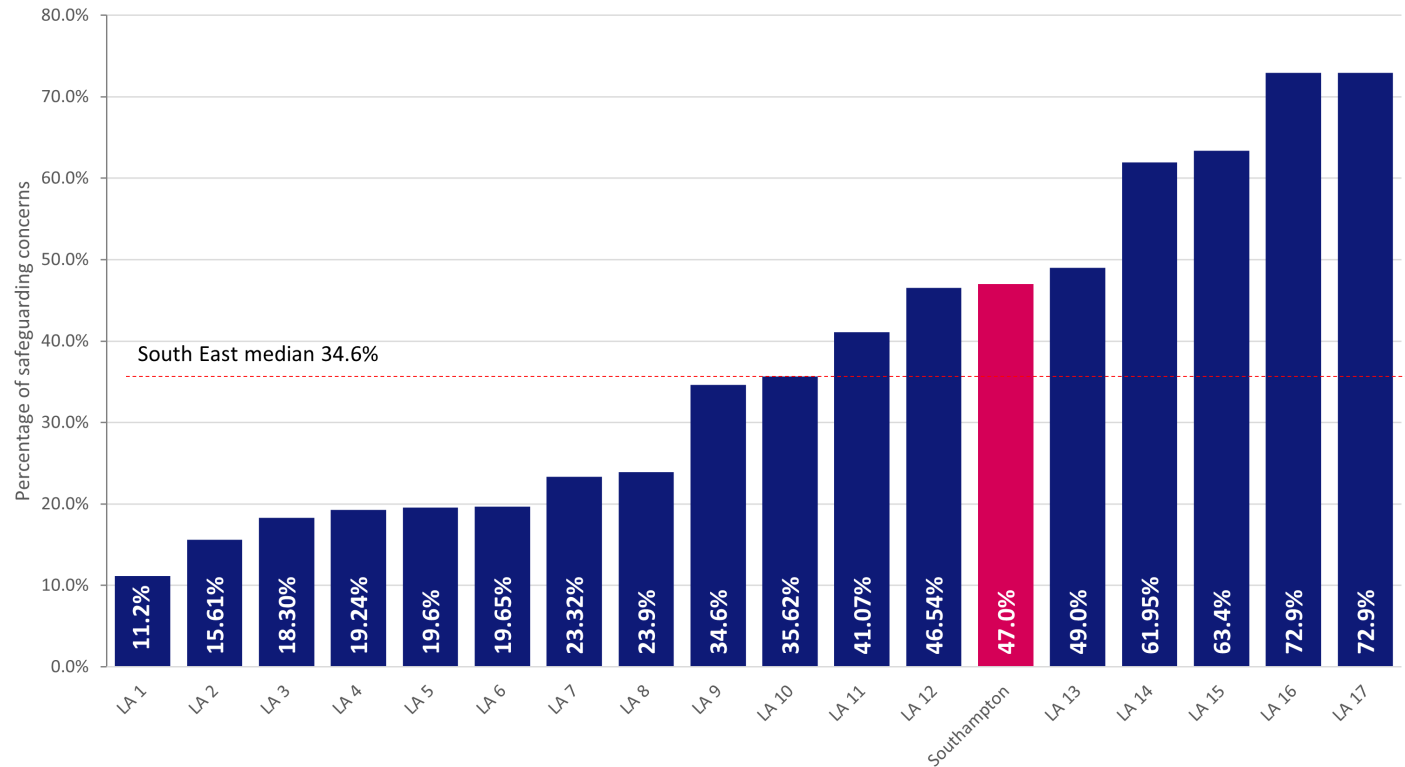
Care Act assessments are interventions in themselves and should be strengths based and person centred relating to a person living as independently as possible. Having 52.36% resulting in a support plan is a good position to be in demonstrating that people are experiencing strengths-based assessments.

Safeguarding – SE ADASS provisional data

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Through the training and supervision with staff, raising awareness of safeguarding, we have increased the percentage of SG concerns that become a Section 42. In previous years this was lower than our statistical neighbours. We will continue this work within the new safeguarding hub providing a consistent and robust approach.

Percentage of SG concerns that become a Section 42 enquiry, South East local authorities, Jan-Mar 2024

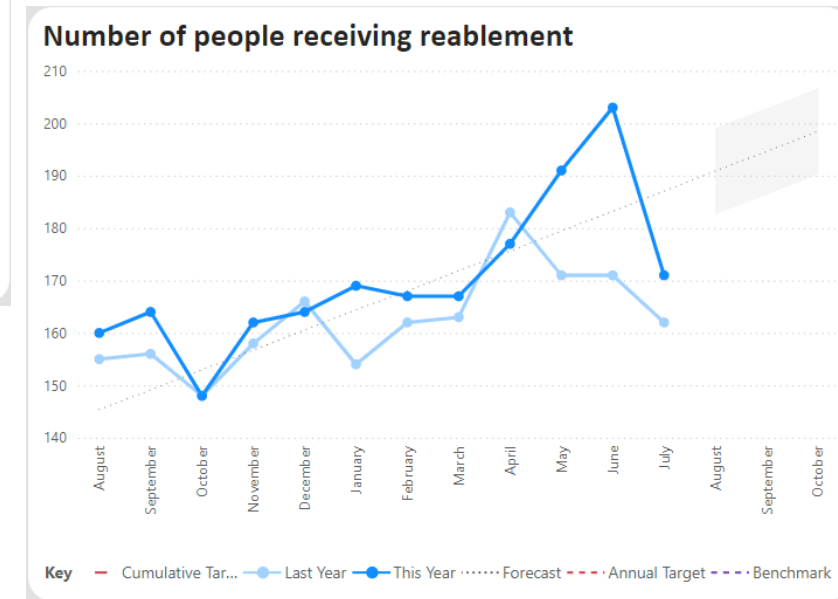
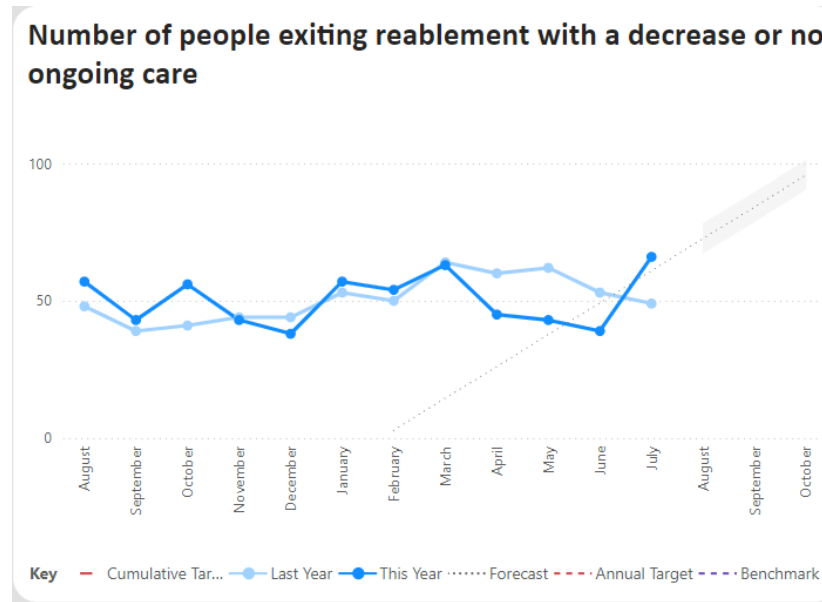


