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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 5 SEPTEMBER 2024

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Present: Councillors W Payne (Chair), Houghton, Noon, Gravatt, Greenhalgh and Mrs Blatchford

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

The apologies of Councillor Kenny were noted.

It was noted that following receipt of the temporary resignation of Councillor Kenny from the Panel, the Monitoring Officer acting under delegated powers, had appointed Councillor Blatchford to replace them for the purposes of this meeting.

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

**RESOLVED:** that the minutes for the Panel meeting on 27 June 2024 be approved and signed as a correct record.

10. **SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST - IMPROVEMENT PROGRAMME UPDATE**

The Panel considered the report of the Chief Executive, South Central Ambulance Service (SCAS) NHS Foundation Trust, which updated the Panel on the implementation of the Trust's improvement programme.

Caroline Morris, Director of Transformation SCAS NHS Foundation Trust; and Neil Cook, Head of Operations (Southampton and South West) SCAS, NHS Foundation Trust; were in attendance and, with the consent of the Chair, addressed the meeting.

In discussion the Panel noted that the programme focused on four workstreams: Governance, Safeguarding, Patient Safety and Equality, and Performance.

1. **Governance:** Focused on improving information flow between the board and the floor. The committee structure and performance reports have been redeveloped to ensure the board receives the necessary assurance.
2. **Safeguarding:** This area has seen significant improvements and is no longer under review. Processes for making safeguarding referrals have been streamlined.
3. **Patient Safety and Equality:** Efforts have been made to improve cultural wellbeing, ensuring staff feel confident to speak out. Activities have been carried out to raise awareness about sexual safety.
4. **Performance:** The adoption of the "hear and treat" approach has been successful, allowing telephone operators to help callers self-help or signpost them to other health services. Efforts were also being made to improve the system for rapid handover of patients and reducing the time ambulances spend at hospitals.

The next phase involved embedding the work from the transformation programme into the business as usual.

Also:

- the NHS England national review of ambulance trusts and its recommendations, which included balancing operational and people performance, focusing on leadership and management culture, improving the operational environment, and targeting bullying and harassment.
- the workforce plan and initiatives to increase clinical staffing by creating more paramedics.
- the challenges faced in recruiting and retaining staff as paramedics become more attractive in the community services, leading to competition from GP surgeries

The Panel discussed the impact of these issues on recruitment, the timescales for exiting the NHS Recovery Support Programme, and the challenges limiting SCAS from meeting targets. The item concluded with a discussion on the potential impact of new hospital plans and the importance of improving response times and patient safety. The next phase involves embedding the work from the transformation programme into the business as usual.

The Panel thanked the frontline employees of the ambulance service for their hard work and commitment in often trying circumstances

**RESOLVED** That, to enable the Panel to scrutinise the Trust's improvement trajectory:

- a) The Panel would be provided with the key milestones and timescales associated with South Central Ambulance Service's exit strategy from the NHS Recovery Support Programme.
- b) SCAS return to the HOSP meeting in August / September 2025 to update the Panel on progress.

## 11. **ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION**

The Panel considered the appended presentation which provided the Panel with an overview of the performance of Adult Social Care (ASC) in Southampton and an update on the service transformation programme.

Kate Concannon, Head of Quality, Governance and Professional Development in ASC; Clare Edgar, Executive Director Wellbeing and Housing; 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 performance data provided did not cover all of ASC, but key stages and indicators of the service have been highlighted.
- ASC data was hard to report on due to the non-rigid nature of the national Adult Social Care Outcomes Framework.
- There had been significant improvement in performance data collection over the past 20 months.

- The safeguarding service had been restructured, leading to improvements and resolving issues with section 42 enquiries. Safeguarding in ASC must work within the Mental Health Capacity Act, allowing adults to live within their chosen risk. The safeguarding action plan included detailed actions for each workstream.
- Early intervention in Southampton had helped reduce the need for specialist care or full-time care, benefiting residents, families, and the council.
- The number of people requesting support from adult social care had decreased, and full care assessments were more targeted. The conversion rate of care act assessments into full care support plans was now in line with statistical neighbours. Addressing issues at the point of assessment had reduced the need for full care plans. A waiting list tool had been introduced to regularly contact people and monitor deterioration.
- Some local authorities have struggled to meet care act duties since the pandemic, but Southampton has not had to request suspension of these duties.
- Reablement efforts have improved, focusing on independence and effective hospital discharge.
- There was a need to educate staff on direct payments to ensure proper support and information for users. The virtual wallet had been introduced to streamline payments and reduce paperwork.
- DOLS were not fully effective in keeping people safe, and there was national recognition of the need for better risk management.
- Historical reliance on institutional and domiciliary care had raised concerns about restrictions on liberty rights. Preventing unnecessary admissions to care and improving care pathways can reduce demand. Non-urgent placements still take a long time, but improvements had been made
- The value for money and effectiveness of commissioned contract's were being scrutinized, with efforts to increase occupancy and ensure contract efficiency. Southampton's social care market was strong.
- The interim DASS had the capacity to continue driving transformation due to strong leadership and familiarity with the challenges

The Panel thanked Claire Edgar for her work in improving the performance of Southampton City Council's Adult Social Care Service and wished her good luck in her future career.

## **RESOLVED**

- 1) That the outcomes and accompanying action plan from the recent Safeguarding Peer Review would be circulated to the Panel.
- 2) That the service would review the performance dataset that was presented to the Panel to ensure that it enabled members to have an effective oversight of the performance of the service.
- 3) That, to support effective oversight of the Adult Social Care Transformation Programme moving forward, the Panel would be provided with a plan that gives:
  - a) An overview of the workstreams that form part of each of the transformation programmes
  - b) The target savings attached to each workstream
  - c) Key milestones for the workstream
  - d) An understanding of what success will look like if the workstream is effective

- e) An explanation as to how the workstream will impact on the performance dataset.

12. **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.