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Health Overview and Scrutiny Panel

Thursday, 19th October, 2023
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

Members

Councillor W Payne (Chair)
Councillor Houghton (Vice-Chair)
Councillor Allen
Councillor Finn
Councillor Kenny
Councillor Noon
Councillor Wood

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.

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Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

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

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

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

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

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

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

(a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

(b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

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

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes

- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

DATES OF MEETINGS: MUNICIPAL YEAR

2023	2024
29 June	8 February
17 August	4 April
19 October	
7 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 17 August 2023 and to deal with any matters arising.

7 PROPOSALS TO REDESIGN INPATIENT OLDER PERSONS MENTAL HEALTH SERVICES – UPDATE FOLLOWING ENGAGEMENT

(Pages 5 - 30)

Report of the Scrutiny Manager enabling the Panel to formally respond to the proposals to redesign inpatient Older Persons Mental Health Services.

8 PLANNING FOR WINTER PRESSURES IN SOUTHAMPTON (Pages 31 - 54)

Report of the Hampshire and Isle of Wight Integrated Care Board providing an update on how the NHS is planning ahead of winter pressures on urgent care services in Southampton.

9 DENTISTRY COMMISSIONING IN SOUTHAMPTON
(Pages 55 - 66)

Report of the Hampshire and Isle of Wight Integrated Care Board providing an update on dentistry provision in Southampton.

10 MONITORING SCRUTINY RECOMMENDATIONS
(Pages 67 - 82)

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

Wednesday, 11 October 2023 Director – Legal, Governance and HR

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 17 AUGUST 2023

Present: Councillors W Payne (Chair), Houghton, Kenny, Noon, Wood, Windle and McEwing

Apologies: Councillors Allen and Finn

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

It was noted that following receipt of the temporary resignation of Councillors Allen and Finn from the Panel, the Monitoring Officer acting under delegated powers, had appointed Councillors McEwing and Windle to replace them for the purposes of this meeting.

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

Councillor McEwing declared that she was a Trustee of C'isters.

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

RESOLVED that Councillor McEwing would be involved the discussion of the items on the agenda.

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

RESOLVED: that the minutes for the Panel meeting on 29 June 2023 be approved and signed as a correct record.

10. **ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION**

The Panel considered the report of the Director of Operations for Adult Social Care which provided the Panel with an overview of the performance of Adult Social Care in Southampton and an update on the service transformation programme.

Councillor Fielker, Cabinet Member for Adults, Health and Housing; and Paula Johnston, Head of Quality, Governance and Professional Development in Adult Social Care were in attendance and, with the consent of the Chair, addressed the meeting.

Key issues raised included:

- The Council spends more money on Adult Social Care Services than comparable authorities.
- The current performance of Adult Social Care Services did not reflect the financial outlay.
- Significant opportunities existed to transform services, reduce costs and improve outcomes.
- Work had commenced identifying and delivering cost savings. This needed to be done rapidly to deliver the savings required.
- The service was preparing for a future CQC inspection.

RESOLVED

1) That the Panel would be provided with an overview of the costs savings that have been identified by Adult Social Care for 2023/24.
2) That the self-assessment, developed in preparation for a Care Quality Commission inspection, would be circulated to the Panel with a view to it being considered at the 7 December meeting of the HOSP as part of the next scheduled Adult Social Care performance and transformation item.

11. **LEISURE AND HEALTH OUTCOMES**

The Panel considered the report of the Director of Public Health which provided the Panel with an overview of the Council's approach to utilising leisure assets to improve the health outcomes in Southampton.

Councillor Kataria, Cabinet Member for Communities and Leisure; Dr Debbie Chase, Director of Public Health; Becky Wilkinson, Public Health Consultant; and Dominic Bennett, Service Manager, Leisure were in attendance and, with the consent of the Chair, addressed the meeting.

Key issues raised included:

- Activity levels in Southampton
- The development of the Strategic Action Plan
- Social prescribing schemes
- How the Leisure Vision was influencing key strategies and services in Southampton.
- How the new approach to leisure had influenced the Council's actions and plans for the Outdoor Sports Centre and St Mary's Leisure Centre.
- How success would be measured.

RESOLVED

1) That the Panel would be provided with details regarding the future of Green Park Tennis Courts.
2) That the Leisure Strategic Action Plan would be circulated to the Panel when it had been drafted, for future consideration by the HOSP.
3) That officers would review whether an evaluation of the impact of the Park Lives initiative in Southampton had been undertaken.
4) That officers would review how the Sugar Tax funding was being utilised by schools to encourage healthy lifestyles.

12. **MONITORING SCRUTINY RECOMMENDATIONS**

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

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		PROPOSALS TO REDESIGN INPATIENT OLDER PERSONS MENTAL HEALTH SERVICES – UPDATE FOLLOWING ENGAGEMENT		
DATE OF DECISION:		19 OCTOBER 2023		
REPORT OF:		SCRUTINY MANAGER		
CONTACT DETAILS				
Executive Director	**Title**	**Executive Director – Corporate Resources**		
	Name:	**Mel Creighton**	**Tel:**	**023 8083 3528**
	E-mail	**Mel.creighton@southampton.gov.uk**		
Author:	**Title**	**Scrutiny Manager**		
	Name:	**Mark Pirnie**	**Tel:**	**023 8083 3886**
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

At the 29 June 2023 meeting the Panel considered Southern Health NHS Foundation Trust's proposals to redesign inpatient Older Persons Mental Health (OPMH) services. The proposals include repurposing Beaulieu Ward at Western Community Hospital in Southampton and delivering organic dementia inpatient care services for the Hampshire and Southampton population from Poppy Ward at Gosport War Memorial Hospital and Elmwood Ward at Parklands Hospital, Basingstoke.

The Panel determined that the proposals constituted a substantial variation in service and recommended that additional engagement with stakeholders on the proposals relating to Beaulieu Ward at Western Community Hospital was undertaken and that the issue returned to the Health Overview and Scrutiny Panel (HOSP) for consideration at the 19 October meeting.

Attached as Appendix 1 is an engagement report produced by Southern Health NHS Foundation Trust detailing the engagement activity carried out, the feedback gathered and how this has been taken into account in the context of the proposals.

RECOMMENDATIONS:

	(i)	That the Panel consider the attached engagement report from Southern Health NHS Foundation Trust and, following discussion with the invited representatives, respond to the Trust's proposals to redesign inpatient Older Persons Mental Health services.

REASONS FOR REPORT RECOMMENDATIONS

1.	To enable the Panel to formally respond to the proposals to redesign inpatient Older Persons Mental Health services.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	None.

DETAIL (Including consultation carried out)	
3.	Proposals from Southern Health NHS Foundation Trust in relation to Older Persons Mental Health services were presented to the HOSP at the 29 June 2023 meeting of the Panel. The proposals seek to upgrade and repurpose Beaulieu Ward at Western Community Hospital in Southampton to meet the needs of older people with a functional illness, whilst ending admissions for older people with organic dementia. Appendix 1 -Briefing paper outlining proposals to redesign inpatient OPMH services.pdf.pdf (southampton.gov.uk)
4.	Following the Panel's decision that the proposals represented a substantial variation in service, the HOSP recommended that additional engagement with stakeholders on the proposals relating to Beaulieu Ward at Western Community Hospital was undertaken, and that the issue returned to the Panel for consideration at the 19 October meeting.
5.	Attached as Appendix 1 is an engagement report from Southern Health NHS Foundation Trust that provides an overview of the engagement activity carried out, the feedback gathered and how this has been taken into account in the context of the proposals.
6.	With the requested information now available, the HOSP have the opportunity to comment on the proposals. In accordance with the Framework for Assessing Substantial Change in NHS provision, attached as Appendix 2, the response of the Panel will be shaped by the following considerations: • Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service? • The extent to which commissioners have informed and support the change. • The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change. • How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.
7.	To inform the discussion, representatives from Southern Health NHS Foundation Trust and the Hampshire and Isle of Wight Integrated Care Board will be attendance at the meeting.
RESOURCE IMPLICATIONS	
Capital/Revenue	
8.	Identified in the briefing paper attached as Appendix 1 to the 29 June report - Appendix 1 -Briefing paper outlining proposals to redesign inpatient OPMH services.pdf.pdf (southampton.gov.uk).
Property/Other	
9.	Identified in the briefing paper attached as Appendix 1 to the 29 June report - Appendix 1 -Briefing paper outlining proposals to redesign inpatient OPMH services.pdf.pdf (southampton.gov.uk).

LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
10.	The powers relating to health scrutiny and substantial variations can be found in Part 12, s244 of the 2006 Act, and more explicitly in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.	
Other Legal Implications:		
11.	None	
RISK MANAGEMENT IMPLICATIONS		
12.	None.	
POLICY FRAMEWORK IMPLICATIONS		
13.	None	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Proposals to redesign inpatient Older Persons Mental Health (OPMH) services – Engagement report	
2.	Framework for Assessing Substantial Change in NHS provision	
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?		Yes
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 – Report to 29 June HOSP meeting **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.	Report to 29/6/23 HOSP meeting on proposals to redesign inpatient OPMH services: Appendix 1 -Briefing paper outlining proposals to redesign inpatient OPMH services.pdf.pdf (southampton.gov.uk)	

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Southern Health
NHS Foundation Trust

Proposals for older people's mental health inpatient services at the Western Hospital

Engagement report

October 2023

1. Introduction

Southern Health provides inpatient and community mental health services for older people in Southampton. There is also a wide network of voluntary sector organisations working in the city providing considerable support for people living with dementia and their carers. Furthermore, there are specialist older people's wards at the general hospital, supported by a liaision psychiatry team, able to provide dedicated care for people with dementia who are using the hospital.

Specialist inpatient dementia wards support people who, sadly, become extremely aggressive or disinhibited, due to their dementia, such that they can no longer be safely supported in a community setting. Thankfully, the vast majority of people living with dementia will never require this type of care, and the focus of dementia services is on supporting people to live well with dementia in the community.

Southern Health is working to provide the most appropriate inpatient older people's mental health services to support the populations of Hampshire and Southampton. The Trust proposes to focus inpatient dementia services in Basingstoke and Gosport hospitals (which have been renovated to provide high quality dementia care environments), and to transform and increase the inpatient space at the Western Hospital, Southampton, to better support patients with functional mental health needs (for example depression, anxiety and psychosis) for which there is greater need within the city. Detailed analysis of demand over the last two years suggests this will not impact on the Trust's ability to provide inpatient care when patients require it, and will better meet the specific demand experienced in Southampton and Hampshire.

More details on this proposal were shared at the Health Overview and Scrutiny Panel in June. At this meeting, the HOSP recommended further engagement with key groups in the city prior to a final decision being made at the Panel in October.

This paper provides an overview of the engagement activity carried out, the feedback gathered and how this has been taken into account in the context of the proposals.

2. Summary of engagement activity and feedback themes

Between July and October, the Trust carried out a range of communication and engagement activities. This included face to face and virtual meetings with carers and local dementia organisations. The Trust worked in partnership with Caraway, Communicare Southampton, and Unpaid Carers Southampton to reach carers directly. The Trust worked with partners to share information and seek views via newsletters and websites. This included a newsletter with circulation to approximately 1,400 carers in Southampton, and publication on the Healthwatch Southampton website and Southern Health's website. Information about the proposals was also shared via the Southern Health Stakeholder Update which is shared with over 1,000 stakeholders across Southampton and Hampshire. The Trust also sought views from communities surrounding

Southampton, including Romsey Dementia Action Group. A detailed description of communications and engagement activity conducted is in Appendix 1.