Reablement – Improving independence, reducing admissions

Performance is **continuing to improve** with the number of people exiting reablement with decreased or no ongoing care.

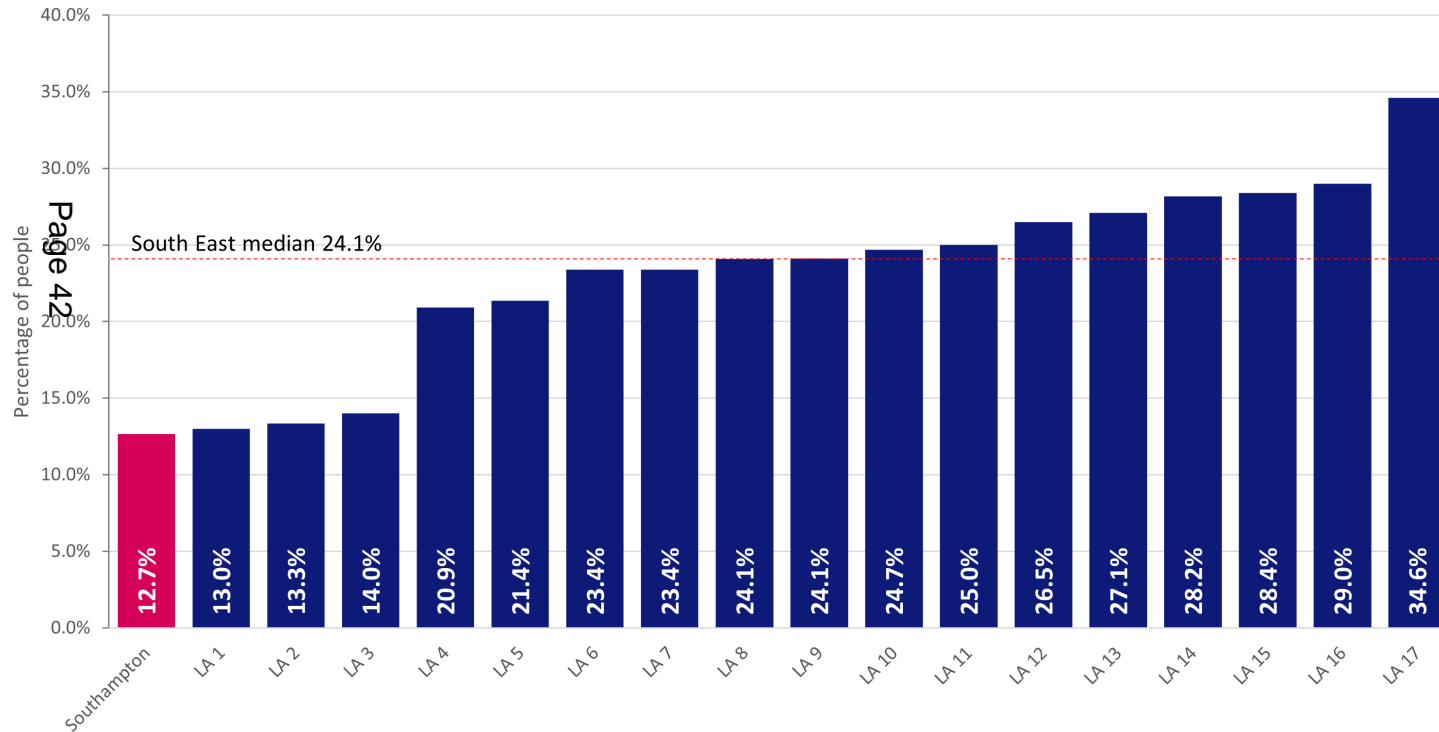
The number of **people receiving reablement continues to increase** and remains higher than the same time last year.

The reablement service will be redesigned to support **continued improvement** as part of the ongoing transformation work.



