

Health Overview and Scrutiny Panel

Thursday, 7th April, 2022
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Members

Councillor Prior (Chair)
Councillor Bogle (Vice-Chair)
Councillor Guest
Councillor Stead
Councillor Professor Margetts

Contacts

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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 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

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

RULES OF PROCEDURE

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

QUORUM

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

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
 - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
 - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2021	2022
1 July	10 February
2 September	7 April
21 October	
9 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 10 February 2022 and to deal with any matters arising, attached.

7 SOUTHERN HEALTH NHS FOUNDATION TRUST - CARE QUALITY COMMISSION INSPECTION REPORT AND TRUST RESPONSE

(Pages 5 - 34)

Report of the Chair requesting that the Panel consider the attached appendices on Southern Health NHS Foundation Trust's CQC inspection report and response, and the progress update on the Stage 2 Independent Investigation report and discuss the issues with the invited representatives from Southern Health NHS Foundation Trust.

8 INTEGRATED CARE SYSTEM DEVELOPMENT AND PLACE-BASED ARRANGEMENTS IN SOUTHAMPTON

(Pages 35 - 52)

Report of the Hampshire and Isle of Wight Integrated Care System providing the Panel with an update on the structure of the Hampshire and Isle of Wight Integrated Care Partnership, the Integrated Care Board and the 'Place' of Southampton.

Wednesday, 30 March 2022

Service Director – Legal and Business Operations

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 10 FEBRUARY 2022

Present: Councillors Prior (Chair), Bogle (Vice-Chair), Stead, Professor Margetts and J Payne

Apologies: Councillor Guest

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

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

23. **STATEMENT FROM THE CHAIR**

The Panel noted that it was the last meeting of the Panel that Stephanie Ramsey would attend before her retirement. The Chair and Vice-Chair of the Panel expressed their thanks, and that of the Panel, for all her hard work and support that she had given to the Panel over the years and wished her well on the next chapter of her life.

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

RESOLVED: that the minutes for the Panel meeting on 9 December 2021 be approved and signed as a correct record.

25. **INTEGRATED CARE SYSTEM DEVELOPMENTS**

The Panel considered the report of the Chief Executive of the Hampshire and Isle of Wight Integrated Care System (ICS) providing the Panel with an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.

Lena Samuels – Chair designate, Hampshire and Isle of Wight Integrated Care System, Maggie Maclsaac – Chief Executive, Hampshire and Isle of Wight Integrated Care System, Cllr White – Cabinet Member for Health and Adult Social Care, Guy Van Dichele – Executive Director Wellbeing (Health & Adults), Stephanie Ramsey – Managing Director, Southampton, and Debbie Chase - Director of Public Health were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The process of the legislation that would enable the Panel to fully understand the proposed operating structure for the ICS and the how Southampton would be able to interact with the new body;
- The ongoing preparation for the changes and why the lack of legislation had limited the availability of information relating to the replacement for the current arrangements;
- How the success of the new structure would be measured;

- The requirement of the Panel to have a further review of the ICS developments at a future meeting to enable a fuller discussion on how the forthcoming legislation would shape governance, finances, timescales and appointments within the new structure.

RESOLVED that Panel requested that a further update on ICS developments is included on the 7 April HOSP agenda to enable discussions on the forthcoming legislation, governance, finances, timescales and appointments.

26. **NHS RESPONSE TO COVID-19**

The Panel considered the report of NHS Hampshire and the Isle of Wight Clinical Commissioning Group providing the Panel with an update on the NHS response to COVID-19 and pressures on the system.

Derek Sandeman – Medical Director, Hampshire and Isle of Wight Integrated Care System, Joe Teape – Chief Operating Officer - University Hospitals Southampton, Stephanie Ramsey – Managing Director, Southampton, Debbie Chase - Director of Public Health and Guy Van Dichele – Executive Director Wellbeing (Health and Adults) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The pressure on the NHS caused by the pandemic and the waiting list for treatment;
- How the NHS, including UHS, were coping with these pressures including the introduction of surgery at the weekend;
- The continuing high levels of attendance at Emergency Departments and efforts to divert those patients requiring assistance to more appropriate care pathways;
- The success of the vaccination programme;
- The developing issue relating to those suffering from long covid.

27. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel noted the report of the Service Director - Legal and Business Operations, enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

28. **ADULT SOCIAL CARE PRESSURES**

The Panel considered the report of the Executive Director – Wellbeing, updating the Panel on the status of the adult care market and operational pressures in Southampton.

Guy Van Dichele – Executive Director Wellbeing (Health & Adults), Councillor White - Cabinet Member for Health and Adult Social Care and Stephanie Ramsey – Managing Director, Southampton were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- How the services were coping with the increased demand for adult social care services caused by the aging population and the effects of long term illnesses. Including steps taking to recruit social workers from South Africa.
- The introduction of CareDirector and how the new system could enhance the Panel's ability to review the performance of Adult Social Care in Southampton.
- The concerns raised in the local press about the levels of care provided at Potters Court. The Cabinet Member and Executive Director explained that they were confident that residents could get the care required. It was noted that Potters Court was not a care home but rather a housing with care scheme where care could be provided at the resident's request.
- The adequacy of the Adult Social Care budget moving forward; and
- The progress against the Adult Social Care roadmap introduced in March 2021.

RESOLVED that the Panel requested that:

- (i) following the bedding in of CareDirector, the Panel review Adult Social Care performance on a quarterly basis, commencing in June 2022.
- (ii) that the Panel review the progress made in delivering the targets outlined in the Adult Social Care transformation roadmap that was presented to the HOSP in March 2021.

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Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	SOUTHERN HEALTH NHS FOUNDATION TRUST - CARE QUALITY COMMISSION INSPECTION REPORT AND TRUST RESPONSE		
DATE OF DECISION:	7 APRIL 2022		
REPORT OF:	COUNCILLOR PRIOR CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL		
<u>CONTACT DETAILS</u>			
Author	Title:	Scrutiny Manager	Tel: 023 8083 3886
	Name:	Mark Pirnie	
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STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
<p>On 10 February 2022, the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. A summary of the key findings from the inspection, as well as the improvement planned in response to the report's findings, is contained in Appendix 1.</p> <p>In addition, as requested by the Panel at the December 2021 meeting, attached as Appendix 2 is an update on progress made by the Trust delivering the agreed actions following the Stage 2 Independent Investigation Report: <i>'Right First Time'</i>.</p> <p>The Chief Executive of the Trust will be in attendance at the HOSP meeting to introduce the appended information and answer questions from the Panel.</p>			
RECOMMENDATIONS:			
	(i)	That the Panel consider the attached appendices on Southern Health NHS Foundation Trust's CQC inspection report and response, and the progress update on the Stage 2 Independent Investigation report and discuss the issues with the invited representatives from Southern Health NHS Foundation Trust.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable the Panel to scrutinise the CQC inspection report into Southern Health NHS Foundation Trust's and the progress the Trust has made delivering the recommendations within the Stage 2 Independent Investigation report.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			

3.	On 10 th February 2022, the CQC published their comprehensive report into Southern Health NHS Foundation Trust. The Panel have not had the opportunity to consider the inspection report up to now.
4.	Attached as Appendix 1 is a briefing paper from the NHS Trust providing the Panel with an overview of the key findings from the inspection, as well as the improvement plan to respond to the report's findings. The full CQC report can be accessed via the link below. Southern Health NHS Foundation Trust (cqc.org.uk)
5.	On 6 th February 2020 the Independent Investigation Report (Mr Nigel Pascoe, QC) was published. The report concerned the tragic deaths of five people who were in the care of Southern Health NHS Foundation Trust in the period 2011-2015, and the Trust's response to the families of those who died.
6.	It was recommended in the Stage 1 Report that a second review should be undertaken. Its purpose was to examine the progress that the Trust had made as well as looking to recommend further improvements for the Trust to achieve the "Gold Standard" and to "Get it right first time, every time".
7.	The Stage 2 report was published by NHS England and Improvement on 9 September 2021 and titled "Right First Time". This report was considered by the HOSP at its meeting on 9 December 2021 and the Panel requested an update on progress at the April 2022 meeting. The requested update has been provided and is attached as Appendix 2.
8.	The Panel are requested to consider the appended briefing papers and discuss the CQC findings and improvement plan, and the progress update on the Stage 2 Independent Investigation report with the invited representatives from Southern Health NHS Foundation Trust.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9.	N/A
<u>Property/Other</u>	
10.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11.	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>	
12.	N/A
RISK MANAGEMENT IMPLICATIONS	
13.	N/A
POLICY FRAMEWORK IMPLICATIONS	
14.	N/A
KEY DECISION	No

WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Care Quality Commission inspection report and Trust response	
2.	Stage 2 Independent Investigation Report: 'Right First Time' - Status report April 2022	
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.	Stage 2 Investigation Report: 'Right First Time' – Background and Trust response Agenda for Health Overview and Scrutiny Panel on Thursday, 9th December, 2021, 6.00 pm Southampton City Council (Item 18)	

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**Report for Southampton Health Overview and Scrutiny Panel
April 2022**

Care Quality Commission (CQC) inspection report and Trust response

1. Introduction

1.1 In October 2021 the Care Quality Commission (CQC) carried out an unannounced comprehensive inspection of six of the Trust’s mental health and learning disability services as part of its continual checks on the safety and quality of healthcare services:







- Acute wards for adults of working age and psychiatric intensive care units (PICU's) – Antelope House, Elmleigh, Parklands, Melbury Lodge
- Child and adolescent mental health wards – Bluebird House, Leigh House, Austen House
- Forensic secure wards – Ravenswood, Southfield
- Wards for older people with mental health problems – Gosport War Memorial, Parklands, Western
- Wards for people with a learning disability or autism - Ashford
- Mental health crisis services and health-based places of safety – Antelope House, Elmleigh, Parklands

1.2 Following this CQC carried out a Well-led inspection in November 2021, interviewing senior leaders within the organisation including the Chief Executive, Chair, Executive Directors and Non-Executive Directors.