During engagement, there was some expression of concern over the possibility that some Southampton residents may need to travel further for care or to visit loved ones. However, in all cases, when the full range of existing community, voluntary sector, and acute hospital support, and the offer to support with transport, were described, this minimised the concern and there was no out-right opposition to the proposals, with a general understanding and acceptance of the rationale for change. The offer of transport support was positively received, but needed to be more clearly described and communicated (see Appendix 2).

A key theme which emerged was the lack of joined up information about support available to patients and carers, especially upon receipt of diagnosis. Some carers shared their own feelings of isolation and helplessness. There was much discussion about the need for more information, and for this to be available in a variety of formats and at different stages of the patient/carer journey. Improving this picture must be a focus for all agencies to continue to address.

As a counterpoint, some carers shared very positive experiences of accessing local support. This included the Dementia Action Groups and specific carer support courses which are run by Caraway.

Additional feedback points and responses provided by the Trust are shown below:

Feedback theme	**Response**
People generally saw the benefit of the proposals for older people with functional mental health needs in the city. Positive about the improvements that could be made to that unit.	N/A
People responded positively to the fact that dementia wards in Basingstoke and Gosport had been refurbished and represented much better care environments	N/A
People wanted to know how many people may be affected by these proposals in terms of admission / travel.	At any one time, between five and 10 Southampton residents are receiving care in the dementia inpatient unit in Southampton. This is from a total caseload in the city of around 700 people. The remaining beds in this unit are being occupied by people from other parts of Hampshire, most notably east of the county. The greater demand in the city is for the functional mental health beds.
Concerns that proposals would disproportionately impact people on lower incomes	The transport offer would ensure that people on lower incomes are not disproportionately disadvantaged.
Impact on additional transport distance/time on older people or those with mobility needs	The transport offer will help ensure that people are not disadvantaged if they have mobility needs. The support will be tailored to individual need.
Concerns that people in the South West Hampshire / New Forest area would also be impacted	The Trust has engaged groups in the Romsey/Test Valley area and sought views from Hammersley Homes in the New Forest. The Trust has also written to New Forest MP to make aware of proposals and will bring up at upcoming mental health meeting. The transport support offer will

	also be made available to people in South West Hampshire whose loved one would have been admitted to a bed in Southampton.
Need to provide flexible range of options for carers/families to remain in touch with inpatients	Alternative methods for staying in touch with patients are in place. This includes video calls via ipads, telephone calls, and extended visiting hours. Dependent on patient needs, visiting hours can be completely flexible and individualised.
Could a buddy system be implemented to ensure visitors had a good experience when they arrive at an unfamiliar hospital	Parklands Hospital in Basingstoke has a single main entrance and continuous reception service. The Trust will ensure there is clarity in directions for any carers visiting patients in Gosport. Where necessary a member of staff will be able to greet the visitor upon arrival.
More detail is needed on the offer of transport support. How would this work? Would it be temporary? Will different care teams all have the same information to ensure the offer is consistently applied?	The Trust will provide a full written description of the transport offer and ensure this is shared with all relevant care teams in the city. The transport support offer has been detailed in Appendix 2 below.
Could dementia step down beds be set up in the New Forest	Supporting people in the community and avoiding admissions needs to be a priority as this is ultimately best for patients in vast majority of cases. The Trust provides input into care homes in the New Forest and this is a good solution for people whose needs cannot be met at home but who do not require an admission to a specialist dementia ward. For people with advanced dementia it is not always the best for the patient to have repeated moves within care settings as this is disorientating and likely to lead to an increase in distress.
Perception from carers that there is very little support available to them. Need to better coordinate and share information about all the charities and organisations that are available in different areas. How can the NHS better support local organisations doing work in the community. It would be useful to have a single, updated website with all the information on.	The Trust will include links to existing Southampton and Hampshire signposting services on its website. The Trust will also ensure that all care teams are aware of the local support available to carers so that they can signpost. A further piece of work is needed, in partnership with local authorities, community groups and charities to explore what more can be done to improve access to information and signposting for carers. All carers are given a carers booklet which contains information and links to key organisation, we also have a carers page on our website. Carers leads in our services also signpost carers to support services. We will ensure that care teams are aware and able to share these resources with patients and families.
Concerns that people with dementia would have no inpatient care in the city (including for physical health needs).	Older people's wards at the General Hospital which have expertise in supporting people with dementia and that there will be no changes to these services as part of these current proposals (this was very reassuring to carers).

Concerns about availability of NHS community support for people with dementia	Described in detail the services provided by the local NHS, including Community Mental Health Teams, Memory Services, Admiral Nurses. Described how these teams work, for example in people's homes and inreach into care/nursing homes. Described how focus is always on supporting people in their own setting as this is best for the patient with dementia. Described the scenarios when an admission to a specialist dementia ward would be required (extremely aggressive behaviour or disinhibition which cannot be managed in the community) and how the vast majority of people with dementia would not ever require this level of care.
Concerns about increasing demand for dementia care over time	Described the national approach of supporting people to live well with dementia, e.g. work happening nationally and locally to improve environments and public awareness so that society was better equipped to adapt to supporting people with dementia. Examples of dementia friendly towns and high streets, and how this was happening in Southampton. Described ability to flex bed numbers over time, constantly reviewing demand and capacity. Aspiration to further develop community offer and improve the way we work in partnership with voluntary sector in the city.
Comments on the extent to which local authority lead officers are aware of the proposals	Local authority partners have been informed about the proposals via a Southern Health stakeholder update. Frontline social workers are aware. The Trust has also written to local authority lead officers to further ensure they are aware of proposals and to seek views. The Chair of both Southampton Carers Partnership Board and Hampshire Carers Partnership Board have been involved in discussions about the proposals.
Concerns that Southampton residents admitted to wards in Basingstoke or Gosport would be discharged to nursing homes in those areas, rather than closer to home.	Reassured that the Trust always works to find placements for people as close to their home community as possible, and this would continue irrespective of where a patient was admitted.
Comments on the extent to which GPs in Southampton are aware of the proposals	The Trust will ensure GPs in the city are made aware of the proposals if not already.

3. Next steps

The Trust is confident that the engagement carried out has been meaningful and has provided a range of opportunities for local people and groups to share views. Following the feedback received, the Trust will undertake the following:

- Ensure that the transport support offer, and the process by which this will be provided, is widely communicated with care teams (see Appendix 2).
- Ensure that links to key information about support available to people in the community and via the local acute hospital is shared on the Trust website and with care teams.

- Ensure that people travelling from further afield to our hospitals in Gosport and Basingstoke are able to benefit from more flexible visiting hours, are aware of other methods for staying in touch with patients, and receive additional support upon arrival.
- Link with partners to explore what more can be done to improve access to information and signposting for carers
- Continue to work in partnership to join up support between NHS and voluntary sector organisations in Southampton
- Continue to seek investment and develop community-based NHS memory and dementia services in Southampton, in line with the national dementia strategy and best available evidence.

There are a number of additional conversations and meetings which are planned to take place and, the Trust hopes to be able to update on the outcome of these at the HOSP meeting in October.

Separately, but linked to some of the views shared during this engagement, the Trust is exploring establishing a carers' 'hardship fund' to support people whose caring responsibilities put significant additional financial pressures upon them.

The Trust would like to thank colleagues from Communicare Southampton, Caraway, Unpaid Carers Southampton and Healthwatch Southampton for their support and guidance during this engagement period.

In light of the insights provided in this report, and the steps outlined that the Trust will carry out in response, the Trust seeks the approval of the HOSP to continue with the proposed changes.

APPENDICES FOLLOW

1. **Engagement activity**
2. **Transport support offer**

Appendix 1: Communication and Engagement activity conducted

Date	Activity	Stakeholder(s)
Ongoing to June	Conversations with frontline staff and carers	Individuals providing care and care teams in the city. Carers of patients in Beaulieu Ward.
May	Letters to local MPs and Councillors with overview of proposals, seeking views and offering meeting	Alan Whitehead MP, Julian Lewis MP, Cllr Fielker and Cllr Kaur
June	Detailed proposal and discussion at Southampton HOSP	HOSP members
19 July	Southampton Community Engagement Group	Local community representatives and groups in the City
27 July	Correspondence with Cllr Barbour	Cllr Barbour kindly identified groups in the City with whom we should engage
1 September	Southern Health Friday Carers Group	Carers for a range of patients
14 September	Southern Health Carers, Family and Friends Group (x2)	Carers of people under the care of Southern Health
19 September	Caraway Carers information event (Bitterne)	Carers, Caraway, Admiral Nurses
21 September	Unpaid Carers in Southampton Community Event (Portswood)	Carers, Unpaid Carers in Southampton
22 September	Online evening engagement event	Carers, Healthwatch Southampton, Hammersley Homes
24 September	Romsey Dementia Action Group open event (approx. 40 individual conversations)	Carers of people with dementia
28 September	Southampton Mental Health Network	Mental health service users, carers, and organisations in the City
September	Southampton Community Conversations	Community Partners including Healthwatch Portsmouth, Alzheimers Society, Southampton Council, Testlands Academy, Community Kettle
September	Article in Southern Health Stakeholder Update newsletter	Approx 500 stakeholders across Southampton and Hampshire
September	News article on Southern Health website (on Front page)	Approx 34,000 visitors per month
5 October	Conversation with local domiciliary Care organisation	Right at Home
9 October	Meeting with Dementia Friends lead	Dementia Friends (Alzheimer's Society)
TBC (contacted and liaising to arrange meeting)	Alzheimer's Society Southampton	
N/A	Individual conversations and feedback (multiple)	Various stakeholders who contacted the Trust following communications and outside of events/meetings

Appendix 2: Details of transport support offer

1. Southern Health NHS Foundation Trust recognises that, due to the change of purpose of wards at the Western Hospital, some people may need to travel further to visit people for whom they have a caring responsibility. In light of this a transport support offer has been put in place.
2. This support offer is open to people who are residents of Southampton or South-West Hampshire, who have caring responsibilities for a patient who has been admitted to either Parklands Hospital, or Gosport War Memorial Hospital's dementia inpatient wards.
3. The offer entitles people to receive transport support, on a case-by-case basis, tailored to their individual needs.
4. The offer may include support with transport costs and/or transport methods.
5. The offer can be accessed by speaking with any member of the care team. Following this conversation an agreement will be made about the transport support required.
6. The support will remain available until the patient has been discharged from hospital.
7. This support offer will be reviewed periodically by the Trust. If any changes to the offer are proposed, the Trust will inform the chair of the Health Overview and Scrutiny Panel.

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Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision (revised June 2016)

Purpose and Summary

1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Authority areas.

2) It describes the actions and approach expected of relevant NHS bodies or relevant health service providers and Local Authorities with health scrutiny functions when proposals that may constitute substantial service change are being developed and outlines the principles that will underpin the discharge of each parties' role and responsibilities.

3) The document is the fourth refresh of the 'Framework for Assessing Substantial Service Change' originally developed with advice from the Independent Reconfiguration Panel (IRP)[1] and updates the guidance relating to the key issues to be addressed by relevant NHS bodies or relevant health service providers when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.

4) This framework was amended in 2013 following the publication of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'[2]. These regulations followed from changes made to local authority health scrutiny in the Health and Social Care Act 2012. Subsequent guidance has been produced by NHS England[3] and the Department of Health[4] on health scrutiny, and this framework has been consequentially updated.