Direct Payments – SE ADASS provisional data

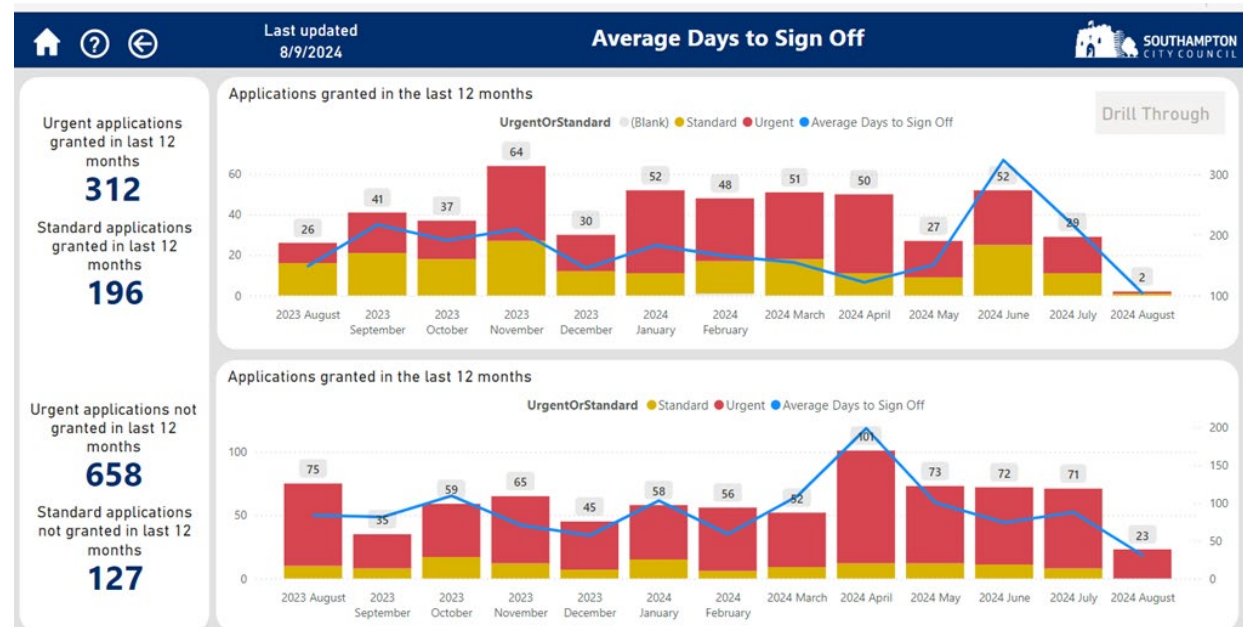
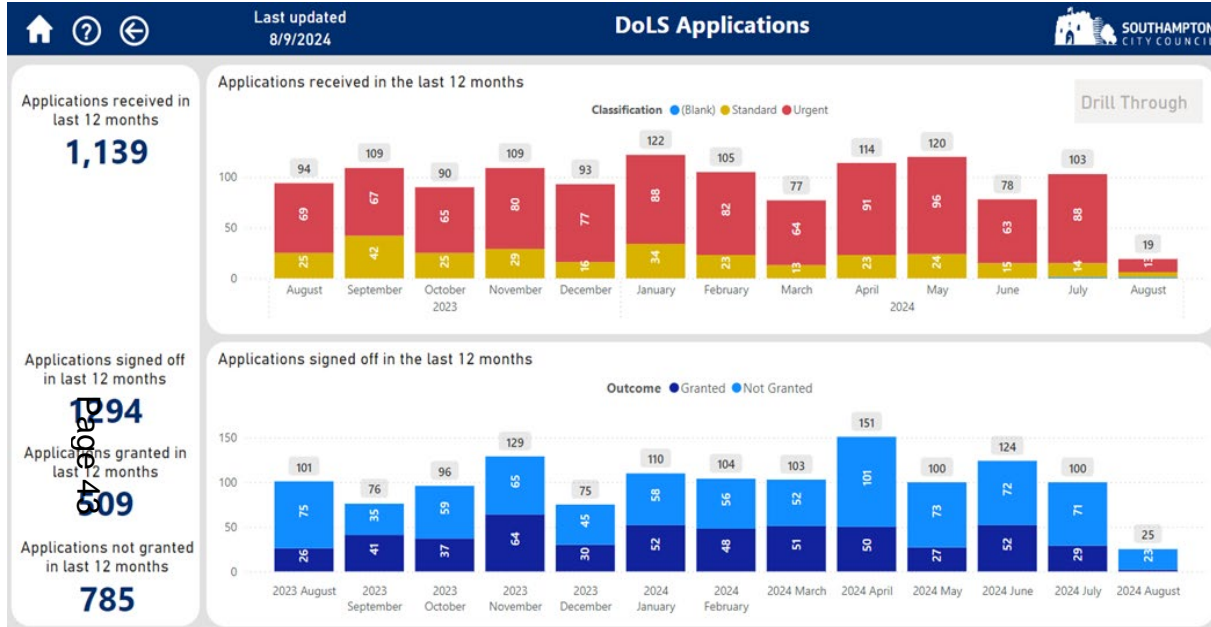
Percentage of people in the community that purchase their services with a **direct payment**, South East local authorities, Jan-Mar 2024



Whilst the number of Direct Payments has reduced in the last 12 months – this was expected as the unpaid carers service had been using DPs inappropriately. This has now been addressed resulting in the reduction.

However, we have now launched the Virtual Wallet and simplified the whole process of Direct Payments with new guidance, and we expect the use of DP to increase in the next quarter to be more in line with our statistical neighbours.

DoLS update

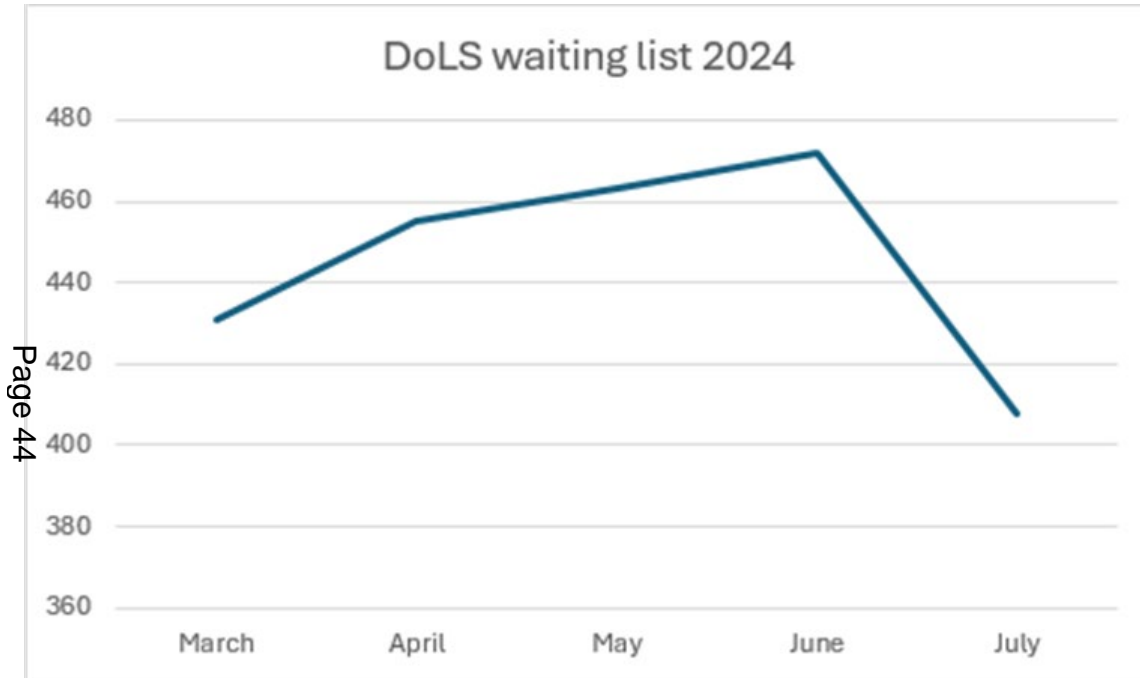


We have had a steady number of applications over the last 12 months of around 15 per week

Have closed off more authorisations than received, reducing the waiting list overall.

Number of days to sign off has slightly increased, however, we have had five authorisers leave the service in the last 5 months and have worked hard to minimize the impact; with the DoLS manager increasing their authorisations and now enrolling new managers onto training for October '24.