1.3 In late December 2021 the Trust received the draft inspection report and were given ten days to carry out a factual accuracy review. The Trust submitted a response in January 2022 and CQC published the final report on 10 February 2022.

2. Report

2.1 The Trust’s overall rating was reduced to ‘requires improvement’:

Overall trust quality rating	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

2.2 The Safe domain reduced from Good to Requires improvement, Effective domain remained at requires improvement, Caring, Responsive and Well led domains remained at Good.

2.3 The CQC found evidence of progress and good practice. However, the inspectors also highlighted the challenges that teams have faced due to staffing pressures and in delivering services during the pandemic.

2.4 The CQC gave the Trust 23 actions (M1-M23) that it must take to comply with legal obligations, and a further 23 actions (S1-S23) it should take to improve services.

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022
Community-based mental health services of adults of working age	Good Oct 2018	Requires Improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Forensic inpatient or secure wards	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↓ Feb 2022
Wards for people with a learning disability or autism	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↓ Feb 2022	Good ↓ Feb 2022	Good ↔ Feb 2022	Good ↓ Feb 2022
Child and adolescent mental health wards	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022
Wards for older people with mental health problems	Inadequate ↓ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022
Community-based mental health services for older people	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Long stay or rehabilitation mental health wards for working age adults	Good Oct 2018	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018
Mental health crisis services and health-based places of safety	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022
Community mental health services for people with a learning disability or autism	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

3.0 Key findings

3.1 Progress & Good Practice

Overall, throughout the report, there were numerous examples of good practice and improvements seen by the CQC inspectors. Below are some key highlights:

- Staff were proud to work for the trust with lots of hope for the future. There was a strong sense of staff at all levels putting patients at the heart of everything they do and being respectful, compassionate, and kind towards patients. Staff were friendly, approachable, supportive, and highly motivated and provided care in a way that promoted patient's dignity.
- People accessing the learning disability ward were receiving safe and effective care. They were treated with dignity; risks were assessed, the environment was safe and they received kind and compassionate care.
- The engagement of younger people and employment of patients with lived experience in the development and planning of services was purposeful and innovative.
- Leadership was stable and capable and demonstrated a high level of awareness of priorities and challenges facing the trust and how these were being addressed.
- Trust was proactively working with other providers to facilitate strategic development of mental health and community health services within the Integrated Care System and actively sought feedback from patients and carers to influence and develop service delivery.
- Learning from serious incidents had been strengthened and the trust had been rewarded accreditation through the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN).
- The trust had developed good crisis pathways and had adapted these during the COVID-19 pandemic to divert people from attending Accident & Emergency (A&E).
- Staff knew about any potential ligature anchor points and there were regular ligature assessments completed on all the wards inspected. Ligature anchor points were removed, and plans put in place for any risks that could not be removed to keep people safe.
- All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. This included monitoring the temperature medications were stored at. This was a requirement of the last inspection and trust was now complaint with this.
- Staff delivered care in line with best practice and national guidance. There was evidence in patients records that staff followed latest guidance when planning care for patients.

3.2 Areas for Improvement – Must and Should do actions

The 46 actions the CQC have told the Trust they must or should address have been grouped into 13 themes and reviewed with our teams, service users and carers. Below is a summary of these themes and the actions the Trust will make to ensure we make the required improvements.

Theme	Recommendation	Action	Outcome	Completion Timeframe
Workforce (M1, M10, M13, M22, M23, S1, S3, S6, S7, S9, S13, S21, S22)	<p>To ensure there are enough suitable skilled and experienced staff on every shift to keep patients safe and meet their needs.</p> <p>To ensure staff are listened to when they raise concerns and that morale issues are addressed</p>	<p>Daily Ward leaders with the support of Matrons support decisions to move staff, redirect resources and address skill mix gaps to ensure every shift is safe and that patients' needs are met</p> <p>This includes the movement of supernumerary staff including practice educators, ward leaders, matrons, and staff not on the roster like occupational therapists and psychologists</p> <p>Future shift gaps are escalated through daily staffing huddles to support timely escalations of shifts to additional agencies. Where shifts are not safely filled patient admissions may be stopped or beds temporarily closed.</p> <p>Incident reporting identifies shifts where mitigations have been impossible or where staffing has affected patient care negatively.</p> <p>A robust recruitment and retention programme is in place supporting gaps in nursing especially mental health nursing.</p> <p>Senior leaders are visible on wards daily to enable them to listen to staff and address any concerns.</p> <p>Latest National NHS Staff survey results, show higher than the National average on staff feeling able to raise safety concerns.</p>	<p>Wards are staffed with enough suitability skilled and experienced staff to keep patients safe.</p> <p>Evidence of mitigations taken against safer staffing standards is collected through daily staffing huddles</p>	31/07/2022

<p>Physical health monitoring</p> <p>(M5, M7, M11, M17, M18)</p>	<p>To ensure that National Early Warning Score (NEWS2) observations are completed consistently, and results are escalated appropriately.</p> <p>To ensure that physical health monitoring is carried out for patients on anti-psychotic medication and following administration of rapid tranquilisation.</p>	<p>Physical health reviews undertaken and discussed at handover and in multidisciplinary team meetings.</p> <p>Audit to be undertaken in April 2022 as part of annual audit programme. Continued compliance required for 6 weeks to ensure practice is embedded</p> <p>Physical health checks to be reviewed as part of quality assessment tool ward walkarounds.</p>	<p>All patient observations are accurately recorded via NEWS2 and escalated as prompted</p> <p>All patients are effectively monitored following the administration of rapid tranquilisation to keep them safe.</p>	30/04/2022
<p>Observations</p> <p>(M6, M15)</p>	<p>To ensure that patients are observed in line with the Trust observation policy, and it is recorded correctly</p>	<p>Implementation of a new co-produced policy with ongoing involvement in the national improvement work.</p> <p>Observation requirements are discussed daily as part of the ward safety huddle and by shift leader for each shift.</p> <p>Ward leaders use the Quality assessment tool walk arounds to monitor the compliance with observation Policy and feedback will be collated from carers and service users and teams on progress.</p> <p>Observation competency programme implemented for every staff member overseen by ward Practice Educators and Ward Leaders</p>	<p>All patients are observed in line with their individual plan of care, and this is accurately recorded.</p>	30/04/2022
<p>Admission & discharge pathways</p> <p>(M20, M21, S2)</p>	<p>To ensure there is a clear, effective admission and discharge pathway which demonstrate criteria for admission.</p>	<p>There is a pathway and criteria in place for PICU admissions and length of stay in PICU beds is just above the lower quartile, so access is good.</p> <p>Within older persons mental health services, an assessment is carried out within 48hrs of admission, which includes the patient and their carer, and starts the discharge planning process.</p> <p>Planned QI programme to address concerns raised from ward teams.</p>	<p>Multi-disciplinary team discussions take place in a timely way on admission</p> <p>Staff are empowered to escalate patients for PICU admission following assessment</p> <p>Patients are at the forefront of admission discussions</p>	30/06/2022

Mixed sex breaches (M2)	<p>To ensure there are no mixed sex breaches on the wards and there is access to a female-only lounge</p>	<p>All wards are compliant with same-sex regulations, with exception of Beechwood therapy room. To maintain privacy and dignity therapists ensure male patients are fully dressed and escorted to the room and this is documented in therapy notes.</p> <p>Requests to breach this standard are approved by the Director of Nursing & AHP and reported to Quality & Safety Committee</p>	<p>All patients are cared for in an environment which promotes privacy and dignity.</p> <p>All female patients have access to a female-only lounge.</p>	<p>COMPLETED</p>
Incident reporting (M3, M14)	<p>To ensure that all incidents, including safeguarding incidents are reported in line with Trust policy.</p>	<p>Patient Safety Lead and Safeguarding Lead are supporting staff on reporting incidents and raising Safeguarding concerns. The Safeguarding Lead is based on wards once a week to provide training and support. The Patient Safety Lead provides Ulysses incident reporting training.</p>	<p>All incidents are reported and managed in line with Trust policy</p>	<p>COMPLETED</p>
Risk assessment & care planning (M8, M12, M16, S4, S10, S11, S15)	<p>To ensure patient care plans are consistent, personalised and reflect patient involvement, and that all patients are offered copies of their care plans.</p> <p>To ensure risk assessments are completed correctly, and care plans are updated following all risk events.</p>	<p>Specific incidents discussed at daily safety huddle to ensure that risk assessments have been appropriately recorded</p> <p>Audit of risk assessments and care planning to be carried out in April 2022 as part of annual audit programme. Continued compliance required for 6 weeks to ensure practice is embedded</p> <p>Patients are asked whether they feel involved in their care planning as part of the Service User-Led Audits.</p> <p>Use of Quality Assessment tool to complete weekly oversight by Ward Leader</p>	<p>All patients have holistic and personalised care plans which reflect their involvement.</p> <p>All patients are offered a copy of their care plan</p> <p>All patients have their risk reassessed following their needs changing and the care plan updated accordingly</p>	<p>30/06/2022</p>
Environment, facilities, and equipment	<p>To ensure the outside space on Beechwood ward is safe for patients</p> <p>To ensure acoustics issues at Austen House are rectified</p>	<p>Immediate remedial works carried out to clear the courtyard and make it safe for patients to use.</p> <p>Sound absorption panels fitted in open communal foyer area which has been successful in improving acoustics</p>	<p>Beechwood garden made safe and patients are using it</p> <p>Acoustics issues at Austen have been minimised</p>	<p>30/04/2022</p>