5) The legal duties placed on relevant NHS bodies or relevant health service providers and the role of health scrutiny are included to provide a context to the dialogue that needs to be taking place between relevant NHS bodies or relevant health service providers and the relevant local authority/authorities to establish if a proposal is substantial in nature. In this document, the term 'NHS' and 'NHS bodies' refer to:
   - NHS England
   - Clinical Commissioning Groups
   - NHS Trusts and NHS Foundation Trusts

[1] http://www.irpanel.org.uk/view.asp?id=0
[2] http://www.legislation.gov.uk/uksi/2013/218/contents/made
[3] https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf
[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

6) It is intended that these arrangements will support:
   - Improved communications across all parties.
   - Better co-ordination of engagement and consultation with service users carers and the public.
   - Greater confidence in the planning of service change to secure improved outcomes for health services provided to communities across Southampton, Hampshire, the Isle of Wight and Portsmouth.

7) Section 242 of the NHS Act places a statutory duty on the NHS to engage and involve the public and service users in:
   - Planning the provision of services
   - The development and consideration of proposals to change the provision of those services
   - Decisions affecting the operation of services.

8) This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.

9) Section 244 of the NHS Act 2006 places a statutory duty on relevant NHS bodies or relevant health service providers to consult Local Authorities on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.

10) Significant development and substantial variation are not defined in the legislation but guidance published by the Department of Health and Centre for Public Scrutiny on health scrutiny make it clear that the body responsible for the proposal should initiate early dialogue with health scrutineers to determine:
    1. If the health scrutiny committee consider that the change constitutes a significant development or substantial variation in service
    2. The timing and content of the consultation process.

11) Where it is agreed that a set of proposals amount to a substantial change in service, the NHS body or relevant health service provider must draw together and publish timescales which indicate the proposed date by which it is intended that a decision will be made. These timescales must also include the date by which the local authority will provide comments on the proposal, which will include whether the NHS Body has:
    - Engaged and involved stakeholders in relation to changes; and,
    - Evidenced that the changes proposed are in the interest of the population served.

    It is therefore expected that the NHS body or relevant health service provider works closely with health scrutineers to ensure that timetables are reflective of the likely timescales required to provide evidence of the

above considerations, which in turn will enable health scrutiny committees to come to a view on the proposals.

12) The development of the framework has taken into account the additional key tests for service reconfiguration set out in the Government Mandate to NHS England. Where it is agreed that the proposal does constitute a substantial change the response of a health scrutiny committee to the subsequent consultation process will be shaped by the following considerations:
    - Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service? This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
    - The extent to which commissioners have informed and support the change.
    - The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
    - How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.

13) NHS organisations and relevant health service providers will also wish to invite feedback and comment from the relevant Local Healthwatch organisation. Local Healthwatch has specific powers, including the ability to refer areas of concern to health scrutineers and Healthwatch England, and also specific responsibilities, including advocacy, complaints, and signposting to information. Health scrutiny committees expect to continue good relationships with patient and public representatives and will continue to expect evidence of their contribution to any proposals for varying health services from the NHS.

14) The framework attached at Appendix One identifies a range of issues that may inform both the discussion about the nature of the change and the response of health scrutiny committees to the consultation process. The intention is that this provides a simple prompt for assessing proposals, explaining the reasons for the change and understanding the impact this will have on those using, or likely to use, the service in question.

15) The framework is not a ‘blueprint’ that all proposals for changing services from the NHS / relevant health service provider are expected to comply with. The diversity of the health economy across the Southampton, Hampshire, Isle of Wight and Portsmouth area and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned. It is designed for use independently by organisations in the early stages of developing a proposal, or to provide

a basis for discussion with health scrutineers regarding the scope and timing of any formal consultation required.

16) Although it remains good practice to follow Cabinet Office guidance in relation to the content and conduct of formal consultation, health scrutiny committees are able to exercise some discretion in the discharge of this duty. Early discussions with the health scrutiny committee whose populations are affected by a proposal are essential if this flexibility is to be used to benefit local people.

17) Any request to reduce the length of formal consultation with a health scrutiny committee will need to be underpinned by robust evidence that the NHS body or relevant health service provider responsible for the proposal has engaged, or intends to engage local people in accordance with Section 242 responsibilities. These require the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:
    1. Not just when a major change is proposed, but in the on-going planning of services
    2. Not just when considering a proposal, but in the development of that proposal, and
    3. In decisions that may affect the operation of services

18) All proposals shared with health scrutiny committees by the NHS body or relevant health service provider – regardless of whether or not they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.

19) Individual health scrutiny committees will come to their own view about the nature of change proposed by an NHS body or relevant health service provider. Where a proposal is judged to be substantial and affects service users across local authority boundaries the health scrutiny committees concerned are required to make arrangements to work together to consider the matter.

20) Although each issue will need to be considered on its merits the following information will help shape the views of health scrutiny committees regarding the proposal:
    1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
    2. The extent to which service users, the public and other key stakeholders, including GP commissioners, have contributed to developing the proposal. Regard must be given to the involvement of ‘hard to reach groups’ where this is appropriate, including the need for any impact assessment for vulnerable groups.
    3. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.

4. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
5. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider.

21) This information will enable health scrutiny committees to come to a view about whether the proposal is substantial, and if so, whether the proposal is in the interest of the service users affected.

22) The absence of this information is likely to result in the proposal being referred back to the responsible NHS Body or provider of NHS services for further action.

23) If an NHS body or relevant health service provider consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the health scrutiny committee affected should be advised immediately and the reasons for this action provided. Any temporary variation to services agreed with the health scrutiny committee, whether urgent or otherwise, should state when the service(s) affected will reopen.

24) If the health scrutiny committee affected by a proposal are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:
- Valid and robust evidence to support the health scrutiny committee's position. This will include evidence that sustainability has been considered as part of the service change.
- Confirmation of the steps taken to secure local resolution of the matter, which may include informal discussions at NHS Commissioning Board Local Area Team level.

<u>Guiding Principles</u>

25) The four health scrutiny committees and panels in Southampton, Hampshire, the Isle of Wight and Portsmouth work closely in order to build effective working relationships and share good practice.

26) Health scrutiny committees will need to be able to respond to requests from the NHS or relevant health service providers to discuss proposals that may be significant developments or substantial variations in services. Generally, in coming to a view, the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.

27) Early discussions with health scrutiny committees regarding potential for significant service change will assist with timetabling by the NHS and avoid delays in considering a proposal. Specific information about the steps, whether already taken or planned, in response to the legislation and the four tests (outlined in paragraph 12), will support discussions about additional information or action required. NHS organisations should also give thought to the NHS' assurance process, and seek advice as to the level of assurance required from NHS England, who have a lead responsibility in this area.

28) Some service reconfiguration will be controversial and it will be important that health scrutiny committee members are able to put aside personal or political considerations in order to ensure that the scrutiny process is credible and influential. When scrutinising a matter the approach adopted by health scrutiny committees will be:
    1. Challenging but not confrontational
    2. Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
    3. Based on evidence and not opinion or anecdote
    4. Focused on the improvements to be achieved in delivering services to the population affected
    5. Consistent and proportionate to the issue to be addressed

29) It is acknowledged that the scale of organisational change currently being experienced in the NHS coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and health scrutiny committees may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS bodies. In these circumstances it is expected that the responsible NHS body or relevant health service providers will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.

30) If the health scrutiny committee is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.

31) All parties will agree how information is to be shared and communicated to the public as part of the conduct of the scrutiny exercise.

Appendix One – Framework for Assessing Change

Key questions to be addressed

Each of the points outlined above have been developed below to provide a checklist of questions that may need to be considered. This is not meant to be exhaustive and may not be relevant to all proposals for changing services

The assessment process suggested requires that the NHS or relevant health service providers responsible for taking the proposal forward co-ordinates consultation and involvement activities with key stakeholders such as service users and carers, Local Healthwatch, NHS organisations, elected representatives, District and Borough Councils, voluntary and community sector groups and other service providers affected by the proposal. The relevant health scrutiny committee(s) also need to be alerted at the formative stages of development of the proposal. The questions posed by the framework will assist in determining if a proposal is likely to be substantial, identify any additional action to be taken to support the case of need and agree the consultation process.

Name of Responsible (lead) NHS or relevant health service provider:

Name of lead CCG:

Brief description of the proposal:

Why is this change being proposed?

Description of Population affected:

Date by which final decision is expected to be taken:

Confirmation of health scrutiny committee contacted:

Name of key stakeholders supporting the Proposal:

Date:

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
Case for Change 1) Is there clarity about the need for change? (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement) 2) Has the impact of the change on service users, their carers and the public been assessed? 3) Have local health needs and/or impact assessments been undertaken? 4) Do these take account of : a) Demographic considerations? b) Changes in morbidity or incidence of a particular condition? Or a potential reductions in care needs (e.g due to screening programmes)?		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
c) Impact on vulnerable people and health equality considerations? d) National outcomes and service specifications? e) National health or social care policies and documents (e.g. five year forward view) f) Local health or social care strategies (e.g. health and wellbeing strategies, joint strategic needs assessments, etc) 5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience? 6) Do the clinicians affected support the proposal? 7) Is any aspect of the proposal		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
contested by the clinicians affected? 8) Is the proposal supported by the lead clinical commissioning group? 9) Will the proposal extend choice to the population affected? 10) Have arrangements been made to begin the assurance processes required by the NHS for substantial changes in service? **Impact on Service Users** 11) How many people are likely to be affected by this change? Which areas are the affecting people from? 12) Will there be changes in access to services as a result of the changes proposed? 13) Can these be defined in terms of a) waiting times?		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
b) transport (public and private)? c) travel time? d) other? (please define) 14) Is any aspect of the proposal contested by people using the service? **Engagement and Involvement** 15) How have key stakeholders been involved in the development of the proposal? 16) Is there demonstrable evidence regarding the involvement of a) Service users, their carers or families? b) Other service providers in the area affected? c) The relevant Local Healthwatch?		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
d) Staff affected? e) Other interested parties? (please define) 17) Is the proposal supported by key stakeholders? 18) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this? **Options for change** 19) How have service users and key stakeholders informed the options identified to deliver the intended change? 20) Were the risks and benefits of the options assessed when developing the proposal? 21) Have changes in technology or best practice been taken into account?		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
22) Has the impact of the proposal on other service providers, including the NHS, local authorities and the voluntary sector, been evaluated? 23) Has the impact on the wider community affected been evaluated (e.g. transport, housing, environment)? 24) Have the workforce implications associated with the proposal been assessed? 25) Have the financial implications of the change been assessed in terms of: a) Capital & Revenue? b) Sustainability? c) Risks? 26) How will the change improve the health and well being of the population affected?		