DoLS waiting list



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- Those on waiting list reviewed regularly using the latest ADASS DoLS priority tool [adass-dols-priority-tool-final-2.docx \(live.com\)](#)
- Quarterly data cleanse with all outstanding referral and reviews
- Regular reviews with providers around their individual service needs
- Working closely with Quality & Safeguarding in the ICU
- Attend provider forum
- Meeting with UHS every 6 weeks improving practice and quality of information
- Working closer with Care Placements Team
- New Best Interest Assessors trained across ASC
- Closer monitoring of allocated work

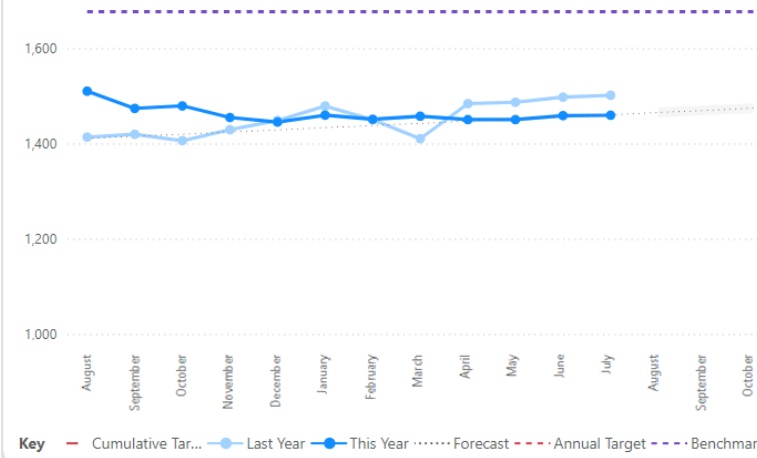
Placements - Residential

Numbers of people admitted to residential care homes is **currently below last year's figure** for both 18-64 and 65+.

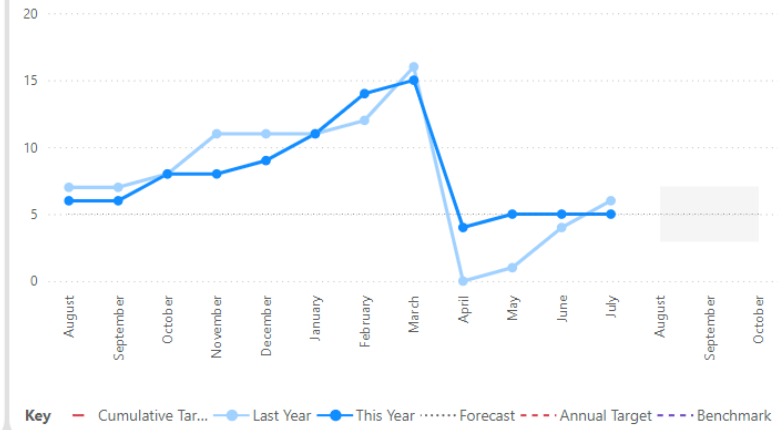
There is a **slight increase in the number of people in residential care**, all been subject to rigorous management oversight to ensure that all other options have been considered.

Development of **assistive technology** options and in the longer term an increase in extra care sheltered care provision will be key to supporting people to remain in their own homes longer in future and prevent or delay the need for residential care.

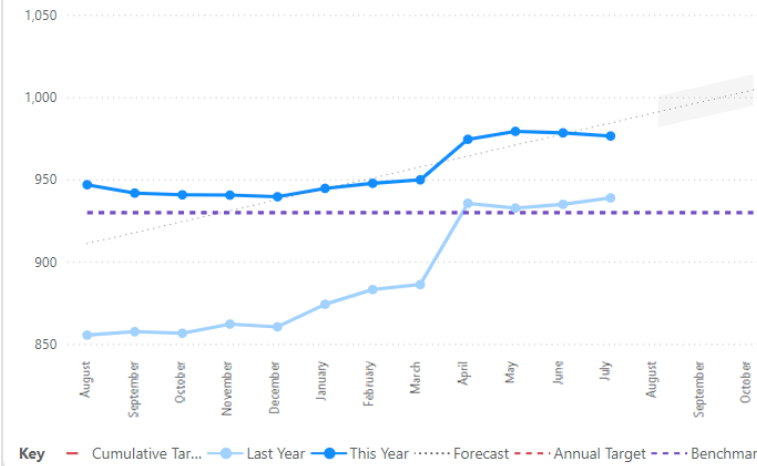
Average cost per week of Long Term Residential for 18-64 year olds



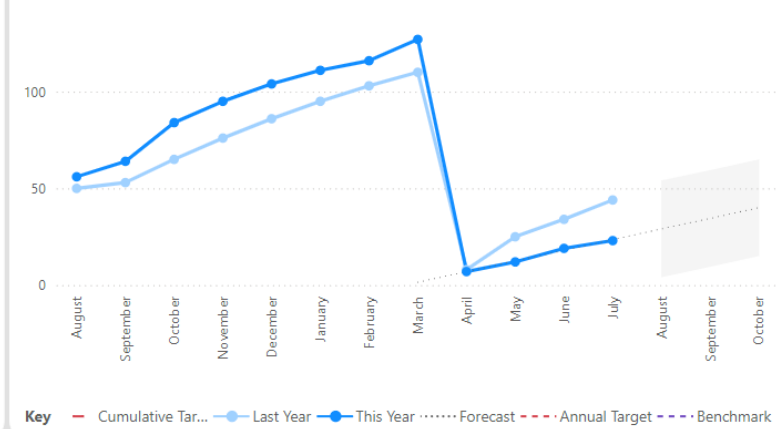
Cumulative number of younger adults (aged 18-64) whose long-term support needs are met by admissions to residential care homes ONLY



Average cost per week of Long Term Residential for ages 65 and over



Cumulative number of older adults (aged 65 and over) whose long-term support needs are met by admissions to residential care homes ONLY



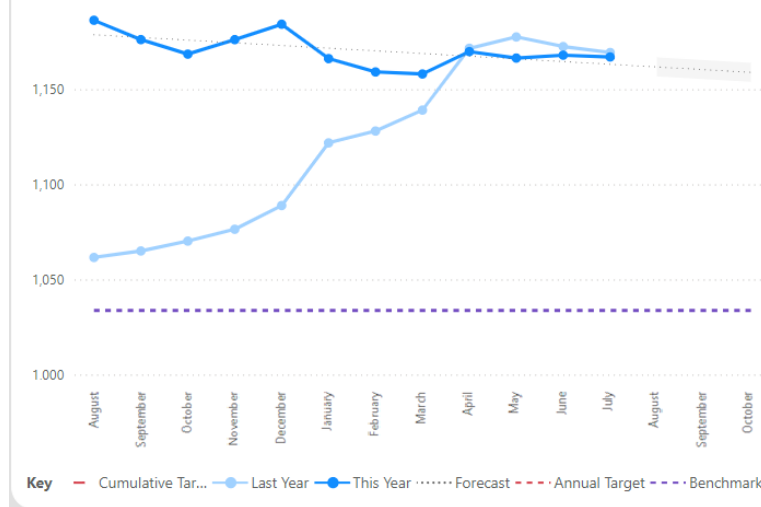
Placements - Nursing

The increasing number of people going into nursing care is reflective of an increase in the number of people with multiple and complex health conditions in people under and over 65.