(M4, S12, S14, S18, S23)	<p>To ensure food provision on forensics wards is reviewed</p> <p>To ensure clean equipment is clearly labelled</p> <p>To ensure ligature risk assessments have completion dates for actions and control measures to mitigate risks</p>	<p>Food discussed regularly with patients as part of community meetings, menus are reviewed with catering team and updated accordingly. Improved portion size and choice of menu for service users.</p> <p>Checks of clean equipment added to daily environmental checklist and included as part of weekly audit schedule</p> <p>Ligature risk assessments have been reviewed with estates to add the specific completion dates.</p>	<p>Food provision is improved based on feedback</p> <p>All clean equipment is appropriately labelled</p> <p>All ligature risk assessment actions have completion dates</p>	
<p>Mental Health Act / Mental Capacity Act</p> <p>(M9, S17)</p>	<p>To ensure those detained under S136 are assessed in a more timely manner by a doctor and approved mental health professional (AMHP)</p> <p>To ensure all capacity assessments are reviewed to ensure they all explain why the patient lacks capacity.</p>	<p>The Trust follows good practice as detailed within the MHA Code of Practice. This is monitored across the county via the pan-Hampshire s136 group.</p> <p>Any s136 breaches are reviewed via the Trust s136 panel and discussed by the Mental Health Legislation Committee. Learning is shared via the Trust and pan-Hampshire s136 groups.</p> <p>Capacity assessment for individual raised during the inspection was reviewed and updated to include why the patient lacked capacity.</p>	<p>All people detained under s136 are assessed in accordance with MHA Code of Practice. There are no delays in assessments being carried out.</p> <p>All mental capacity assessments state why the patient lacks capacity</p>	30/04/2022
<p>Medicines management</p> <p>(M19, S19)</p>	<p>To ensure that staff follow the controlled drug policies.</p> <p>To ensure there is a system in place for monitoring the company contracted to check the emergency medications in grab bags</p>	<p>Weekly controlled drugs stock checks are in place and are monitored by pharmacy team. Any issues are reported as incidents and discussed with ward.</p> <p>Trust resuscitation team will carry out random spot-check audits of emergency grab bags as part of ongoing assurance checks and our findings will be fed in to the quarterly contract meetings</p>	<p>Controlled drugs are effectively managed as per Trust policy</p> <p>There is system in place for monitoring service provided by contractor in managing emergency grab bags</p>	COMPLETED
<p>Shared learning</p> <p>(S5)</p>	<p>To ensure lessons learned are shared with all staff to support improvements in provision of care.</p>	<p>Trust-wide learning from incidents is already shared via the Trust Learning from Events meetings and in learning newsletters</p> <p>Regular meeting for crisis team leads to be set up from April 2022.</p>	<p>All crisis teams share good practice and lessons learned with each other. Good practice is shared</p>	30/04/2022

Activities (S8, S20)	To ensure there are high quality activities and education sessions throughout the week, including at weekends and these are displayed clearly for patients	Ward team, under the supervision of ward leader and matron take responsibility of oversight of the activities programme. Activity coordinators programme scheduled activities, developed with service users and publish on their notice boards. This will be reviewed with patients in April 2022.	All patients have access to programme of co-produced, interesting activities and education sessions	30/04/2022
Restrictive interventions (S16)	To ensure no local restrictions are in place regarding bedroom or cup access.	Daily safety huddle is opportunity to ensure all restrictive interventions are appropriate and proportionate on a shift-by-shift and individual by individual basis Service users are informed on admission about keys for bedrooms. Leaflet has been produced to provide a reminder for patients	Any restrictions put in place for individuals due to a safety risk assessment are reviewed on a shift-by-shift basis	COMPLETED

4.0 Assurance

- 4.1 At the point the Trust submitted its improvement plan to CQC it had already completed:
- 10 of the 23 Must do actions
 - 12 of the 23 Should do actions
- 4.2 All actions when completed will be monitored using the weekly Mental Health ward quality assessment tool and the Trust self-assessment and accreditation process due to be implemented in April 2022. Divisional and Trust Governance processes will report ongoing compliance and improvements.
- 4.3 The improvement plan will be monitored, and assurance of completion gained by the Quality Governance Programme Management Office (PMO) led by the Head of Quality Assurance.
- 4.4 Individual actions will be monitored via divisional quality and safety meetings and evidence of completion submitted to the PMO for review.
- 4.5 All completed actions will be signed off by the Executive Directors responsible and reported to Quality and Safety Committee.

5.0 Conclusion

- 5.1 CQC found evidence of progress and good practice which is encouraging. However, the inspectors also highlighted the challenges that teams have faced due to staffing pressures and in delivering services during the pandemic. As a result, the overall rating for the Trust has changed from 'Good' to 'Requires Improvement'.
- 5.2 CQC praised our staff and heard positive feedback from patients and found strong, supportive leadership actively addressing the challenges. The CQC found that the Trust was learning from the past and continuing to move forwards as an organisation. Inspectors also recognised the innovative way that the Trust has responded to the pandemic.
- 5.3 The Trust is responding to the staffing pressures by continuing to prioritise the engagement, health, and wellbeing of our teams, and carrying out extensive recruitment and retention programmes.
- 5.4 Trust staff have already addressed a number of the issues raised by CQC within the report and have plans in place to deliver the outstanding actions over the next 6 months.
- 5.5 The evidence of actions, learning and improvements from this action plan will be shared at a Trust wide panel with Executive sign off. This will be aligned with ongoing quality and governance work programmes to ensure it is not seen in isolation.

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Stage 2 Independent Investigation Report: *'Right First Time'*

Status report April 2022

1. Trust update

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1.1 The table below summarises the work done by the Trust to realise the ambitions of the Stage 2 report. The table describes the actions taken since the report was considered at the HOSP meeting in December 2021. Clearly since December we have been responding to the impact of the national critical incident level 4 being called due to the pandemic, but we have continued to prioritise these important actions.

1.2 Progress towards the completion of the actions set out below are being monitored by the Trust Board and its sub-committees. These assurance processes are taking place during March and will be then considered by the Quality Governance leads in both the ICS and Regional Office. This report therefore should be considered as an update rather than confirmation of completion.

Recommendations		
R1	SHFT's Complaints, Concerns and Compliments Policy and Procedure documents should be urgently reviewed and reformed. They should be combined into a single document . The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must	<p>The Trust's procedure and practice for dealing with complaints has already been revised. The practice now is that frontline service managers and clinicians respond the same day by contacting the complainant, clarifying what it is that they are unhappy about, agreeing timescales and what needs to be done to achieve resolution. We are clear that complaints are locally managed with central support, and this is reflected in the revised policy.</p> <p>87% of all complaints in 2020/21 were completed through early resolution at source. For all complaints that were escalated the response time has reduced</p>

	undertake mandatory training on the new Policy and Procedure.	<p>from a median of 57 days (March 2020) to a median of 16 days across the last 12 months.</p> <p>The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO).</p>
R2	SHFT should clarify what complaints management system is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.	<p>The Trust's Policy has now been revised to reflect current practice.</p> <p>The policy was developed through extensive consultation and engagement stakeholders. This included the Parliamentary Ombudsman Assessment focus groups, the Working in Partnership Committee, staff and the Patient Experience and Caring group.</p> <p>The updated policy was shared with the Working in Partnership Committee on 17.2.22 and was approved by the Quality and Safety Committee on the 15th February 2022. The policy will be published on the Trust website in late March.</p> <p>A programme of training via the PHSO pilot is being implemented between now and the Autumn when the new national complaint standards will be rolled out.</p>
R3	SHFT should clarify and define the role of PALS and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.	<p>The Trust has worked with carers and service users and launched a Carers and Patients Support Hub in January 2022. This service is currently accessed using email, text or telephone but we are also currently identifying pilot sites for a physical presence.</p> <p>This approach has been agreed with the Patient Experience Group who will continue to develop the Hub based on feedback from our staff, patients and carers.</p>
R4	SHFT should urgently implement a process to monitor the quality of the investigation of complaints, complaint reports and responses	Complaints reports and responses are quality assured by Executive Directors/Chief Executive. A comprehensive report on complaints is scrutinised by the Quality and Safety Committee. Since January 2021 we put

	and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.	in place a follow up contact with people who have complained to gain feedback; these surveys and the qualitative information are fed into the Patient Experience and Caring Group on a quarterly basis.
R5	SHFT should re-develop its Complaints Handling leaflet that reflects the complaints process, outlines expectations and timelines for service users, family members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.	Leaflets have been co-designed and co-produced with the Working in Partnership committee, service users and staff. They are available in paper format as well as online and it is made clear that we can provide these forms in additional languages. An easy read leaflet will also be produced via our easy read group of service users following final approval of the policy by Board in March.
R6	During the investigation of complaints, SHFT should offer the opportunity for face-to-face meetings as a matter of course. These meetings should provide the time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain communication with the complainant throughout, with a full explanation for any delays.	As part of our changed practices around working with complainants, we offer the opportunity for person – to- person meetings. Our routine practice now includes earlier intervention by our clinical teams, dialogue directly with people to understand their preferences for resolution and putting these in place, regular keeping in touch during the response and improving the way we communicate our findings.
R7	SHFT should ensure that all complainants that go through its complaints handling process, have access to advocacy services where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This should be co-ordinated so as to be part of the complaints handling process.	We have identified local advocacy services and actively promote them through our website and via the Carers and Patient Support Hub. A document for staff has been produced listing all available support services and we are actively working with Connect to Support Hampshire to promote their directory of services.
R8	There is a vital and continuing need for SHFT to re-build trust and confidence with the population it serves. To achieve this end SHFT should continue its move away from a past	The Duty of Candour is promoted in staff training and in practice. Compliance is reviewed at the Patient Experience Group via a quarterly report.