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PLANNING FOR WINTER PRESSURES IN SOUTHAMPTON
DATE OF DECISION:	19 OCTOBER 2023
REPORT OF:	HAMPSHIRE & ISLE OF WIGHT INTEGRATED CARE BOARD UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST

CONTACT DETAILS		
Executive Director	**Title**	Southampton Place Director / Chief Operating Officer
	Name	James House (ICB) / Joe Teape (UHS)

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
Attached as Appendix 1 is a briefing paper that provides a short update on how the NHS is planning ahead of winter pressures on urgent care services in Southampton.		
RECOMMENDATIONS:		
	(i)	That the Panel notes the attached briefing paper and performance summary and discusses the contents with invited representatives from the Integrated Care Board and University Hospital Southampton NHS Foundation Trust.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To update the Panel on winter planning arrangements in the local NHS.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	We know pressures on services exist all year round. In advance of each winter, all areas of England put in place additional planning for expected increases in seasonal illnesses which may put extra pressure on our local services.	
4.	In recent years there has been an increasing focus towards an integrated approach to winter planning. This is in recognition that seasonal pressure is multi-faceted and requires a whole-system response and therefore planning and assurance cannot operate in isolation.	
5.	Southampton has a long history of integrated working across the NHS, social care and the voluntary sector, and learning from previous years has helped to inform our arrangements for this coming winter.	
6.	It is vital we communicate effectively with our communities in the city to provide them with the advice they need to manage their illnesses and to know which service is most appropriate for their needs. Working together as an Integrated	

	Care System we have potential to reach and engage with a far greater proportion of our population than we each do alone.
7.	To inform the discussion, attached as Appendix 1 is a briefing paper outlining how the NHS is planning ahead of winter pressures on urgent care services in Southampton. Attached as Appendix 2 is a dataset summarising the performance of University Hospital Southampton NHS Foundation Trust (UHS).
RESOURCE IMPLICATIONS	
Capital/Revenue	
8.	N/A
Property/Other	
9.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
10.	N/A
Other Legal Implications:	
11.	N/A
RISK MANAGEMENT IMPLICATIONS	
12.	N/A
POLICY FRAMEWORK IMPLICATIONS	
13.	N/A

KEY DECISION?	**No**	
WARDS/COMMUNITIES AFFECTED:		ALL
SUPPORTING DOCUMENTATION		
Appendices		
1.	Planning for winter pressures in Southampton	
2.	Summary of UHS performance (September 2023)	

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents **Other Background documents available for inspection at:**	

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

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Planning for winter pressures in Southampton

Background

1. We know pressures on services exist all year round. In advance of each winter, all areas of England put in place additional planning for expected increases in seasonal illnesses which may put extra pressure on our local services.

2. In recent years there has been an increasing focus towards an integrated approach to winter planning. This is in recognition that seasonal pressure is multi-faceted and requires a whole-system response and therefore planning and assurance cannot operate in isolation.

3. Southampton has a long history of integrated working across the NHS, social care and the voluntary sector, and learning from previous years has helped to inform our arrangements for this coming winter.

National context

4. NHS England announced its winter planning requirements last month and these include:
    - "Care traffic control centres" to speed up discharge, additional ambulance hours and extra beds are part of "wide-ranging plans" to prepare for winter. We've already started our discharge planning, working closely with local authorities and starting to work differently, to ensure patients leave hospital and return to their homes where possible. Around 21% of beds currently have patients who are ready to be discharged, and we want to reduce this down to 13% by March.
    - Nationally NHS England has announced "5,000 sustainable hospital beds and hundreds of new virtual ward beds every month". Our virtual wards work is progressing very well, with high levels of occupancy compared to many parts of the country – at around 90% - and being steadily increased in capacity.

5. The pressures of the ongoing response to demand, as well as challenging circumstances the winter of 2023/24 could bring, require a robust winter planning process with several specific aims:
    - To ensure that planning for the winter period is completed at all levels in good time, to ensure patient safety and quality of care is not compromised.
    - To ensure plans are integrated at a local level and that pressure and risk is spread across the system where possible, and not just focussed on one section of the care pathway.

- To ensure that plans are robust and considered the “business-as-usual” seasonal pressures alongside emerging challenges and effectively balance these together.

6. There is a national requirement for a Winter Operating Plan to be in place for all systems in England. This paper outlines our plan at the current time, which is subject to national approval.

7. In 2022 NHS England set out its longer term objectives to improve waiting times, following the increase caused by the COVID-19 pandemic. The objectives included:
   - That the waits of longer than a year for elective care are eliminated by March 2025.
   - Diagnostic tests are a key part of many elective care pathways, with the ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025.
   - By March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
   - For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology.

Planning across the Integrated Care System

8. While winter pressure is predominantly most challenging in acute settings, and it is right that acute urgent care should lead the work, the Hampshire and Isle of Wight Winter Plan will cover the whole care pathway within each system, including primary care services.

9. The Hampshire and Isle of Wight local system partners are all committed to continue to deliver safe, high quality services for patients and the whole population at all times, including, but not limited to, ensuring patients are seen in the right place and right time, maintaining privacy and dignity at all times, ensuring care closer to home where possible and effective management of infection control.

10. The Hampshire and Isle of Wight Integrated Care Board is taking the following approach to winter planning:
    - Winter planning with Chief Operating Officers of our system partners to discuss and agree this years approach to winter
    - Weekly tactical level engagement across local systems in place for winter starting from August 2023.

- Using lessons learnt from previous winters to help inform decisions on what would be required this year.
- Capacity planning is in place to help us understand and predict when we may need more capacity and when the likely peaks will take place. This helps us determine when and where extra support may be required.
- Preparation to bid for additional internal winter capacity schemes should funding become available this year.
- Ensure all partners are involved in the plans including acute NHS trusts, local authorities, primary care providers, social care, mental health, ambulance providers and the voluntary and community sectors.
- Review of policies and procedures to ensure they are fit for purpose.

11. In the past four months we have seen a 4.3% higher demand when compared to last year. Emergency Departments demand (not including winter months) in 23/24 has increased by 5.5% on last year. Last winter we saw significant demand across December, mostly driven by the Strep A pressures faced nationwide, and each day our Emergency Departments across Hampshire and Isle of Wight as a whole treated 1,220 patients across the full winter period November - February.

12. This summer we have also experienced rounds of industrial action by junior doctors, consultants and radiologists. Throughout this year we are working in partnership with our providers to minimise impact on patients. To help prevent seasonal illnesses, we will shortly be launching our COVID and flu vaccination campaigns. The UK Health Security Agency and Department of Health and Social Care have announced that this year's autumn flu and COVID-19 vaccine programmes would start earlier than planned in England as a precautionary measure following the identification of a new COVID variant. Vaccinations started in September 2023 with adult care home residents and those most at risk the first to receive their vaccine.

Current pressures at University Hospital Southampton (UHS)

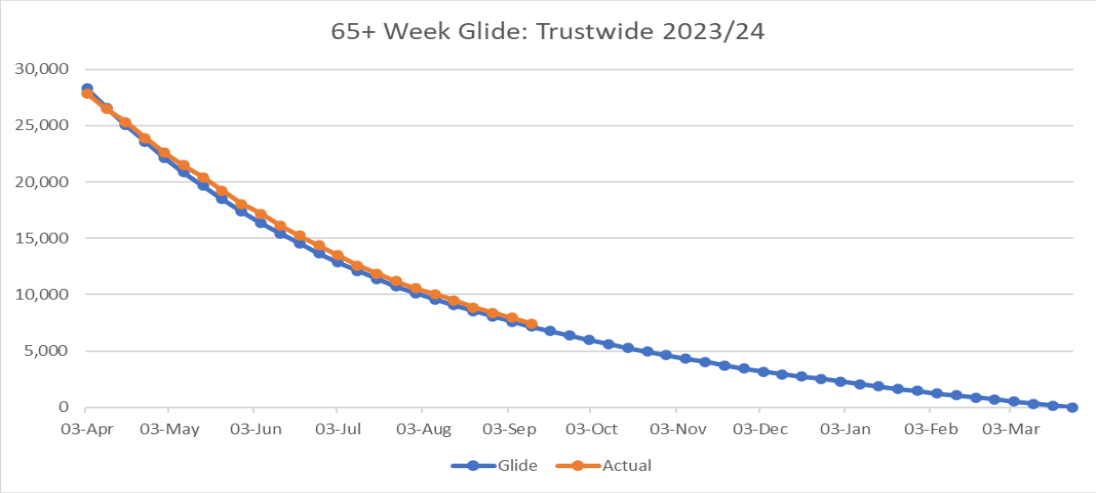
13. The hospital remains under significant pressure as we move from the pandemic back to 'business as usual'. We have seen continual growth in main ED attendances since 19/20 putting pressure on our non-elective services. However, our elective (planned) and outpatient performance measures at over 110% of 19/20. Despite this, our waiting list of elective patients continues to grow and is now at 59,277 (Aug-23).

14. The NHS now measures patients not meeting the criteria to reside, previously called medically optimised for discharge or delayed transfers of care, effectively patients who no longer need to be in an acute hospital but are waiting for a step down bed, a package of care or some other form of ongoing

support. The number of these patients, who are delayed in hospital, remains consistently over 200 (20% of beds) and is a significant operational challenge to the hospital, as well as a poor patient experience.

15. At the time of writing, COVID-19 levels in hospital remain fairly low, at approximately 30 patients. However, overall emergency activity is high, placing pressure on the hospital. Patients are facing significant waits in the Emergency Department. The Trust's Urgent and Emergency Care Board is focused on driving improvements for patients needing emergency care at UHS. Key focuses include on embedding internal professional clinical standards, increasing the number of patients being seen in same day emergency care and reducing overall length of stay, to ensure beds are available for patients who need to be admitted from the Emergency Department.

16. The Trust largely achieved the government's target of zero patients waiting over 78 weeks for treatment in March 2023, with only 15 complex patients waiting. The government's target for the end of March 2024 is for no patients waiting over 65 weeks for treatment, and the Trust remains on target to his this. However, both winter and the number of delayed discharges represent a risk to achieving this target.



17. The Trust has also seen an increase in the number of patients referred with suspected cancer. Referrals have increased by 37% since 2019/20. Despite the growth, the Trust has largely continued to meet the standard of diagnosing patients within 28 days of referral, achieving 78.9% in August 2023, the last month reported. The standard of patients receiving a definitive treatment within 62 days of referral remains more challenged, with 60.2% of patients meeting it against a target of 85%.

18. Cancer performance remains a national challenge and compared to our peer group we remain in the upper quartile. UHS's Cancer Performance meetings and Cancer Board are focused on developing and monitoring improvement plans at a tumour site level.

19. The NHS is also focused on reducing unnecessary outpatient follow ups, with a target of seeing 25% fewer follow ups than in 2019/20. The Trust is currently far away from achieving this target, at 19% Increase of 2019/20. There are a number of factors driving this variance:
    - A growth in referrals of 10%, with a proportion converting to follow up appointments.
    - A significant expansion of capacity in Ophthalmology, to address the fact that patients were waiting too long for follow up appointments.
    - The roll out of the targeted lung health check screening programme, which is leading to more patients being diagnosed and therefore followed up.
    - Changes to NICE guidance, which has led to a significant growth in follow ups.

    However, the Trust has a transformation targeted at reducing outpatient follow ups, increasing the use of virtual appointments, and increasing the use of 'advice and guidance' for first appointments, where clinically appropriate.

20. The Trust's winter plan was submitted to and approved by Trust Board in April 2023. It outlines our planned response to surges in non-elective demand, infection, bad weather and other potential seasonal events. While we have sought to mitigate risks where possible, there remains a degree of uncertainty, both in terms of likely demand and also available capacity, which will be significantly affected by the number of patients who are medically fit for discharge but remain in our beds.

21. The Trust continues to work with the local health and social care system, as well as across the Integrated Care Board, to develop plans, including to:
    - Reduce the number of patients attending the Emergency Department by developing alternative pathways.
    - Reduce the number of patients remaining in hospital unnecessarily, although there remains a significant level of risk to successful delivery.
    - Develop the 'Home First' strategy, aiming to ensure patients remain in, and return to, their own homes wherever possible (see below).