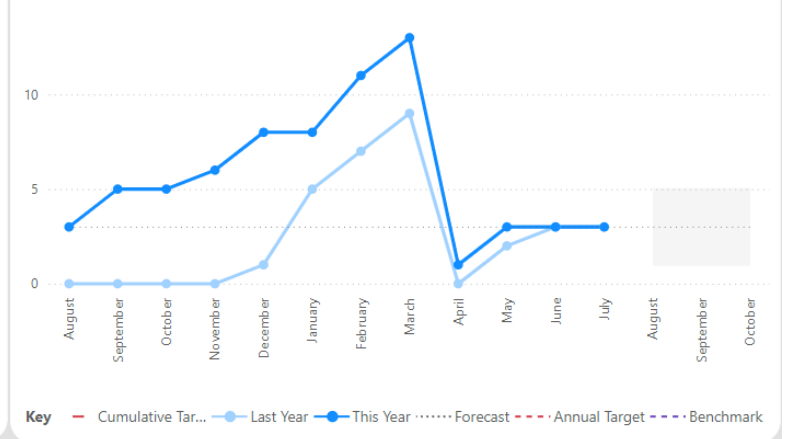
The number of people admitted to nursing care homes is **in line with last year for 18-64 and slightly below for 65+.**

33 people moved to nursing from residential care in 2023-24 (3 under 65) as their health condition deteriorated. 9 have moved in Apr – Jul 2024 (all 65+).

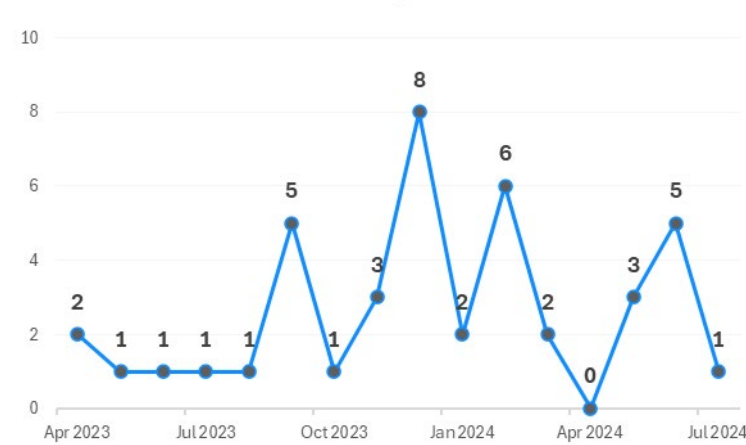
Average cost per week of Long Term Nursing



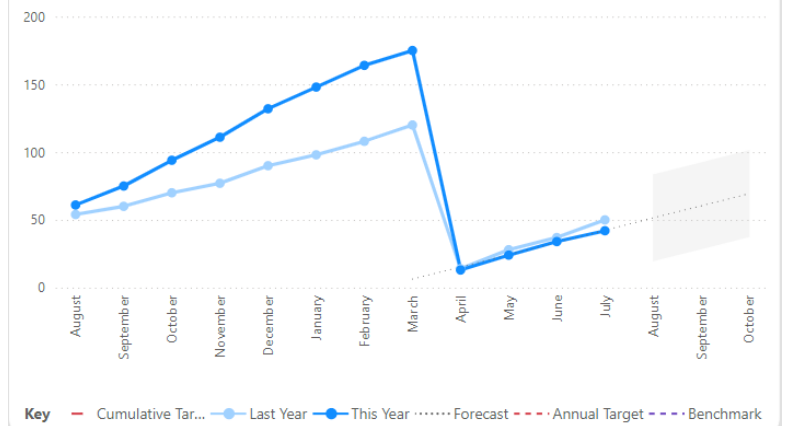
Cumulative number of younger adults (aged 18-64) whose long-term support needs are met by admissions to nursing care homes ONLY



Total people moving from residential to nursing care

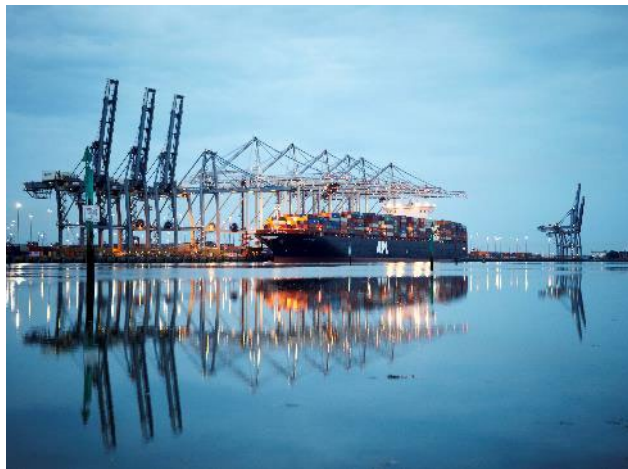


Cumulative number of older adults (aged 65 and over) whose long-term support needs are met by admissions to nursing care homes ONLY



ASC Commissioning Performance

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Social Care Provide Quality



9 Nursing Homes
78% rated Good or above by CQC (no change)



23 Older Adults Residential Homes
83% rated Good or above by CQC (no change)

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24 Mental Health / Substance misuse/ Learning Disability providers
88% rated Good or above by CQC (no change)