	<p>unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the Duty of Candour and admits its mistakes. To achieve this, SHFT needs to ensure all staff are trained and understand the Duty of Candour and take a positive proactive approach in all future engagement with families, carers, and service users, to ensure that their needs are met.</p>	<p>Our Investigating Officers and Family Liaison Officers openly engage with families when they are part of an investigation and also check that the service lead has shared information openly and honestly. It is also something that is considered by the corporate SI panel. Patients or family members are always offered a copy of the investigation.</p>
R9	<p>SHFT should co-produce with service users, carers and family members, a Communications Strategy to identify a 'road map' for improving communications. This should include, but is not limited to, mandatory training on communication across the whole of SHFT, including improving internal communications and the development of a protocol setting out how SHFT will provide support to its service users, carers and family members. It should create specific roles to provide this support. SHFT recruitment processes should include good and effective communication skills criteria for all roles at every level of the organisation.</p>	<p>Work has been done and will continue to co-produce more effective communication channels with service users, carers and family members.</p> <p>The Trust has specific roles to support engagement and communication with service users, carers and families which includes carer peer support roles and family liaison officers.</p> <p>The current communications and patient engagement strategies have been reviewed to ensure alignment and this is regularly monitored.</p> <p>Communication skills training modules are already available. All existing training has been reviewed. There are existing training and development modules which incorporate effective communications and interpersonal skills. In addition, new training for line managers has been developed and will be introduced in March 2022, a key aspect of which is communications skills.</p> <p>All recruitment processes have been reviewed to ensure that communications skills are clearly specified for all roles in person specifications and job descriptions, and that this is assessed at shortlisting and interview.</p> <p>Ensuring effective, compassionate communication in all contexts and between all audiences will always be an area for continuous improvement and development. As part of this the Communications Strategy for the Trust is due</p>

		to be updated during 2022 and patients, carers, families and staff will be involved in this process.
R10	SHFT should develop a Carer's Strategy , in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed annually at a large-scale event with carers at the centre. In future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the Carer's Communication Plan , which must be underpinned by relevant training.	<p>Our carers action plan is aligned to the Hampshire Joint strategy for Carers and the Southampton strategy for carers. Our plan was co-produced with a variety of stakeholders, particularly the Families Carers and Friends group who have oversight and monitor the plan. The action plan is a 'live' document and actions are added based on feedback and any issues highlighted to us by our carers.</p> <p>The use of Carers Communication Plans will be continuously monitored by the Carers, Family and Friends group as well as the Patient Experience and Caring Group on a quarterly basis.</p> <p>There is a project underway looking specifically at engagement with lesser heard carers, e.g. military families, carers from rural areas, gypsy and traveller community, black and minority ethnic communities and young carers. A project has also started to understand patient discharge and the effects on carers. We are strengthening our work with voluntary sector organisations to enable this work, and carers themselves are leading on aspects of the projects.</p>
R11	SHFT should ensure all staff are all rapidly trained to understand the Triangle of Care and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.	<p>The Triangle of Care is one of the approaches the Trust has for supporting carers.</p> <p>An increased number of Triangle of Care workshops have been offered and options for attending sessions out of hours and via webinar. 10 carers leads have been trained to deliver the training. An introduction module to give all staff an understanding of the principles and process is available online. The principles are included in local induction.</p> <p>The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles.</p>

		<p>Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends and key staff.</p>
R12	<p>SHFT should set up regular localised drop-in sessions and groups for carers and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.</p>	<p>There are several groups already in existence, in addition to being able to access the Carers and Patients Support Hub. The service can provide a single point of contact for issues and concerns, with a hub and spoke model for outreach and drop-in sessions. The hub will include peer/ carer volunteer support and voluntary sector partners will be invited to run support sessions.</p>
R13	<p>The Panel recommends that SHFT strengthens its links with the local Hampshire Healthwatch, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.</p>	<p>The Trust has a good relationship with each of the Healthwatch groups. The Trust Chair and Chief Executive meet with Healthwatch groups. Formal feedback from Healthwatch will always be made available on the Trust's website.</p>
R14	<p>SHFT should pay due regard to the 7th principle and 8th principle of the UK Caldicott Guardian Council in recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality. Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.</p>	<p>The Trust already promotes the importance of both principles. There are mechanisms in place to hear directly from carers and family members about how the principles are applied in practice.</p> <p>We will continue expansion of the Triangle of Care training and the incorporation of this ethos into our services.</p> <p>The information governance training has been updated and therefore all staff will access this when they undertake their annual training. Identifying good practice or training opportunities will continue to be a key part of Learning from Events and feedback forums.</p>

		<p>In learning from events and the subsequent learning across the Trust we will look for evidence of the principle being upheld, highlight good practice and encourage a closer understanding where practices could be improved.</p> <p>We will continue to ensure carers forums are attended by senior clinical leaders and share learning from these events widely. This will form part of ongoing monitoring. This is a continuous area of development and improvement.</p>
R15	<p>SHFT should seek to improve both the quality of the handover and the sharing of information between clinicians involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings, including, SHFT and General Practices across its divisions.</p>	<p>This is an important aspect of the daily routines of all clinicians. We need excellent communications throughout the patient journey from community, through a crisis into hospital and then back home into the community again. This includes GPs, social services, pharmacy, acute hospitals, care homes etc. This is an area of continuous improvement.</p> <p>Internal communication is being improved through many workstreams, examples include: strengthening the multidisciplinary team meeting, better operability and access to RIO (our electronic clinical record system where we record clinical notes), ensuring dedicated time for handovers and an established methodology to make the handover process more productive, use of Rio mobile and Rio on our physical health wards, and prioritising the further development of Risk and Care plans.</p> <p>External communications have also been improved, for example: a pharmacy review of all medications prior to discharge including direct communication with GPs; timely use of redesigned discharge summaries; and working with partners to improve the way different clinical systems across the health and care sector digitally exchange information in real time (NHSX are leading on legislative work to accelerate this interoperability work nationally).</p> <p>All doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this opportunity to all our staff, both clinical and non-clinical.</p>

		There are opportunities to listen to patients', families' and carers' views on communication via various surveys and direct requests for feedback
R16	SHFT must make swifter progress in developing the Patient Experience Dashboard to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.	<p>The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are regularly reviewed and will continue to be developed. This will include user defined standards for mental health and physical health inpatient and community services.</p> <p>The Carers survey is now part of our automated audits. We are currently surveying young carers in partnership with Hampshire Young Carers Alliance and also carrying out a survey with carers on discharge and the impact on carers.</p>
R17	SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE/me in March 2020) for reporting and monitoring processes, when they are introduced nationally.	<p>Agreed. The framework has been released and NHS England are working with early adopter sites. The final framework and standards will be informed by the early adopter sites and released in Spring 2022 and organisations are then expected to transition to this.</p> <p>In advance of this we have been developing our own processes to prepare for readiness and recently (October 2021) gained accreditation from the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN).</p>
R18	It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the different needs of patient groups , such as physical health, mental health and learning disability and the unique context in which the incident took place.	The timing of the publication of the revised Patient Safety Response Incident Framework and National Standards has been delayed with the evaluation report on the pilots released at the end of January. Our investigation process enables the involvement of subject experts from services to incorporate the needs of different patient groups as well as reflecting the needs of individual patients and families in the way the investigation is carried out. Inequalities data is now recorded on Ulysses to identify themes. Any further recommendations arising from the revised national framework will be incorporated in line with the national rollout.