22. Ongoing industrial action continues to represent a significant challenge to UHS, and the wider NHS. The industrial action taken by both consultant and trainee medical staff, as well as the Society of Radiographers, is reducing

elective activity, taking a significant amount of time to plan and represents a risk as we go into winter.

23. Despite growing demand, UHS continues to perform relatively well against our peer group, and is in the upper quartile for 6 out of 10 key metrics and in the upper half for a further 3.

24. A more detailed breakdown of UHS performance can be found in the appendix.

Supporting the discharge of patients who are ready and safe to leave hospital

25. Our core aim this winter is that no one spends longer in an acute hospital than is needed, in order for patients to have the best possible recovery and return to living independently, and to reduce pressures on local services.

26. Learning from recent years and the pandemic proves that discharge is one of the greatest and most increasing challenges we have as a health and care system. The reduction in funding is a national decision and we are aligning ourselves with national expectations. Our focus now is to move to improving the recovery and experience of residents by doing all we can to ensure they return straight to their home setting once safe to do so. Feedback from patients tells us that local people prefer to be at home and want to be supported to leave hospital to go directly home. To achieve this, we are putting in place models for discharge which align to one another across Hampshire and Isle of Wight as a whole, to ensure a more equitable and sustainable way of working across our area.

27. The NHS and local authority social care partners that make-up the Hampshire and Isle of Wight Integrated Care System, are exploring, sharing and applying best practice to reduce patient delayed discharges and make sure the majority of patients return to their home when ready to leave hospital instead of longer hospital stays. We aim to reduce the number of people experiencing delays by almost half before March next year.

28. In Southampton, we are putting in place a refreshed onward care model. For patients at Southampton General Hospital, almost 75% of discharges are non-complex and handled with support to help avoid readmission to hospital; for example, this may be through support from the integrated Urgent Community Response team provided by Solent NHS Trust.

29. For more complex discharges, the Complex Discharge team at University Hospital Southampton NHS Foundation Trust will work with the Transfer of Care Hub, hosted by Solent NHS Trust. The hub will work with social workers

to decide which pathway is most appropriate for the patient, which may be additional support at their home (or care home), or rehabilitation or short team care in a bedded setting such as the Royal South Hants Hospital.

30. This year we will be entering a period of winter pressures in which we adjust back to pre-COVID ways of working. During the pandemic we significantly increased our spend on the discharge of patients out of hospital into a different setting. Extra money and resources were made available nationally to fund high numbers of beds in the community for those patients who no longer needed hospital care and other services to support timely discharge. This COVID-19 funding is no longer in place and this year we return to normal service levels which has an impact on some of the additional services that were put in place during and after the pandemic. However this year the Department of Health and Social Care has provided funding directly to local authorities to support winter and discharge; £1.7million to Southampton City Council as part of the Discharge Fund.

Supporting our communities

31. It is vital we communicate effectively with our communities in the city to provide them with the advice they need to manage their illnesses and to know which service is most appropriate for their needs. Working together as an Integrated Care System we have potential to reach and engage with a far greater proportion of our population than we each do alone. We will be sharing publicity resources with partners across our area, including local authorities and voluntary and community sector organisations, so that we can reach out to as many people as possible.

32. Our communications will need to be accessible to all, but we will focus activities on reaching the following key groups identified through our data and insights:
    - People over 65 as high intensity users of health services and those most likely in need of support to stay warm and well
    - Parents with young children with focus on under 5s as high Emergency Department attenders
    - We will use data and insight to guide our outreach to include our most deprived areas, people with long term conditions and ethnic minority communities
    - People eligible for free flu and Covid-19 booster vaccines
    - Health and care staff

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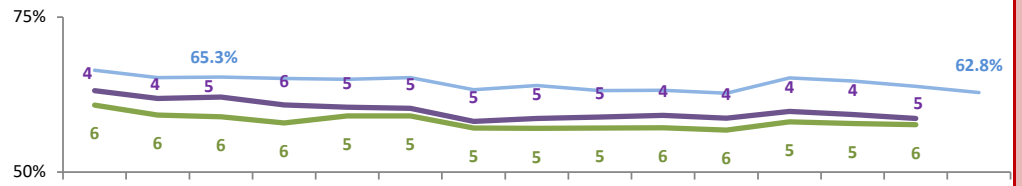
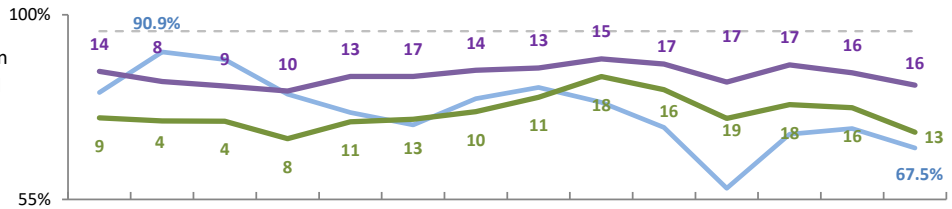
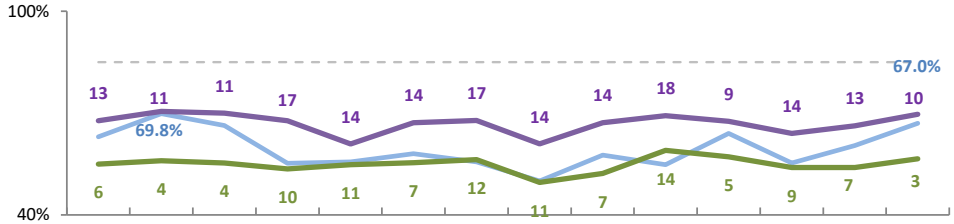
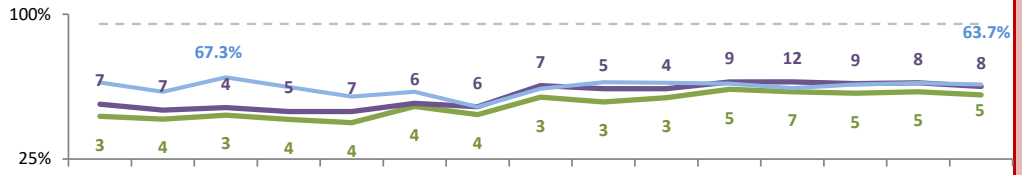
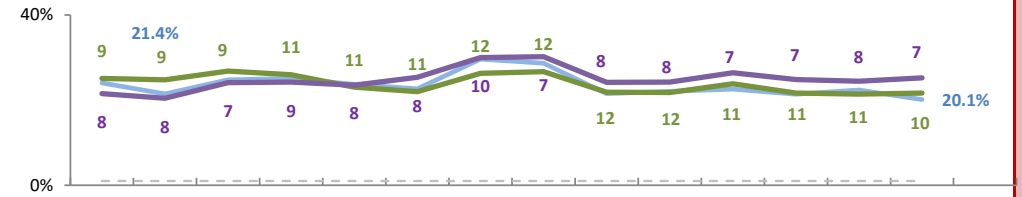
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥92%	63.8%
38	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥93%	69.9%
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)																≥85%	63.7%
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)																≥95%	63.8%
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)																≤1%	21.3%

Outcomes		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
1	HSMR - **UHS** HSMR - **SGH**	85.76												86.72			≤100	82.8	≤100
		84.21												84.98					
2	HSMR - Crude Mortality Rate	2.9%												2.8%			<3%	2.7%	<3%

1 & 2: At time of IPR publication, the latest information available in HED was from June 2023. Metrics are 12 month rolling. YTD is based on financial year starting in April. Previously, data was sourced from Dr Foster.

3	Percentage non-elective readmissions within 28 days of discharge from hospital	10.9%												11.6%			-	12.0%	
		Q1 22-23			Q2 22-23			Q3 22-23			Q4 22-23			Q1 23-24			Quarterly target		
4	**Cumulative Specialties** with Outcome Measures Developed (Quarterly)	64			64			68			71			72			+1 Specialty per quarter		
5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green	37			36			34			35			34					
		74			67			79			81			77					
		308			300			317			336			332					

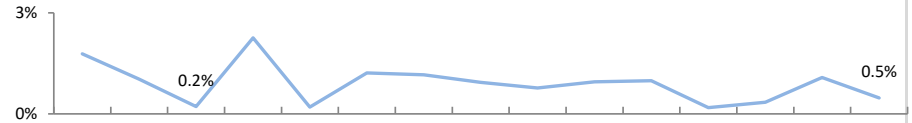
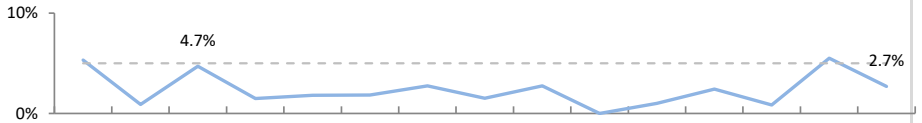
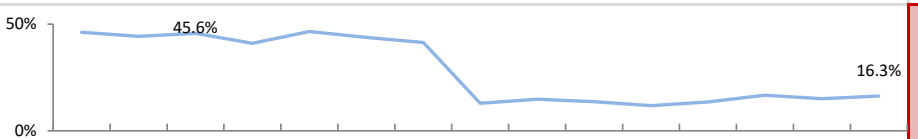
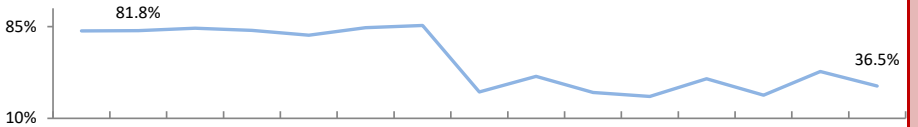
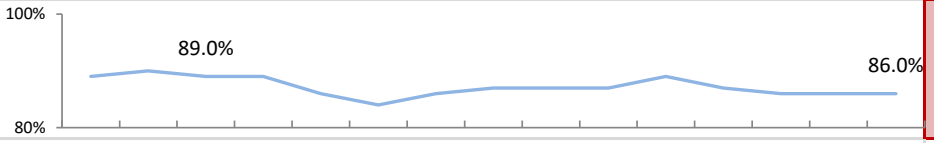
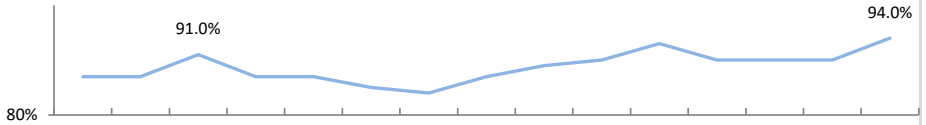
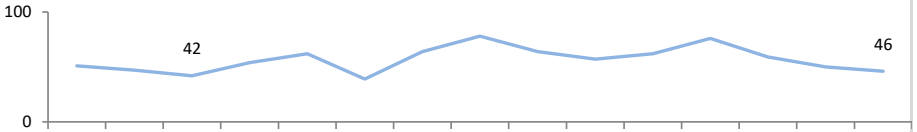
Red : below the national standard or 10% lower than the local target
Amber : below the national standard or 5% lower than the local target
Green : within the national standard or local target

Safety		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	39	39	44	51	49	59	56	69	64	76	71	80	74	87	9	4	11	8	18	23	24	31	31	45	≤5	45	≤25
7	MRSA bacteraemia	0	0	0	0	1	1	1	0	0	0	0	0	0	1	0	0	1	0
8	Gram negative bacteraemia	17	22	19	27	17	22	14	24	16	17	14	32	14	19	27	≤16	97	≤83
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
9	Pressure ulcers category 2 per 1000 bed days	0.13	0.42	<0.3	0.49	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days	0.28	0.30	<0.3	0.35	<0.3
11	Medication Errors (severe/moderate)	3	4	≤3	14	≤15
12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2018*95.5%**	2,884	2,877	2,884	2,752	2,884	13,837	13,582

12 - For 2022/23 and forward, a new requirement is applied: Reduction of 4.5% from calendar year 2018 usage in combined WHO/NHSE AWaRE subgroups for “watch” and “reserve” agents. The performance data relate to successive FINANCIAL years, however the comparator denominator remains CALENDAR year 2018 (we are not using 2020 or 2021 due to the disruptive effect of COVID on both usage and admissions).