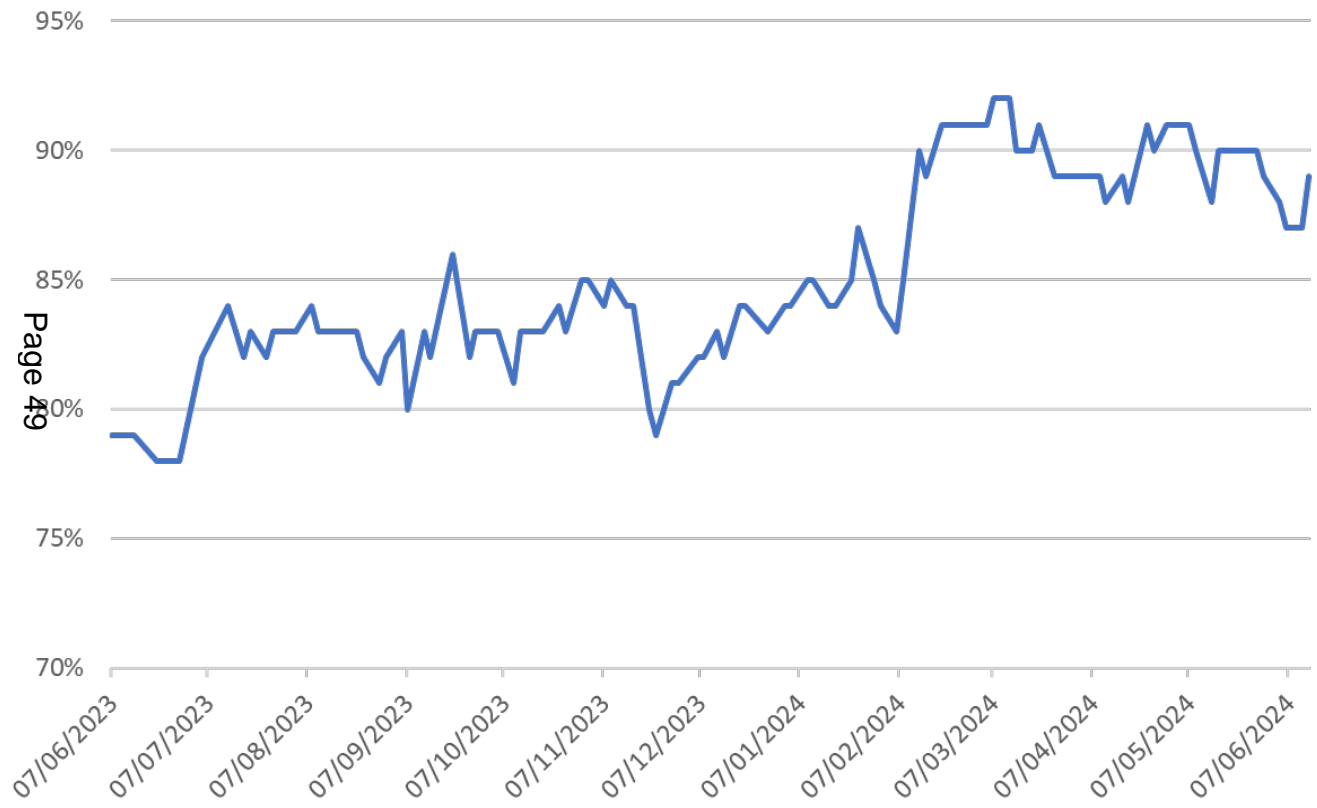


43 Home Care providers, including Extra Care **90%** rated Good or above by CQC (slight improvement)

BUPA Block Contract Occupancy



BUPA Block Contracts: Beds occupied (%)



- BUPA Block contract occupancy is currently around 90% (at both homes, Northlands & Oak Lodge)
- This is an increase from around 80% in June 2023
- Occupancy is updated twice per week and weekly monitoring meetings held to track active referrals, assessments or any other factors which affect occupancy levels

Brokerage Timeframes

Average days taken to source new placements/ packages of care

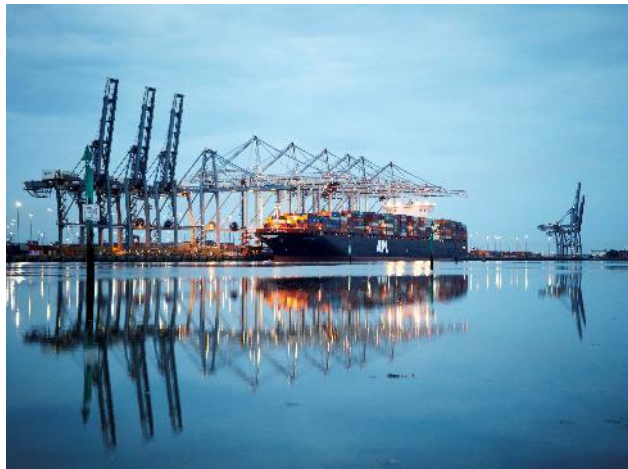
Service Type	April	May	June
Home Care	1.2	1.1	0.8
Nursing	6.7	9.9	7.5
Residential	7.4	9.3	5.9
Supported Living	0.0	0.0	0.0
Other	8.6	4.6	3.6

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- The local home care market continues to perform well
- Improvements to turnaround of referrals for residential and other care.
- Nursing block contract beds at near full capacity - excess demand for nursing care increasing exposure to 'off contract' provider assessment/ admission timeframes.

Finance

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M3 Finance Scorecard

	Working Budget 2024/25 £M	Forecast Outturn Month 3 £M	Forecast Variance Month 3 £M		Movement Month 2 to Month 3 £M	
Integration	17.33	17.16	(0.17)	F	(0.17)	F ↑
ICU - Provider Relationships	14.94	14.77	(0.17)	F	(0.17)	F ↑
ICU - System Redesign	2.39	2.39	0.00		0.00	
Living & Ageing Well	32.89	31.89	(1.00)	F	(1.00)	F ↑
ASC - Living & Ageing Well - Cost of care	22.39	21.39	(1.00)	F	(1.00)	F ↑
ASC - Living & Ageing Well - Resourcing	10.50	10.50	0.00		0.00	
Public Health	0.00	0.00	0.00		0.00	
Public Health - Health Improvement	1.89	1.89	0.00		0.00	
Public Health - Health Protection and Surveillance	10.21	10.21	0.00		0.00	
Public Health - Management & Overheads	(16.11)	(16.11)	0.00		0.00	
Public Health - Non-ringfenced	0.00	0.00	0.00		0.00	
Public Health - Population Healthcare	4.01	4.01	0.00		0.00	
Quality, Governance & Professional Development	(6.35)	(8.76)	(2.41)	F	0.06	A ↓
ASC - Quality, Assurance & Professional Development	(6.35)	(8.76)	(2.41)	F	0.06	A ↓
Stronger Communities	1.81	1.77	(0.04)	F	0.00	
Community Safety, Alcohol Related Crime, CCTV	0.31	0.31	0.00		0.00	
Domestic Violence	0.59	0.59	0.00		0.00	
Grants to Voluntary Organisations	0.49	0.45	(0.04)	F	0.00	
Stronger Communities	0.43	0.43	0.00		0.00	
Whole Life Pathways	51.98	51.58	(0.40)	F	(0.40)	F ↑
ASC - Whole Life Pathways - Directly Delivered Services	2.40	2.40	0.00		0.00	
ASC - Whole Life Pathways - LD Cost of care	26.39	26.29	(0.10)	F	(0.10)	F ↑
ASC - Whole Life Pathways - MH Cost of care	11.53	11.53	0.00		0.00	
ASC - Whole Life Pathways - Other Cost of care	7.66	7.36	(0.30)	F	(0.30)	F ↑
ASC - Whole Life Pathways - Resourcing	4.01	4.01	0.00		0.00	
Total Community Wellbeing	97.66	93.64	(4.03)	F	(1.52)	F ↑