R19	SHFT should provide a clear and transparent definition of ' independence ' and an open and accessible explanation about its processes for ensuring its investigations are 'independent'. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.	Patients and families are provided with a clear explanation of our approach to independence and a letter confirming this is sent to the family prior to investigation. Our patient and family leaflets have been updated to include a definition on the levels of independence and these were signed off by the Patient Experience Group in March 2022.
R20	In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a fully independent and experienced Chair , the background and qualities of whom should be specific to the facts of the case subject to investigation.	This is current practice. The Trust in conjunction with NHS England will commission fully independent reviews where appropriate.
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access external legal advice, support, or advocacy services , as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-profit organisations, to facilitate access or signpost their availability.	Signposting advice has been collated and is made available to people through the Carers and Patients Hub as well as through our processes for complaints and serious incident investigations. The Family Liaison Officers signpost families to 'Help at Hand' and 'Coroner's guides' for all deaths. Advice also given about how to make a medical negligence claim if the family ask how to do this.
R22	The job description for SHFT's Investigation Officer role should include specific qualities required for that post. The minimum qualities should include integrity, objectivity and honesty .	Job descriptions in Southern Health are clear on the skills, experience, qualities, and values required for all roles. The Investigation Officer job description has been reviewed and amended

R23	<p>SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.</p>	<p>The Investigation Officer training package will be updated when the revised national PSIRF is launched and following completion of the Healthcare Safety Investigation Branch training (31.3.22). It will be co-produced with the support of the Family Liaison Officer.</p> <p>We will set up a continuous improvement network including patient and family feedback to support the development of the Investigating Officers. This will be collated quarterly and shared with the Learning from Events Group. The Trust already has a structured approach in place for appraisals and we ensure there is access to both reflective practice and a professional development plan.</p>
R24	<p>SHFT should urgently change and improve the Ulysses template for investigation reports to ensure that all completed investigation reports are accessible, readable, have SMART recommendations and demonstrate analysis of the contributory and Human Factors.</p>	<p>The Ulysses template has already been amended as part of the Serious Incident Review Accreditation Network (SIRAN) accreditation, which was successfully achieved in October 2021. An audit will be carried out after 6 months to support continuous improvement on these measures.</p> <p>During 2022 there are likely to be further changes as the Trust introduces the new national standards (subject to the national timetable) and also continues to develop the principles of Safety II where you proactively understand the practices and processes in place when things go well.</p>
R25	<p>All completed investigation reports in SHFT should explicitly and separately document the details of family and carer involvement in the investigation, in compliance with any data protection and confidentiality issues or laws.</p>	<p>We agree. This is current practice and is a requirement for the completion of investigation reports.</p>
R26	<p>SHFT must share learning more widely throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.</p>	<p>The Trust has a range of 'Learning from' programmes including Hot Spots, Learning Matters and Governance Snapshots which are available to all staff on intranet. Trust wide Learning from Events groups and specialty level groups are in place. We are currently working with the National Air Traffic Control Services (NATS) on translating lessons into learning, behaviour and culture change.</p> <p>This is an area that the Trust will always be working to continuously improve.</p>

R27	<p>SHFT should have in place, as a priority, a mechanism for capturing the views and feedback of the service user, family member and carer about the entire SI investigation process. This should be monitored at regular intervals for learning purposes and should be shared with the central investigations team and the Board.</p>	<p>The feedback form has been co-produced with families. A quarterly report will go to Quality & Safety Committee from quarter one 2022/23, detailing the feedback received.</p> <p>We will collate feedback on investigations from a number of sources including families and Coroners and report this to the Patient Experience and Caring Group. The membership and Terms of Reference of this group has been amended to include their role in hearing feedback about services.</p> <p>Thematic reviews of investigations, complaints and other learning will be shared at the Learning from Events group and Quality & Safety Committee at the end of Q1 (June 2022).</p> <p>There is a staff checklist in place to ensure regular involvement with families and carers which will be audited in April 2022, and we will use this to further develop family/ carer involvement in investigations as part of the PSIRF implementation.</p>
R28	<p>SHFT should improve the quality of the Initial Management Assessments (IMAs) that are provided to the 48-hour Review Panel to ensure that the decision-making process for the type of investigation required is robust, rigorous and timely. This should be done through a systematic training model and quality assurance mechanisms should be put in place</p>	<p>The review and redesign of the Trust's incident review panel processes are ongoing and will be completed by 31st March 2022. A working group involving staff is currently reviewing completion of incident forms and IMAs, the redesign of staff guidance and revised IMA template; and the separation of 48hour panels and mortality panels which will form part of the Medical Examiner review process implementation.</p>
R29	<p>SHFT should produce a quarterly and annual Serious Incidents Report, which should provide a mechanism for quality assurance. It should be presented to the Board and available to the general public, in compliance with data protection and laws.</p>	<p>This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.</p>
R30	<p>The SHFT Board and the Quality and Safety Committee should receive more information on the degree of avoidable harm and the lessons</p>	<p>This is current practice with 'near misses' reported in our quarterly serious incident reports. This is an area for continuous improvement and learning.</p>

	<p>learnt, through regular reporting. Thereafter, that information should be discussed by the Board and shared through the Quality Account and Annual Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative analysis of all incidents, but it should also reflect a thorough qualitative analysis to identify the relevant themes of current error and future themes for learning.</p>	<p>The Learning from Deaths quarterly report is scrutinised by the Quality and Safety Committee and discussed by the Board.</p>
R31	<p>SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.</p>	<p>It has been agreed nationally that the next stage of the Medical Examiner roll out will extend to all deaths in community and mental health wards. The process for this is that the service into the acute hospitals will extend to cover our sites. We are supporting colleagues fully with this approach and will roll out in line with the requirements of the Medical Examiners at UHSFT, HHFT and PHU. The timeline for this is being determined by them and the national requirements.</p>
R32	<p>SHFT should examine the potential of expanding and bringing together the Patient Safety Specialists into a team, led by a Director of Patient Safety, from the Executive level.</p>	<p>The Trust has a group of Patient Safety Clinical Leads (introduced in 2019), embedded within our clinical divisions, who report into the Patient Safety Specialist and are led by the Director of Patient Safety.</p>
R33	<p>SHFT should develop a co-produced Patient Safety Plan, which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.</p>	<p>We have a Patient Safety Commitment 2018-25 in place which was co-produced in 2018 and refreshed in April 2021 in consultation with service users and families.</p> <p>The national requirements for the Patient Safety Expert are relatively recent (October 2021) and the Trust is consistent with these.</p> <p>We will continue to review these arrangements in line with the Patient Safety Response Incident Framework and National Standards when they are published during 2022.</p>

R36	All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.	This is current practice and action plans are monitored at the appropriate part of the organisation. This may be divisional or at a Trust wide forum including Board Committees where appropriate. The Learning from Events forum facilitates Trust wide learning. Work is ongoing to streamline action plans and ensure they are outcome focused.
R37	SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.	The Learning from Events Forum provides a key role in ensuring actions of improvement are undertaken and learning is shared widely across the organisation. This is attended by Patient Safety Leads. Themes from this and our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.
R38	SHFT should adopt the NHS Just Culture Guide and put in place an implementation plan to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT recruitment strategy and within all induction programmes for all staff, to particularly include substantive and locum medical staff .	We are developing A Just Culture Implementation Plan, in line with the NHS Just Culture Guide, ensuring it is embedded in all our people processes. This will be an area for continuous improvement.
R39	SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.	<p>The Board has made it very clear over a number of years that diversity and inclusion is a foundation on which we build our people and services. The Board recognises fully the challenges of workforce and health inequalities that exist with our society and the Trust is committed to addressing these. The Board set an aspiration to be representative of our diverse communities at all levels by 2024. Plans to deliver this have been progressing and reviewed with progress being made against the 2019 baseline.</p> <p>Work will continue with the appointment of a new Associate Director of Diversity and Inclusion (now in post) and a recent audit to inform our priorities for development. We will ensure that our governors and membership are</p>

included as part of this work. We are also taking an active role in the Integrated Care System with the Chief People Officer taking on the Senior Responsible Officer role for Hampshire & Isle of Wight.

Learning Points

L1	SHFT should avoid terms such as 'upheld' or 'not upheld' in all complaint investigation reports and response letters.	We ceased this practice in late 2019 / early 2020.
L2	SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible helpline or other technical aid in order to lead to a practical response	We are currently able to support carers who are directly involved in our carers' groups. The Carers and Patients Support Hub is a new resource to support carers. The support hub provides multiple ways for people to get in touch, including online options, text messaging service as well as a phone line.
L3	SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.	We agree and believe we have already made significant steps of improvement. We are currently undertaking a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which includes monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. We will implement recommended changes following this work. The PHSO presented at Quality & Safety Committee in March 2022. The pilot will run until 21 st October 2022.
L4	SHFT should take a 'team around the family' approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We agree. We have several families and carers groups in place and the Carers and Patients Support Hub will provide specific support to individuals. Wider outreach sessions will be developed in the community. We will be able to gain feedback from patients and carers about the effectiveness of these arrangements and will also look to improve further.
L5	SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.	The Trust has appropriate mechanisms in place. The Trust will always consider independent support and encourage advocacy.
L6	SHFT should review its 'Being Open' Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	The Being Open policy has been reviewed by the SHFT Family Liaison Officer team. It has been refreshed using the feedback from the following committees.

		<ol style="list-style-type: none"> 1. Working in partnership Committee – Lay group with Voluntary sector 2. Carers, Family & Friends Group – Carers and service users 3. Patient Experience & Caring Group – Divisions, teams, carers and patient reps 4. Staff promotion in staff bulletin 5. Caldicott Guardian engagement & advice 6. Learning From Events Forum – Clinical staff <p>Staff guidance is available on the Trust intranet with a printable easy to read leaflet for service users and families which will be available on the public website. The policy and supporting materials will continue to be developed and improved with engagement from staff, carers families and service users.</p>
L7	SHFT should involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of the action plan.	This is current practice. We offer this opportunity within our current processes.
L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement (QI) projects and SHFT's journey of improvement.	Agreed. Our Quality Improvement (QI) Programme has trained staff at all levels in the organisation who have worked alongside more than 150 patients, their families and carers on specific projects. We will continue with this approach as we re-energise our QI programme and move to the next stage of its development.
L9	SHFT should, overall, increase its annual and quarterly reporting by committees and divisions to be accessible to the public it serves.	A review of guidance and good practice has been undertaken and agenda frameworks for Committees and the Board will be amended as required.