Safety		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)			17												3	-	22	-
14	Serious Incidents Requiring Investigation - Maternity			0												1	-	4	-
15	Number of falls investigated per 1000 bed days			0.11												0.05	-	0.07	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)			92.7%												96.7%	≥90%	95%	≥90%
17	Red Flag staffing incidents			23												10	-	63	-

Maternity		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	458 / 425	430 / 405	426 / 417	460 / 438	463 / 416	412 / 498	440 / 363	436 / 453	383 / 432	387 / 513	416 / 449	402 / 477	418 / 450	417 / 382	400 / 424	-	-	-
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	6	3	2	0	3	1	5	1	0	2	1	1	4	6	1	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other	38.2% / 48.0%	37.7% / 49.1%	36.4% / 51.2%	38.7% / 48.9%	36.9% / 47.1%	35.7% / 48.5%	37.5% / 48.2%	37.2% / 49.3%	36.0% / 54.8%	36.7% / 48.8%	40.6% / 46.9%	32.6% / 53.0%	43.3% / 43.3%	43.7% / 38.6%	44.8% / 44.8%	-	-	-

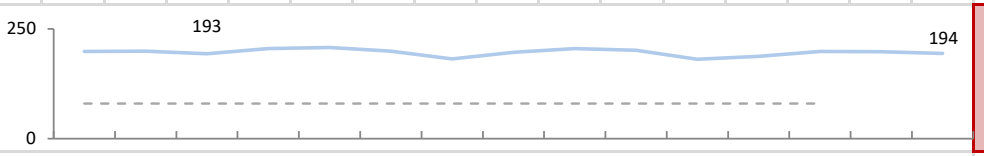
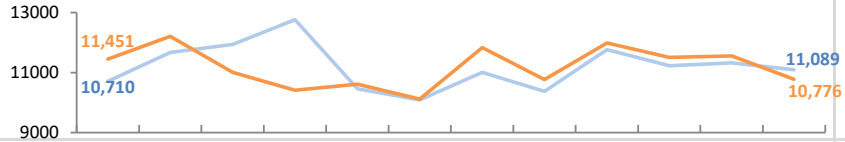
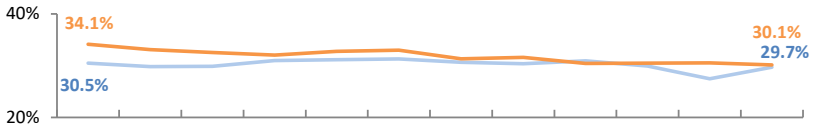
Patient Experience		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.6%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.5%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	15.6%	≥35%
24	Total BAME women booked onto a continuity of carer pathway																≥51%	42.3%	≥51%
25	% Patients reporting being involved in decisions about care and treatment																≥90%	86.8%	≥90%
26	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)																≥90%	91.4%	≥90%
26 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
27	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)																-	293	-

Access Standards		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	67.3%														63.7%	≥95%	63.8%	≥95%
		7	7	4	5	7	6	6	7	5	4	9	12	9	8	8			
		3	4	3	4	4	4	4	3	3	3	5	7	5	5	5			
29	Average (Mean) time in Dept - non-admitted patients	03:00														03:28	≤04:00	03:29	≤04:00
30	Average (Mean) time in Dept - admitted patients	05:23														05:30	≤04:00	05:41	≤04:00
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	65.3%														62.8%	≥92%	63.8%	≥92%
		4	4	6	5	5	5	5	5	5	4	4	4	4	5				
		6	6	6	6	5	5	5	5	5	6	6	5	5	6				
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	52,188														59,277	-	58,247	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	2,469														1,934	≤2,011	2,072	≤2011
		5	5	5	5	5	5	5	5	5	4	4	4	4	3				
		12	13	13	13	12	12	12	12	12	11	11	11	9	8				

		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
34	Patients on an open 18 week pathway (waiting 65 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	6	6	6	6	6	6	6	6	5	5	4	4	4	4		-	452	-
		1043														456			
		13	13	14	14	13	13	12	13	12	12	11	11	10	9				
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	7	7	7	7	7	7	7	7	6	4	4	5	8	8		0	26	0
		324														33			
		13	14	15	15	15	15	15	15	15	12	10	11	12	11				
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	6	6	6	7	5	1	1	1	1	1	1	8	14	17		0	2	0
		5	6	6	6	1	0	0	0	0	0	0	1	4	5	2			
		13	13	14	14	10	1	1	1	1	1	1	13	13	17				
36	Patients waiting for diagnostics	10,604													8,924		-	9,529	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	9	9	9	11	11	11	12	12	8	8	7	7	8	7		≤1%	21.3%	≤1%
		8	8	24.8%	9	8	8	10	7	12	12	11	11	11	10	20.1%			
		8	8	7	9	8	8	10	7	12	12	11	11	11	10				
38	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	14	8	9	10	13	17	14	13	15	17	17	17	16	16		≥93%	69.9%	≥93%
		9	4	4	8	11	13	10	11	18	16	19	18	16	13				
		14	8	90.9%	10	13	17	14	13	15	17	17	17	16	16	67.5%			

		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	13	11	11	17	14	14	17	14	14	18	9	14	13	10		≥85%	63.7%	≥85%
		69.8%													67.0%				
		6	4	4	10	11	7	12	11	7	14	5	9	7	3				
40	Cancer 28 day faster diagnosis Percentage of patients treated within standard UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	6	5	5	3	3	4	8	8	7	8	7	7	7	6		≥75%	80.5%	≥75%
		81.2%													80.9%				
		5	1	4	2	2	5	9	5	5	8	7	5	3					
41	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	14	14	17	17	16	16	16	16	18	16	15	17	15	13		≥96%	90.5%	≥96%
		92.8%													93.9%				
		8	9	16	12	13	13	12	14	20	12	10	14	11					
42	31 day cancer wait performance - Subsequent Treatments of Cancer (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	11	13	14	14	14	14	7	15	16	15	17	16	16	17		≥96.0%	73.1%	≥96.0%
		91.6%													75.4%				
		10	12	12	11	9	13	6	16	16	15	15	18	19	18				

R&D Performance		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	3	4	5	6	7	7	14	15	15	13	14	17	19	19	21	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	11	7	7	7	8	10	10	10	11	9	9	6	12	14	15	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity &Capability within 40 Days of Site Selection											25%	47%	59%	64%	46%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	55.7%	177.0%	92.7% 93.7%	48.2%	23.5%	71.4%	79.2%	166.3%	69.5%	35.6%	50.7%	32.6%	28.2%	26.0%	45.8% 9.2%	≥5%	-	-

Local Integration		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	191	-
48	Emergency Department activity - type 1 This year vs. last year																-	55,776	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	29.5%	≥25%

Digital		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	128,901														170,987	-	170,987	-
51	My Medical Record - UHS patient logins (number of logins made within each month)	29,865														31,905	-	31,214	-
52	Average age of IT estate Distribution of computers per age in years	0	0	16	41	87	139	344	880	1100	1157	2476	3065	1658	342		-	-	-
		13	12	11	10	9	8	7	6	5	4	3	2	1	0				
53	CHARTS system average load times - % of pages loaded under 5s												99.75%	99.72%	99.73%	99.81%	99.77%			
53	Data only available from April 2023 onwards																		
						Q2 22-23			Q3 22-23			Q4 22-23			Q1 23-24		Q2 23-24			
54	Cyber attacks / phishing / incidents blocked Average # Malware attempts blocked per month (10s) Average # Phishing emails blocked per month (100s) Average # Ransomware attempts blocked per month					1222	346	1	3673	262	7	1005	114	5	1005	61	38	2479	71	2	-	-	-
	Latest cyber security data was not available at the time of publication.																						
55	Inpatient noting progress Left axis: IP Noting data recorded (100s) IP Noting unique user views Right axis: IP pages scanned (1000s)											NEU go live		EYE go live	CV&T go live		T&O go live	Med go live		Sur go live	-	-	-
55	IP Noting went live in Oct-22. CGs going live are marked on green line.																						

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	DENTISTRY COMMISSIONING IN SOUTHAMPTON
DATE OF DECISION:	19 OCTOBER 2023
REPORT OF:	HAMPSHIRE & ISLE OF WIGHT INTEGRATED CARE BOARD

CONTACT DETAILS		
Executive Director	**Title**	Senior lead for pharmacy, optometry, and dentistry, Integrated Care Board
	Name	Jo York

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
The appended briefing paper provides a short update on the current circumstances on dentistry in Southampton and the future plans being implemented by the Integrated Care Board.		
RECOMMENDATIONS:		
	(i)	That the Panel notes the attached briefing paper updating the Panel on dentistry provision in Southampton.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To update the Panel on the current circumstances of dentistry locally.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	We know there are issues in Southampton regarding patients accessing dentistry via the NHS and addressing this is the primary focus of the ICB around dentistry. This report outlines the context and background of dentistry within the city and further afield as well as the current situation and next steps to improve access.	
4.	The ICB took over delegated responsibility for dentistry in July 2022 and since then, we have been working with our communities and partners to address the needs of patients. Currently, there is a national workforce issue which is being felt at a local level across Hampshire and Isle of Wight.	
5.	The ICB however has found ways to commission further NHS dentistry activity within Southampton and the wider county. Additional funding has recently been approved looking forward to further short-term projects that will also improve access for patients within the city, while looking at a more long-term solution to workforce.	

6.	We need to continue working as one system together with our local authority partners to ensure these positive steps continue, while being clear with the challenges that ICB is facing, including at a national contract level.
7.	Attached as Appendix 1 is a briefing paper that outlines the current position in Southampton regarding dentistry provision and the future plans being implemented by the Integrated Care Board.
RESOURCE IMPLICATIONS	
Capital/Revenue	
8.	N/A
Property/Other	
9.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
10.	N/A
Other Legal Implications:	
11.	N/A
RISK MANAGEMENT IMPLICATIONS	
12.	N/A
POLICY FRAMEWORK IMPLICATIONS	
13.	N/A

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	ALL
SUPPORTING DOCUMENTATION	
Appendices	
1.	Dentistry in Southampton update paper

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents – Dentistry report to HOSP on 8/12/2022 **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.	Report to Southampton HOSP in December 2022 - **Appendix 1 - Dentistry update Southampton.docx.pdf**	

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Dentistry in Southampton update paper

October 2023

Context:

On 1 July 2022 Hampshire and the Isle of Wight Integrated Care Board (ICB), took on delegated responsibility for dentistry, pharmacy and optometry.

The ICB has an explicit purpose to improve health outcomes for their whole population and the delegation will allow us to integrate services to enable decisions to be taken as close as possible to our residents. We are working to ensure residents can experience joined-up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care.

The ICB covers Southampton as well as Portsmouth, Hampshire and the Isle of Wight.