The scorecard is showing a **strong and positive** start to the year. The finance scorecard is showing that the work delivered under the transformation to date is beginning to show in the financial position.

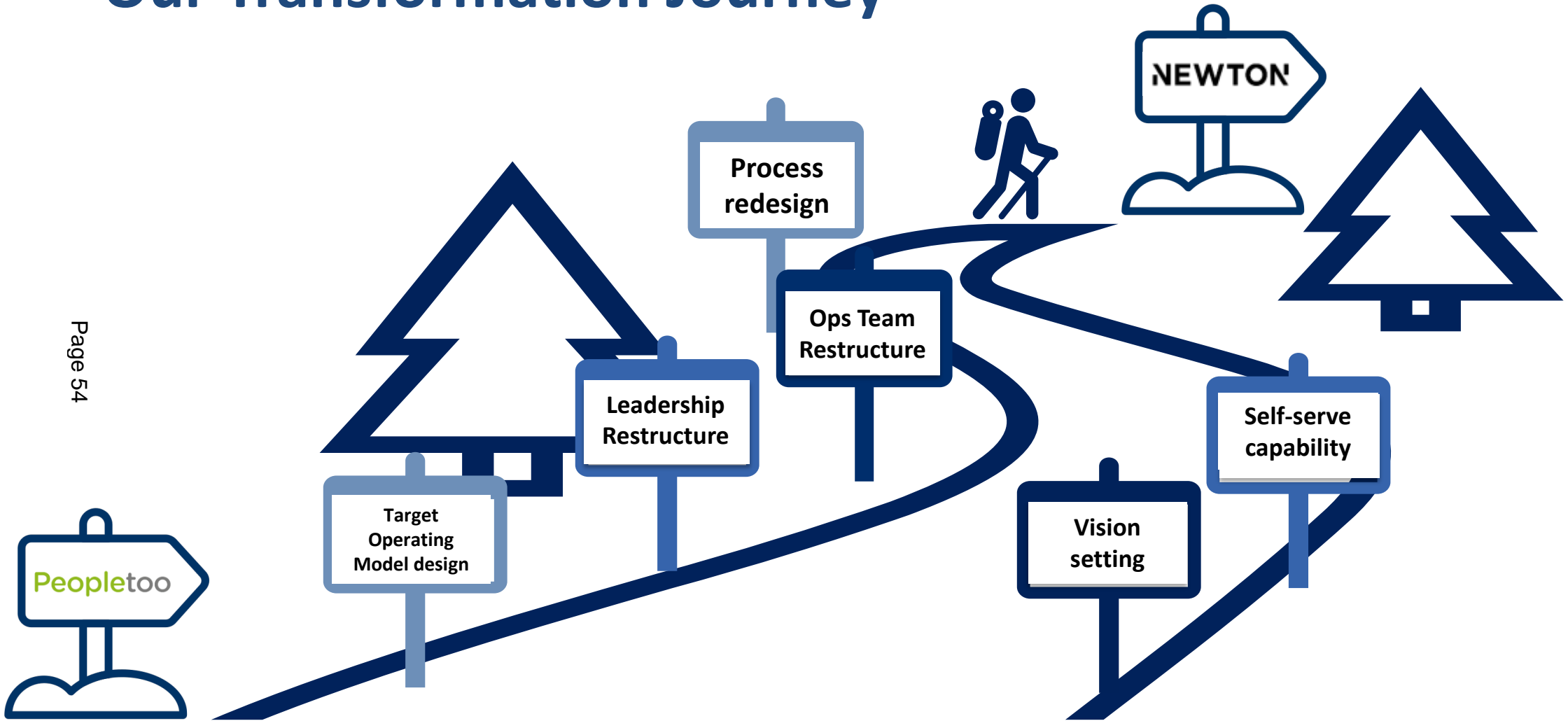
Transformation

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Our Transformation Journey

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New Operating Model

Changes:

- New operating model designed and coproduced
- Restructure of leadership and operational teams – further phases of redesign are incorporated into transformation work.
- Process redesign

Benefits:

- Financial efficiency
- New streamlined processes
- No redundancies
- Creation of safeguarding hub
- OT team in social care
- New roles delivering strategic improvement

New roles:

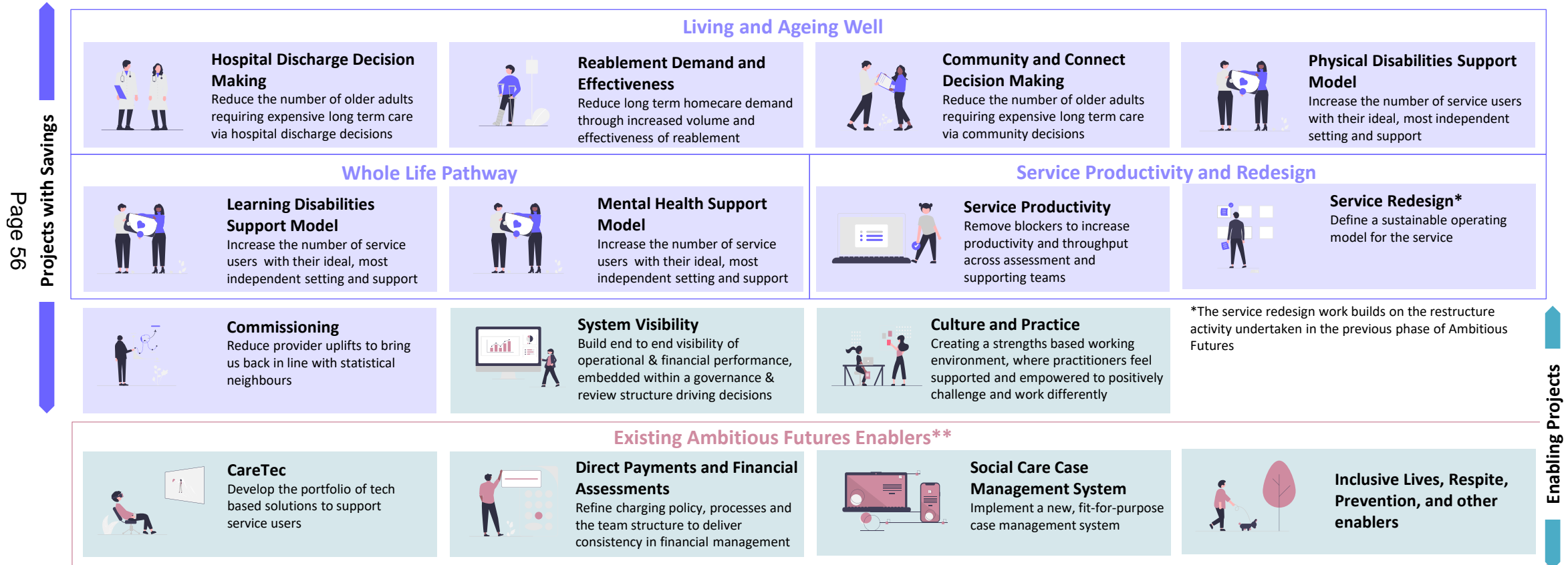
These have been introduced to give **increased focus** on **performance, proactive improvement** and to deliver the **transformation objectives:**

- Strategic Performance Lead
- Practice Lead
- Direct Payments Officer
- Care tec Lead

Scope of Transformation

Community Wellbeing Portfolio

For Adults and Community Wellbeing to play our part in addressing the Council's financial challenges whilst upholding the values of the directorate, this work must build on the existing transformation activity established in Ambitious Futures and unlock savings primarily through improving the outcomes we deliver for the service users. To do this, we must...



**For ease, some of the Ambitious Futures projects have been combined for this overview

Transformation Programmes – Whole Life Pathway

Objective: Enhance independence for adults with learning disabilities (LD) or Mental Health (MH) needs.

Improvements will be delivered through five main initiatives:

- **Moves** - Relocating individuals to more ideal, independent settings.
- **Step-downs** - Reducing overprovision of care within settings.
- **Progressions** - Gradually upskilling individuals to progress towards eventual moves/step-downs.
- **Transitions** - Improving alignment with Children's teams for seamless transitions.
- **CHC** - Ensuring appropriate funding setups for individuals with health needs.

Approach:

- **Culture change:** Emphasising independent, person-centred solutions. Equipping front-line teams to challenge over-restrictive care plans.
- **Ways-of-Working:** Agile ways-of-working to streamline processes, increasing rate of moves and step-downs.
- **Performance-Visibility:** Innovative solutions for operational grip (caseload management, throughput) in the form of digital tools for data-led decision-making

Transformation Programmes – Living & Ageing Well

Objective: to fundamentally change the way that we deliver ASC services to promote independence and create a financially sustainable service.

Improvements will be delivered through four main initiatives:

- **Decision making** – ensuring older adults start the right size package of care in the right placement from both the community and acute care
- **Reablement** - maximising the throughput and efficacy of the reablement service Targeted Prevention – to proactively support adults in retaining independence for as long as possible
- **Right-sizing packages** – optimising existing packages of care for working age adults with physical health support needs

Approach:

- **Performance visibility** and improvement structures to drive cultural change
- **Process streamlining** to decrease duration and remove unnecessary/repeated steps
- **Tech enablement** to support caseload management and workload throughput
- **Sustainable operating model(s)** produced in line with productivity gains seen
- Employing a determined yet methodical approach with rigorous **improvement cycles**.

Transformation Programmes - Service Productivity & Redesign

Objective: Targeting productivity improvements across all areas of Adult Social Care.

Whilst many improvements will be cross cutting across teams/practitioners, a structured approach in providing additional support on the staffing areas with the largest spend will be deployed.

Improvements will be delivered through a combination of:

Reviewing and redesigning process flows to streamline activity and reduce workload in non-value adding activities and performance visibility, supported by caseload management tooling and processes, Parallel to core productivity gains, the development and implementation of a **benefits realisation strategy**, balancing productivity gains used as investment into capacity and quality, with active resizing and redesign as required to support.

Transformation Programmes – CareTEC

Objective: Embed tech-first practice throughout ASC.

End-to-end scope includes:

- Market evaluation to research and identify the best fit products
- Procurement and contract management
- Communication with and training staff including staff feedback and evaluation
- Monitoring uptake and supporting adoption
- Data gathering to evidence impact
- Evaluation and implementation of revenue generating opportunities
- Securing grant funding

ICU

Objective: Supplier Rate Management

- Data suggests that within Southampton the council has become an outlier in the rates it pays for some elements of commissioned care compared to its comparator authorities
- A range of market management techniques and approaches to the 2024/25 and 2025/26 uplifts provided by the council is needed to support bringing the council back in line with comparator authorities
- The programme will focus on robust but fair negotiations with adult social care providers in relation to annual fee uplifts leading to a decrease in uplift budget spend.
- We have developed a data led approach to annual uplifts to achieve an average cost of care compared to comparators and market costs in line with national comparators

Savings totals

Programme Name	Expected Saving
Living and Ageing Well	£7.45m
Whole Life Pathways	£2.8m
Service Redesign and Productivity	£2.9m
Commissioning	£1.5m
CareTec	n/a
Case Management System Replacement	n/a
	£14.65m

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL	
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS	
DATE OF DECISION:		5 SEPTEMBER 2024	
REPORT OF:		SCRUTINY MANAGER	
<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director – Enabling Services	
	Name:	Mel Creighton	Tel: 023 8083 3528
	E-mail	Mel.creighton@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 – 5 September 2024
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 – 5 September 2024

Date	Title	Action proposed	Action Taken	Progress Status
25/04/24	Community Wellbeing – Performance & Transformation	1) The Panel requests that DOLS statistics are added to the data sets presented when adult care performance is scrutinised at future meetings.	DOLS statistics are included in the performance dataset for the 5 September 2024 meeting.	Completed
27/06/24	Health Determinants Research Collaboration (HDRC)	1) That the Panel schedule a progress report on the Health Determinants Research Collaboration (HDRC) and the Mental Health & Wellbeing Strategy for June 2025.	Included in outline HOSP work programme.	Completed

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