Note: Recommendations 34 and 35 relate to the Clinical Commissioning Group and Integrated Care System so have not been included in this table.

2. Further information

- 2.1 The full report (including an Easy Read version) and the Trust's public statement (issued on the day of publication), can be found on the Trust website here: <https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today>
- 2.2 Additional information, including the Terms of Reference for the review, can be found on the NHSE/I website here: <https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/>

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	INTEGRATED CARE SYSTEM DEVELOPMENT AND PLACE-BASED ARRANGEMENTS IN SOUTHAMPTON
DATE OF DECISION:	7 APRIL 2022
REPORT OF:	HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM

<u>CONTACT DETAILS</u>		
Executive Director	Title	Managing Director / Director of Partnerships
	Name	James House / Ros Hartley

STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
This paper provides an update on the structure of the Hampshire and Isle of Wight Integrated Care Partnership, the Integrated Care Board and the 'Place' of Southampton.	
RECOMMENDATIONS:	
	(i) That the Panel notes the report.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The design process for the Integrated Care System (ICS) continues to progress while the legislative process to put ICSs on a statutory footing is underway.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	N/A
DETAIL (Including consultation carried out)	
3.	The attached report provides an update on the development of the ICS in Hampshire and the Isle of Wight.
4.	<p>The Government has announced a number of reform packages for health and care across England, which includes:</p> <ul style="list-style-type: none"> • Health and Care Bill, which puts Integrated Care Systems on a statutory footing. This is currently progressing through Parliament and is expected to come into effect from July 2022. • 'People at the Heart of Care', a white paper on reforming adult social care published in Autumn 2021. • 'Health and social care integration: joining up care for people, places and populations', a white paper published in February 2022. • 'Roadmap to recovery', a speech by the Secretary of State for Health and Social Care made in March 2022.
5.	The Panel has been provided with regular updates on the development of Integrated Care Systems, which can be found here:

	<ul style="list-style-type: none"> • Report to HOSP, 2 September 2021 (item 10): https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=6615&Ver=4 • Report to HOSP, 9 December 2021 (item 9): https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=6617&Ver=4 • Report to HOSP, 22 February 2022 (item 7): https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=6618&Ver=4
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
6.	N/A
<u>Property/Other</u>	
7.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	The details in the report are subject to legislation being approved by Parliament.
<u>Other Legal Implications:</u>	
9.	N/A
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	ICS development and place-based arrangements in Southampton (March 2022)

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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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

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ICS development and place-based arrangements in Southampton

Context

1. The Government has announced a number of reform packages for health and care across England, which includes:
 - Health and Care Bill, which puts Integrated Care Systems on a statutory footing. This is currently progressing through Parliament and is expected to come into effect from July 2022.
 - 'People at the Heart of Care', a white paper on reforming adult social care published in Autumn 2021.
 - 'Health and social care integration: joining up care for people, places and populations', a white paper published in February 2022.
 - 'Roadmap to recovery', a speech by the Secretary of State for Health and Social Care made in March 2022.
2. We await the legislative processes to conclude and therefore the details set out in this paper are subject to further change.

Definitions

3. There are a number of terms used within this paper to describe concepts as defined by the new legislation. A short explanation of these are as follows:

Hampshire and Isle of Wight: The naming convention for the new ICS is Hampshire and Isle of Wight, and this encompasses the entire geographical area covered by the arrangements in this paper, including Southampton and Portsmouth.

Integrated Care System (ICS): the statutory arrangement which brings together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population, made up of an Integrated Care Partnership and an Integrated Care Board.

Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS Integrated Care Board.

Integrated Care Board (ICB): An NHS body responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This

body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).

Place: the entity/locality in which local government and the NHS face a shared set of challenges at a scale that often works well for joint action. In our case, this relates to the city of Southampton.

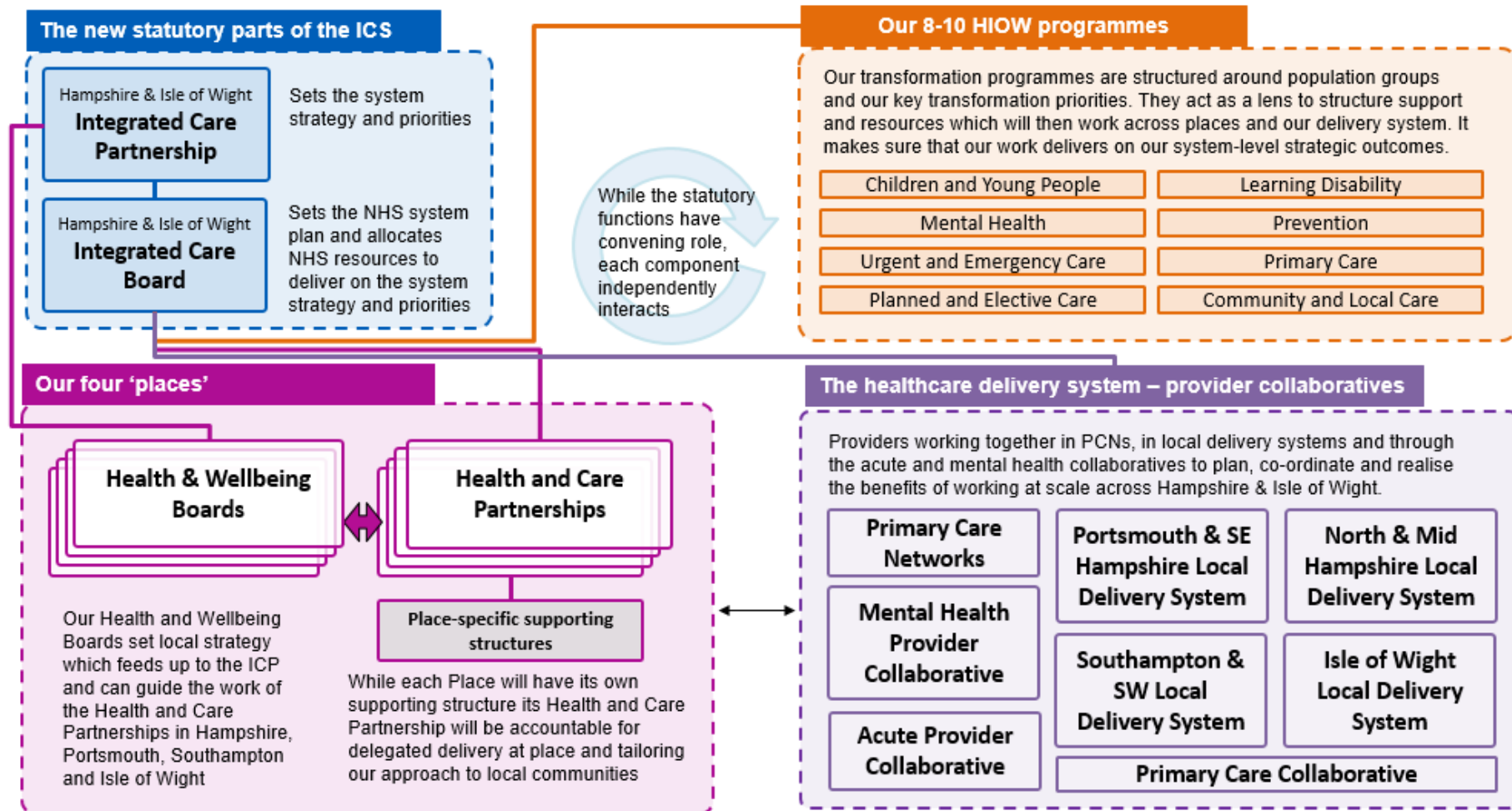
Clinical Commissioning Group (CCG): the existing NHS body responsible for designing, planning and funding NHS services within the location it serves. Presently the city is served by NHS Hampshire, Southampton and Isle of Wight CCG. From July, CCGs will be dissolved and their functions taken on by the ICB.

Department for Health and Social Care (DHSC): Government department responsible for implementation of national policy.

ICS structure

4. The legislation creates two statutory parts of an ICS: an Integrated Care Partnership and an Integrated Care Board. Place will report and link into both elements as shown in diagram 1.
5. The draft governance structure works in the form of a matrix, given there are programmes which will be undertaken at an ICS level which will naturally link with the work at place, and vice versa. For example, we are proposing transformation programmes will be undertaken at an ICS level to focus on strategic level work and outcomes. Provider collaboratives and local delivery systems (focussing on acute footprints) will often cover more than one place.

Diagram 1: Explanation of ICS structure



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Please note the Place-specific structure is explained in a later section of in this paper. Each Place structure may differ in light of the population it covers. This paper outlines the structure for Southampton only.

6. Workshops with partners to help design the new ICS have taken place throughout March 2022. This includes workshops with the voluntary and community sector, all Healthwatch organisations in Hampshire and Isle of Wight, the city's Joint Commissioning Board (and equivalents across the wider area), and existing CCG staff. Further engagement with partners is due to commence to consider:
 - How NHS money will flow and financial delegation to place
 - Other NHS responsibilities and functions to be carried out at place
 - The management structure in the ICB which brings leadership to places,
 - The planned governance model for place – including how HWBBs link to the ICP and how existing governance between CCG Boards and places will transition to the ICB.