The Covid-19 pandemic caused NHS dental providers to close for routine care, causing backlogs in routine dental treatment. In time dental practices restarted their routine treatment but with new safety controls in place, limiting the capacity for dental providers to see as many residents as before.

We know our residents continue to struggle to access dental services and we continue to work towards new procurement and an increase in Units of Dental Activity (UDA) that will lead to better access for patients.

Background:

Primary dental care is commissioned as units of dental activity (UDAs) with the number of UDAs awarded to each course of treatment dependent upon the treatment delivered. A UDA is a unit of payment given to providers which is used for different courses of treatments. More complex dental treatments would count for more than simpler treatments. For example, an examination is one UDA whereas dentures equates to 12 UDAs of clinical activity. The number of UDAs a patient will need in a year will depend upon their oral health.

NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, with those from more deprived households often needing more UDAs a year as they may have more frequent check-ups with higher treatment need identified which attract more UDAs.

The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment proved during a 12-month test period in 2004/5. This period, now almost twenty years ago, was

during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is limited to their contracted activity and new NHS practices can only be established after an open procurement process.

GDS contracts exist in perpetuity unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches.

At the current time a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.

There have been a number of contracts that have terminated in Hampshire and Isle of Wight, particularly in Portsmouth, as a result of providers choosing to hand their contract back. However, there have been none in Southampton in the current previous financial year.

Providers of NHS primary care dental services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

It is important to note that patients do not register with a dental practice. Whereas a patient is registered to a GP practice who is required to see them, dental surgeries do not operate in this way as stated in the national contract. Dental surgeries may turn away patients who have seen them previously due to lack of availability, no matter how long that patient has been seeing that dentist for on the NHS.

Patients are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs.

Current circumstances in Southampton:

Details of practices providing NHS dental care in Southampton can be found on: https://www.nhs.uk/service-search/find-a-dentist

In addition to the services delivered in primary care there are other NHS dental services. They are:

- Unscheduled Dental Care (UDC) – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- Orthodontics - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.

- Special Care Dentistry and Paediatrics (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- Hospital services – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in Southampton as well as Portsmouth, Isle of Wight and Hampshire:

Primary Care services:

Local Authority	**No. of practices**	**Units of Activity**
Southampton	**23**	**406,274**
Portsmouth	23	359,551
Isle of Wight	13	219,945
Basingstoke & Deane	17	222,645
East Hants	9	120,556
Eastleigh	12	204,267
Fareham	13	142,625
Gosport	10	131,027
Hart	4	51,387*
Havant	21	200,863
New Forest	22	274,091
Test Valley	7	127,979
Winchester	10	175,238

Onward referral services:

Service	Provider	Area covered
Orthodontics	19 Providers	Across all areas other than Gosport*; Hart area covered in NHS Frimley paper*
Oral Surgery (complex extractions)	6 Providers	Test Valley, Basingstoke & Dean, Southampton, New Forest, Havant, Eastleigh, Fareham, IOW
Community Dental Services	Solent NHS Trust	Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

The ICB is looking to provide temporary UDAs for providers who have the capacity to do these. This is within Southampton but also across the rest of Hampshire too. However, while the ICB is still agreeing the temporary UDAs with providers, we are unable to confirm exact numbers, though providers have come forward to express an interest within Southampton, too.

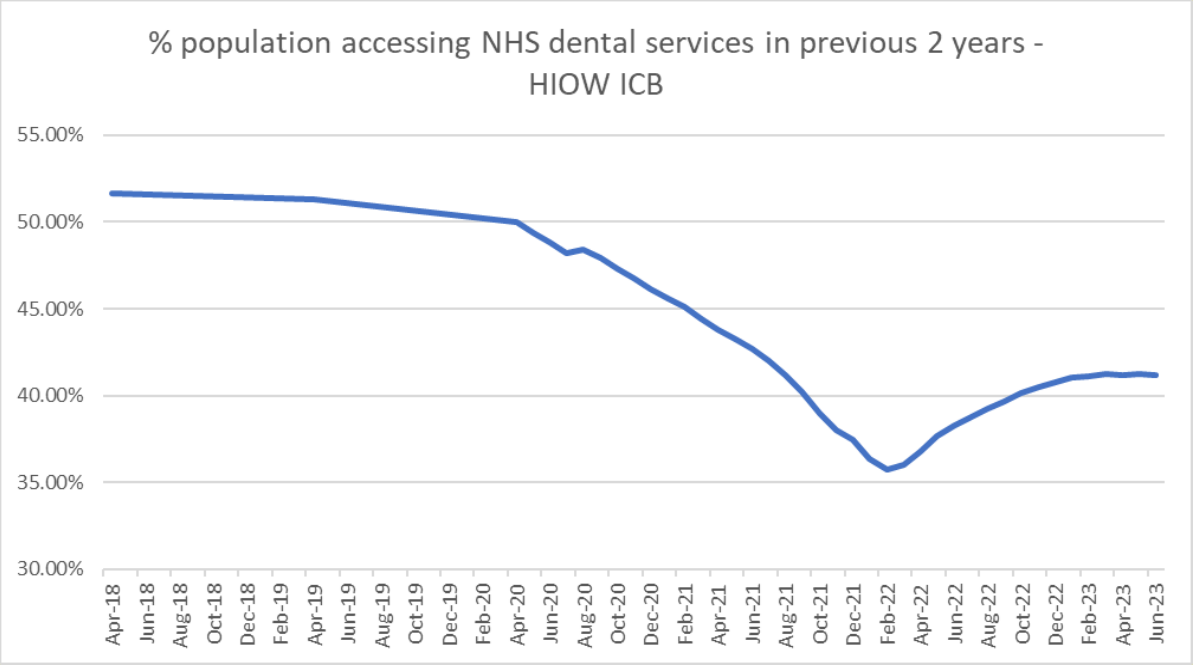
The table on the page below lists the current contracted dental practices with the NHS in Southampton. Please note that one provider as the ICB refers to them as, holds two locations on the spreadsheet, meaning the previous table lists 23 practices in Southampton, with the below table listing 24 locations.

NHS
Hampshire and Isle of Wight

Contract Name	ICB	Q code	GDS/ PDS	Contract start date (red = taken from Compass)	Practice address 1	Practice address 2	Practice address 3	Practice address 4	Post Code	Permanent contracted UDAs (FYE)
Astradent (3) Partnership (Mukwenda F & Plant S)	Hampshire & Isle of Wight	Q70	GDS	02/04/2006	Astradent (3)	20 Anglesea Road	Shirley	Southampton	SO15 5QJ	24,500
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	PDS	01/04/2023	10-12 Cannon Street		Shirley	Southampton	SO15 5PQ	21,000
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	PDS	01/04/2023	Unit 10	Centenary Plaza		Southampton	SO19 9UL	21,000
Dale Road Oral Care Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Dale Road Oral Care Ltd	44 Dale Road	Shirley	Southampton	SO16 6QL	30,000
Astradent (1) Partnership (Mukwenda F & Plant S)	Hampshire & Isle of Wight	Q70	GDS	01/01/2009	Brunswick Place Dental	17 Brunswick Place		Southampton	SO15 2AQ	29,968
The Grove Dental Practice (Paraschos I & Rosie P)	Hampshire & Isle of Wight	Q70	GDS	27/10/2010	The Grove Dental Practice	Shirley Health Centre	Grove Road	Southampton	SO15 3UA	5,028
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2013	Shirley (Damira Shirley)	10-12 Cannon Street	Shirley	Southampton	SO15 5PQ	30,000
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2013	Weston (Damira Weston)	Weston Lane Centre for Healthy Living	Weston Lane	Southampton	SO19 9GH	20,000
Lordshill Dental Partnership (Marques R & Pretorius R)	Hampshire & Isle of Wight	Q70	GDS	01/09/2012	Dental Practice	Lordshill Health Centre		Southampton	SO16 8HY	39,000
Bassett Dental Practice Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Bassett Dental Practice	21 Burgess Road	Highfield	Southampton	SO16 7AP	10,973
The Triangle Surgery Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	The Triangle Surgery Ltd	3 The Triangle, Cobden Avenue	Bitterne Park	Southampton	SO18 1FZ	17,591
The Dental Practice (Rhee I & Rhee H)	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	The Dental Practice	1 Kenilworth Road	The Polygon	Southampton	SO15 2GD	16,368
SCA Trafalgar Ltd	Hampshire & Isle of Wight	Q70	GDS	01/10/2008	Trafalgar Dental Practice	2 Victoria Road	Woolston	Southampton	SO19 9DX	22,500
The Partnership of Spring Road Dental (Bayat A & Komath D)	Hampshire & Isle of Wight	Q70	GDS	18/06/2012	Spring Road Dental Practice	116 Spring Road	Sholing	Southampton	SO19 2QB	15,100
Alavi S	Hampshire & Isle of Wight	Q70	GDS	01/04/2006	Brighter Smile Dental Practice	31 Burgess Road	Swaythling	Southampton	SO16 7AP	17,855
Peartree Dental Care Partnership (Creedon W, Bagga S, Farmah A & Patel A)	Hampshire & Isle of Wight	Q70	GDS	01/04/2006	Dental Surgery	215 Peartree Avenue	Bitterne	Southampton	SO19 7RD	24,352
Khanna S	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	Dental Practice	68-70 Warburton Road	Thornhill	Southampton	SO19 6HQ	12,122
University Dental Practice (Ansari B & Al-Gholmy M)	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	University Dental Practice	222 Burgess Road	Swaythling	Southampton	SO16 3AY	14,743
Burgess Road Dental Practice (Bojjawar R & Purandare G)	Hampshire & Isle of Wight	Q70	GDS	01/04/2006	Dental Practice	314 Burgess Road	Swaythling	Southampton	SO16 3BJ	8,568
Davies T & Bhatt P	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	Dental Concepts Southampton	2 Somerset Avenue	Bitterne	Southampton	SO18 5FL	8,357
Pro-Dent Dental Partnership (Elalami M & Pitchforth A)	Hampshire & Isle of Wight	Q70	GDS	01/03/2013	Pro-Dent Dental Practice	31 St Edmunds Road	Shirley	Southampton	SO16 4RF	29,757
Samadzadeh-Yaghini P	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Pasadena Dental Surgery	56 Wimpson Lane	Millbrook	Southampton	SO16 4QF	2,492
Redka R	Hampshire & Isle of Wight	Q70	GDS	15/09/2014	Queens Terrace Dental Practice	26 Queens Terrace		Southampton	SO14 3BQ	6,000
Dale Road Oral Care Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Happy Smile Dental Practice	Flat 1 & 2	10 Portland Street	Southampton	SO14 7EB	0

Access:

In April 2018, 938,883 people (51.64 per cent of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34 per cent of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Southampton, Portsmouth and the rest of Hampshire.



However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to **35.74 per cent in February 2022**. Access has however started to improve with **41.21 per cent** of the population (754,33 people) attending by June 2023.

Dental practices have been recalling patients, but many have had increased treatment needs due to longer gaps between attendances. This means that treatment plans take longer to complete. Dentists deliver services within cash limited budgets. This means that if it is taking longer to complete treatments for some patients it is more difficult for other patients to access care, so backlogs are still a challenge.

Whilst access to primary care is improving there are on-going challenges. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, dentists are either leaving the NHS or opting not to join at the start of their career.