Integrated Care Partnership

7. In Hampshire and Isle of Wight we have the opportunity to develop the ICP as a key driving force in our system. It will be responsible for defining our system strategy and ambition and setting the tone and culture for our whole partnership across Hampshire and Isle of Wight. It will be built on existing partnerships and priorities (particularly through the Health and Wellbeing Boards) and is an opportunity to come together at scale at an impactful level for our populations. There is the opportunity for the ICP to bring different perspectives and ways of thinking together, uniting everyone working to improve health and care, extending beyond our traditional partners locally.
8. To date there have been a series of discussions with members of the Health and Care Leadership Group, made up of senior leads from local authorities and the NHS, and other partners about the development of the ICP. Guy Van Dichele, Executive Director for Health and Adults, represents Southampton City Council on this group. This included discussions with Healthwatch Southampton and its equivalents across the wider area, district and borough council chief executives from Hampshire, voluntary and community sector leads, Hampshire Fire & Rescue, Hampshire Constabulary and NHS providers. There is a strong desire from partners to be involved in the ICP and for it to be an inclusive partnership beyond those organisations directly responsible for health and care.
9. The design of the ICP remains underway and has potential to change in light of the changing legislation. The next steps are as follows:

<p>April 2022</p>	<p>Continue discussions with partners</p>	<p>Deliverables Review key priorities of each Health and Wellbeing Board across the system and identify opportunities for benefit of working together Agree membership of ICP Agree how ICP will be chaired Consider draft ICP terms of reference</p>
<p>May 2022</p>	<p>Interim ICP Interim ICP is launched to operate in shadow form including initial membership, to discuss terms of reference and agree scope for shadow and assessment of how the ICP will work.</p>	<p>Deliverables Terms of Reference Chair arrangements Scope Plan to develop strategy</p>
<p>June 2022</p>	<p>Interim ICP Undertake review of shadow form and agree changes or improvements in advance of go-live dates.</p>	<p>Deliverables Review progress and agree any final changes Agree schedule and topics for upcoming meetings</p>
<p>July 2022</p>	<p>Statutory ICP goes live The ICP has its first official meeting alongside the formation of the ICB. This is the beginning of the ongoing development of the ICP and when the strategy will begin to be developed.</p>	
<p>December 2022</p>	<p>ICPs publish interim strategies Expectation that ICPs will publish an interim integrated care strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare to be published before April 2023.</p>	

10. In March 2022 the Department for Health and Social Care [published a list of expectations for ICPs](#) which are as follows:
- ICPs will drive the direction and policies of the integrated care system (ICS)
 - ICPs will be rooted in the needs of people, communities, and places
 - ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences
 - ICPs will support integrated approaches and subsidiarity
 - ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners, and utilise local data and insights.
11. The Government has also issued its indicative timeline to help systems identify the key milestones in developing the ICP and the integrated care strategy. It defines 2022 to 2023 as a ‘transitional year’.

Indicative date	Activity
April – June 2022	DHSC to engage with systems to inform the guidance on the integrated care strategy
July 2022	ICP formally established by local authorities and ICBs (subject to parliamentary passage)
July 2022	DHSC to publish guidance on the integrated care strategy
December 2022	Each ICP to publish an interim integrated care strategy if it wishes to influence the ICB’s first 5-year forward plan for healthcare to be published before April 2023.
June 2023	DHSC refreshes integrated care strategy guidance (if needed)

Integrated Care Board (ICB)

12. The Integrated Care Board for Hampshire and Isle of Wight is the statutory NHS body which will take on duties and responsibilities which currently sit with the two Clinical Commissioning Groups (CCGs) covering the area.
13. Its purpose is to bring leadership to the NHS in Hampshire and Isle of Wight. It is accountable to NHS England for the performance of the NHS, for strategic planning for the NHS, for the allocation of the circa £3.5 billion NHS resource for

Hampshire & Isle of Wight, and for ensuring effective collaboration, governance and contractual arrangements in the NHS to deliver.

14. We are now at the stage of deciding on the board membership of the ICB. The board of an ICB differs from a CCG. Whereas CCGs are GP-led bodies and often have lay-member representation with non-voting members, such as local authorities, the ICB will have a unitary board. This means all members act as a single body to make decisions with shared corporate accountability. As such, the process to determine membership from partner organisations is regulated and a three-step process is required to appoint members. Eligibility criteria is required, followed by a nomination/application process, and then the final selection decided by the ICB chair-designate. The regulations for this process are not expected to be finalised nationally until the end of March 2022.

Development of 'place'

15. The White Paper on 'Joining up care for people, places and populations' published in February 2022, has been widely welcomed and provides significantly more clarity around how place-based partnership working will develop in the future. It identifies the value of place based arrangements to bring together NHS and local authority leadership, including responsibility for effective delivery and commissioning of health and care services, in addition to wider partners, such as the voluntary, community, social care and social enterprise sector.
16. It explains that all places within an ICS should adopt a model of accountability by Spring 2023. There should be a single person, accountable for shared outcomes in each place or local area, working with local partners. This could be an individual with a dual role across health and care or an individual who leads a place-based governance arrangement. The paper notes a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly. This is the model we are pursuing in Southampton and builds on the existing arrangements which have been in place for a number of years.
17. The White Paper also indicates that new flexibility around finances will be legislated for, to allow for more to be possible around budgets being aligned and pooled together. This will help in supporting longer-term investment in population health and wellbeing, and therefore provide extra resource in meeting the challenges outlined in our city's Health and Care Strategy (2020-2025). The Government has committed to review section 75 of the 2006 Act which underpins pooled budgets, to simplify and update the regulations.

18. Additional aspects of the White Paper to consider is the potential future role the Care Quality Commission will have in reviewing plans at a place level, in its new role of assessing ICSs.
19. Children's services are not directly within the scope of the proposals made in the White Paper, but Places will be encouraged to consider the integration between and within children and adult health and care services where possible. In Southampton, we already look at health and care across all age groups; for example, a core component of our Five Year Health and Care Strategy is 'start well'.
20. There is agreement between the CCG and Southampton City Council, as the existing statutory members of the Joint Commissioning Board, that this board should be reconstituted as the strategic place-based board for Southampton, with representation from leaders of key partner organisations in the city. It should be linked to decision-making structures in all statutory organisations that participate and determine the scope of a pooled budget for the city. In line with the guidance in the recent White Paper, the new Place based Board will be responsible for:
 - Effective delivery and commissioning of health and care services, through joint planning and decision making
 - Setting and agreeing shared outcomes for the city and accountable for delivery of these outcomes
 - Increasing integration and pooled resources.
21. As noted previously, until legislation is approved, the existing JCB terms of reference must remain in place given the existing statutory duties held by Southampton City Council and NHS Hampshire, Southampton and Isle of Wight CCG.
22. At present, in Southampton our pooled budget arrangements cover the following areas: Joining up care for people, places and populations
 - Supporting carers
 - Integrated locality working
 - Integrated Rehabilitation and Reablement and Hospital Discharge
 - Aids to Independence
 - Prevention and early intervention
 - Learning disability integration
 - Promoting uptake of Direct Payments
 - Transforming long term care

- Integrated provision for children with special educational needs and disability (SEND)
- Integrated health and social care provision for children with complex behavioural and emotional needs.

The total pooled budget resource is around £135million for this financial year. This is funded through a pooled arrangement with the CCG contributing 63.7% of funding and Southampton City Council contributing 36.3%.

23. The proposed and draft principles for the Place board are:

- lead on the vision for the city, working with the Health and Wellbeing Board to improve population health and healthcare and to tackle unequal outcomes.
- be responsible for setting the strategic direction and development of the place based on the Health and Care Strategy (2020-2025), business as usual and all Partnership business.
- approve and monitor the implementation of the Health and Care Strategy (2020-2025) to ensure it meets agreed priorities, objectives, savings and performance targets.
- ensure resources are committed appropriately, with adequate oversight, to deliver the Health and Care Strategy (2020-2025), including working with the wider Hampshire and Isle of Wight ICS and Southampton and South West Hampshire Local Delivery System, where it makes sense to plan, commission or deliver services across a broader geography.
- have full transparency of whole population spend for health and care budgets, ensuring enhanced productivity and value for money.
- be accountable for 100% of the spend delegated to “Place” through joint decision-making and delegated authority.
- and responsible for Southampton “Place” and achieving better outcomes for our local population as a result of strong integration.
- remain accountable for those areas of health and social care commissioning covered by the Better Care Fund (BCF) Section 75.
- oversee and maximise all resources, not just financial, within a shared financial framework, in order to achieve place-based efficiencies and place-based financial balance, ensuring value for money.
- help the NHS to support broader social and economic development.

24. These principles are based on the Health and Care Bill legislation currently under consideration by Parliament. Further legislation will be required to take into account the proposals identified in the new White Paper, and therefore these will likely change again before April 2023 to take into account the new responsibilities for Place.

25. At present, arrangements already exist where specific health projects are led locally at Place, or at a Local Delivery System level (i.e. Southampton and South West Hampshire) or at the scale of Hampshire and Isle of Wight. The benefit of new legislation means these arrangements can and should be formalised, and clarity for our teams to undertake their work and reduce unnecessary duplication; however they do not represent a significant change in the way of working. With regards to finances and resource, the following draft principles will be put into place:

- For services prescribed nationally or a uniform service across Hampshire and Isle of Wight, the decision-making, resources and finances would normally be led at an ICS level.
- For service models which rely on integration with other community services and social care, the decision-making, resources and finances would normally be led at a Place level.
- For services tailored for a specific geography, the decision-making, resources and finances would normally be led at a Place or Local Delivery System level.

When considering finances and resource, it is important we focus not only on money and pooling budgets, but also on ways in which we can share resource and expertise across organisations.

26. Our proposed membership for the Place board is as follows:

Recommendations	Proposed membership	(Interim) formal decision making until July
Local Authority	Three elected members Chief Executive DASS – Guy Van Dichele DCS – Rob Henderson Director Public Health – Dr Debbie Chase	Leader, two Cabinet members and SCC CEO make decisions
Primary care provider leadership	Represented by two of the six PCN clinical directors	One PCN clinical director

Providers of acute, community and mental health services	Senior representation from UHS, Solent and Southern (CEO or representative)	Not possible under present legislation
Integrated Care Board (from July 2021) / CCG (until July 2021)	Clinical Director – Dr Sarah Young Managing Director – James House Non-executive advisor (Southampton) – Suki Sitaram	Clinical Director – Dr Sarah Young Managing Director – James House Non-executive advisor (Southampton) – Suki Sitaram
<p>Membership for consideration in Southampton Integrated Health and Care Board from July:</p> <ul style="list-style-type: none"> • People who use care and support services and their representatives , including Healthwatch • The voluntary, community and social enterprise sector • Social Care providers • Provider collaboratives 		

27. The governance arrangements in relation to Place can be found in diagram 2.

28. We will ultimately judge the success of the Place working by monitoring the outcomes of our Health and Care Strategy (2020-2025), and specifically against the following ambitions for the start well, live well, age well and die well components of the strategy. These are summarised in diagram 3.

Diagram 2: Place-level arrangements

Governance arrangements centred on Place

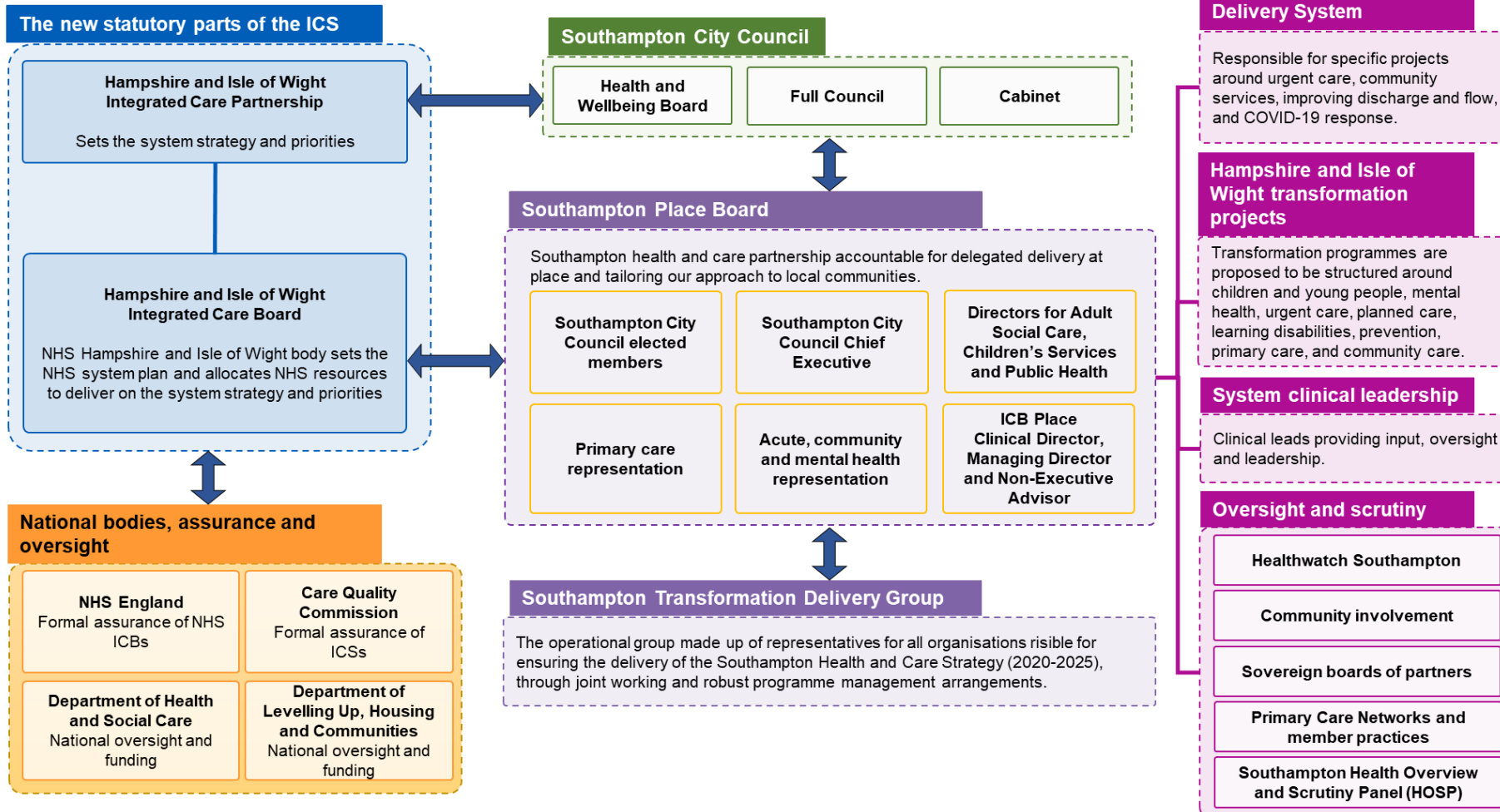


Diagram 3: Metrics to judge success of place-based working in Southampton – from existing Southampton Health and Care Strategy (2020-2025)

Start well

- Reduce the percentage of mothers smoking during pregnancy
- Reduce the rate of teenage pregnancies
- Increase the percentage of mother's breastfeeding 6-8 weeks post birth
- Reduce the rate of looked after children
- Increase the percentage of care leavers in suitable accommodation
- Increase the percentage uptake of healthy child mandated immunisations and health checks
- Increase the percentage of children achieving a good level of development at the end of reception
- Improve School Attendance and reduce Exclusions
- Increase the percentage of children reporting positive mental health at Year 7
- Reduce the rate of first time entrants to the youth justice system
- Reduce the percentage of 16-17 year olds not in education, employment or training (NEET)

Live well

- Increase healthy life expectancy
- Reduce the gap in life expectancy between the most and least deprived areas of the city
- Reduce smoking prevalence in adults
- Reduce the percentage of adults who are physically inactive
- Reduce alcohol-related mortality
- Eliminate all inappropriate out of area mental health placements
- Reduce the rate of suicides
- Increase the percentage of adults with a learning disability living in settled accommodation
- Increase the percentage of cancers being diagnosed at an earlier stage
- Reduce early deaths from cardiovascular disease and respiratory disease
- Increase the number of social prescribing referrals
- Increase the number of people being referred to the national diabetes prevention programme

Age well

- Increase the number of older people with a personalised care and support plan
- Reduce the number of older people being referred for adult social care
- Reduce the rate of emergency hospital admissions, including readmissions
- Reduce the rate of older people having discharge delays from hospital (delayed transfers of care)
- Increase the percentage of older people receiving reablement care after hospital discharge
- Reduce permanent inappropriate admissions into residential care
- Increase the number of carers having a carer assessment and receiving appropriate support
- Increase access for older people with a common mental illness to psychological therapies
- Increase the number of volunteers supported to find a volunteering opportunity

Die well

- Reduce the percentage of older people reporting that they feel lonely
- Increase the percentage of people in the last 3 years of life who are on an End of Life register
- Increase the percentage of people who have, or are offered, a personal health budget towards end of life
- Reduce the average number of patients per month who die in hospital whilst waiting for discharge
- Reduce the percentage of older people who die within 7 and 14 days of an emergency hospital admission

New developments: Road to Recovery healthcare reform

29. In March 2022, the Secretary of State for Health and Care announced a package of reforms which further build on the new legislation and White Paper.
30. This speech provides our Integrated Care System the backdrop to our future objectives and priorities. Much of the speech's content is a continuation of the work we have underway. The emphasis on partnership and collaboration, the focus on prevention of disease and bringing more services and support into communities will be a core parts of our upcoming ICS strategy.
31. The speech focussed heavily on how the NHS can focus on delivery and future proof services, particularly in light of the change in how we manage disease, an ageing population, and high levels of inequalities in society. There is also a focus on sustainability and a need to consider how to achieve this within the existing resources available to us.
32. To summarise, the four key priorities highlighted by the Health and Social Care Secretary are:
 - Prevention. The speech explained the need to shift to a new way of operating in the NHS to help people stay healthy for longer. The whole system across the NHS will be given the power to play its part, and there is recognition of the vital role our Primary Care Networks will have. NHS England and ICSs will be asked to create joint delivery plans to reduce the biggest preventable diseases, and cardiovascular disease will be the first priority.
 - Personalisation. The pandemic has shown the appetite from the public to use technology to improve their health and the speech explains the need to provide convenient and quick support to help our residents to manage their health. There may also be an extension of legal rights for patients and an expansion of personal health budgets.
 - Performance. In addition to a digital transformation, more innovation will be encouraged to improve services and reduce readmissions. There will be an emphasis of partnership working in the NHS between trusts, and the freedom required to make this happen will be put in place.
 - People. A national workforce plan is being put together, looking at all levels across health and social care. It is expected more structure and support be put in place to support our workforce.

His speech can be [read in full here](#).