The dentists and practices are citing several reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients

- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. Between 2021-22 and 2023-24, a total of 16 practices handed back contracts in Hampshire and Isle of Wight. This can be compared to 17 in Sussex, 16 in Kent and Medway and 9 in Surrey Heartlands for a comparable timeframe. However, within this financial year, no contracts for practices based within Southampton have been handed back and since the 2019/20 financial year, only one contract has been handed back in the city which was worth 700 UDAs.

When practices hand back their contracts, arrangements are put in place to commission services from local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement. These arrangements were in place across Hampshire whilst recommissioning of services took place across the locality. In total the dental team identified to replace lost activity and increase activity by procuring 222,000 UDAs in 2022/23. Of the 222,000 UDAs that went out to procurement, 134,000 were procured successfully with six additional locations now providing dental services across the locality. A secondary procurement took place alongside these additional UDAs and led to a successful contract award for Southampton, with 42,000 UDAs starting in contracts in April 2023. A further procurement earlier this year is also looking at adding a further 21,000 UDAs within the city.

An additional 42,000 will commence activity in the Portsmouth and Havant areas shortly as the original successful bidders did not progress to contract start and a second bidder was awarded the contracts.

Actions and next steps:

Additional funding

The Integrated Care Board has recently put forward more than £1 million across Hampshire and Isle of Wight for a number of short-term initiatives.

These projects are already underway with others beginning in the next few months. Due to these early stages, it is not possible to calculate the exact additional access that this will mean to Southampton. More detail will be made public as the projects progress.

Access sessions

Since 2020, the NHS in the South-East has commissioned additional access sessions from practices to deliver sessions above the levels normally commissioned to help patients access care if they have an urgent treatment need. There are three practices taking part in this scheme in Hampshire based in Eastleigh, Gosport and Portsmouth.

Flexible Commissioning

In some parts of the country, ICBs are implementing Flexible Commissioning arrangements whereby practices can convert up to ten per cent of their contract value from delivery activity targets to the provision of access sessions. These sessions are used to provide access for patients who have faced challenges accessing care and to more vulnerable patient groups. HIOW ICB is monitoring the impact of these schemes as part of consideration of local adoption.

Dental Contract changes

Nationally changes were made to the NHS contract in late 2022 with the aim of addressing the challenges the dental system face. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

While access to NHS dentistry is slightly higher in Hampshire as a whole compared to the Isle of Wight and our cities, we know there are smaller areas within the county which require focus.

National dental reforms continue being discussed, which we await the outcome of. A contract which includes more incentives for dentists to take on NHS work will benefit Hampshire residents and dental practitioners, who we know are keen locally to take on NHS work but require financial sustainability. We are raising this issue at all levels, including our colleagues in NHS England, and within government. The ICB attended a session of the Health and Care Select Committee in April where we reiterated that point. The committee published its findings and recommendations on 14 July 2023.

Recruitment and workforce

Recruiting and retaining dentists, as is the case with other healthcare professions, is difficult. Even where it has been possible to procure additional services, we can find that providers take dental professionals from existing NHS practices especially where they are in close proximity. The differential in UDA rate allows providers to use differing pay rates, which is why the ICB is seeking to intervene to create equity and, we hope, improve access to services for local people. Fortunately the key responsibility that has come to Integrated Care Boards is the ability to impact the UDA rate locally. This helps us to make local interventions and ensure we create equity across dental providers in our area, which may help to mitigate the workforce challenges we face. We also have the opportunity to use patient feedback to understand local issues and where we can make targeted interventions.

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:		19 OCTOBER 2023		
REPORT OF:		SCRUTINY MANAGER		
CONTACT DETAILS				
Executive Director	**Title**	**Executive Director – Corporate Resources**		
	Name:	**Mel Creighton**	**Tel:**	**023 8083 3528**
	E-mail	**Mel.creighton@southampton.gov.uk**		
Author:	**Title**	**Scrutiny Manager**		
	Name:	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail	**Mark.pirnie@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.		
RECOMMENDATIONS:		
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.	
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.	
RESOURCE IMPLICATIONS		
Capital/Revenue		

5.	None.	
Property/Other		
6.	None.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
8.	None	
RISK MANAGEMENT IMPLICATIONS		
9.	None.	
POLICY FRAMEWORK IMPLICATIONS		
10.	None	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Monitoring Scrutiny Recommendations – 19 October 2023	
2.	Park Lives Impact report	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
Other Background Documents **Equality Impact Assessment and Other Background documents available for inspection at:**		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 19 October 2023

Date	Title	Action proposed	Action Taken	Progress Status
26/06/23	Proposals to redesign OPMH services	1) That the list of organisations that have been contacted by Southern Health NHS Foundation Trust about the OPMH proposals is circulated to the Panel.	Please see appendix of the Western Hospital proposal paper (enclosed) which includes a summary of engagement carried out previously around OPMH services generally.  2023 06 OPMH Inpatient Services pap In terms of specific engagement on these proposals, we have engaged with Southampton Healthwatch, met with the ICB-led Southampton Community Engagement Group and Southern Health's Working in Partnership Committee (comprising voluntary sector partners and patient/carer representatives). We have contacted Cllr Barbour about our intentions to conduct further engagement in the City and the Cllr has shared key contacts for us to work with, including Caraway which can reach around 100 people living with dementia in the city. We are working with Communicare and aiming to host an event to bring together relevant groups and organisations within the city to share the proposals and seek views. This will include dementia organisations and organisations representing older people. We are in ongoing communication with the staff at the hospital and have shared information about the proposals more widely with staff across the organisation.	
		2) That the issue returns to the 19 October HOSP agenda for consideration by the Panel. Southern	Item added to 19th October HOSP agenda.	

Date	Title	Action proposed	Action Taken	Progress Status
		Health are requested to undertake additional engagement with stakeholders on the proposals relating to Beaulieu Ward at Western Community Hospital, details on engagement to be agreed by the Scrutiny Manager and the Associate Director of Communications. The report to the 19 October meeting should detail the outcomes of the engagement activity and clarify the actions to be taken to mitigate the impact of the proposals.		
17/08/23	Adult Social Care – Performance & Transformation	1) That the Panel are provided with an overview of the costs savings that have been identified by Adult Social Care for 2023/24.	Information circulated to the Panel – 10/10/23	
		2) That the self-assessment, developed in preparation for a CQC inspection, is circulated to the Panel with a view to it being considered at the 7 December meeting of the HOSP during the next scheduled Adult Social Care performance and transformation session.	The self-assessment document is being prepared with a deadline for completion of w/c 13/10/23 and will be available for the 7 December meeting of the Panel.	Ongoing
17/08/23	Leisure & Health Outcomes	1) That the Panel are provided with details regarding the future of Green Park Tennis Courts.	Green Park, basketball court and former tennis court is supported by City Services. City Services have looked at different options throughout the years to use the space but unfortunately have been unsuccessful in securing funding and therefore have been unable to rejuvenate the tennis court. We will look at options for funding including speaking with the LTA but there are no immediate plans to invest in the tennis court.	
		2) That the Leisure Strategic Action Plan is circulated to the Panel when it is drafted for future consideration by the HOSP.	Agreed	
		3) That officers review whether an evaluation of the impact of the Park Lives initiative in Southampton has been undertaken.	Attached as Appendix 2 is an impact report Active Nation provided after the Park Life agreement ended.	

Date	Title	Action proposed	Action Taken	Progress Status
		4) That officers review how the Sugar Tax funding is being utilised by schools to encourage healthy lifestyles.	The Soft Drinks Industry Levy (known as the 'sugar tax') was used to create a Healthy Pupils Capital Fund for one year only (2018-19) and the money was allocated to schools based on their proposals for spending it to create a healthier setting. Since then, although some goes to the Primary PE and Sport Premium and the National School Breakfast Programme, it is not clear where in national government the rest of the money goes (see Sugar tax | Institute for Government and Refreshing-Investment-in-Childrens-Health.pdf (schoolfoodmatters.org)). We have contacted the Office for Health Improvement and Disparities for clarification, however, they were unable to provide any further information.	

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Appendix 2

PARKLIVES IMPACT REPORT

2016-19

What is PARKLIVES?

FUN
FREE SESSIONS *in local parks!*

ParkLives has been funded by Coca-Cola Great Britain and powered by Active Nation in Southampton since 2016. We've delivered a dedicated programme of fun, free activities in the heart of local communities – the parks! The programme is part of a £20 million investment made by Coca-Cola Great Britain, designed to get one million people moving.

Bringing together the regional insight and expertise, the programme had broken down some of the often-cited barriers to participating in physical activity and has also engaged with almost 40 councillors, broken down barriers to participation for lots of special population groups and kept thousands of children busy during the school holidays.

In Southampton

73%

OF REGISTERED PEOPLE CONSIDERED THEMSELVES

INACTIVE

SOUTHAMPTON CITY COUNCIL

ACTIVE NATION

SINCE 2016

ParkLives has enabled people to make the most of parks and open spaces, meet new people and feel a real part of their community.

Over

30,000 INDIVIDUALS

HAVE TAKEN PART IN

FREE PARKLIVES SESSIONS

Some of the most popular

ACTIVITIES WERE

BUGGY MUMS

TENNIS • FAMILY FUN PLAY!

FOLLOWED BY ADVENTURE ACTIVITIES:

KAYAKING ARCHERY SAILING

I love these ParkLives sessions, they have really made the summer for me and my God-daughter! I'll bring along anyone that I think will enjoy it because the session leaders are so friendly and the sessions are inclusive. We stay all day for the Family Park Days and even enjoy helping to pack up at the end! It's sometimes just nice to be outside and sit and watch the sessions! Thank you ParkLives!

Eloise Prowting

SOUTHAMPTON CITY COUNCIL

ACTIVE NATION

SINCE 2016

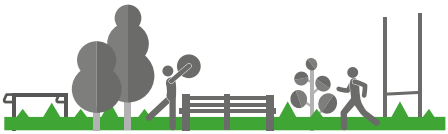
The ethos of ParkLives is about breaking down barriers and reaching individuals and communities that ordinarily would not engage in any form of physical activity.

3 in every 4 registered users

were classified as inactive before the programme rolled out in Southampton.

Almost

100,000 ATTENDANCES



SEEN AT OUR FREE PARKLIVES SESSIONS

113 INDIVIDUAL ACTIVITIES

DELIVERED ACROSS **50+** PARKS IN THE CITY

Interacting with new people on a regular basis does great things for you. This, for some, can be as important as the physical aspects – meeting and catching up with friends and learning new skills together are just some of the ways ParkLives in Southampton has helped thousands of residents.

DEVELOPS COMMUNITY TRUST

DEVELOPS EMPLOYABILITY

I've loved the opportunity to grow, learn and develop the skills that I have learnt through being a ParkLives session leader. Gaining people leadership experience has been vital to me and I hope to use this as a stepping stone to further enhance my skillset.

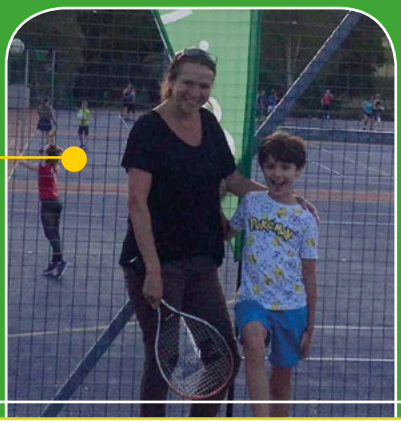
- Kwabena Bruce – Community Activator

ENCOURAGES INTERGENERATIONAL ACTIVITY

The Wednesday netball session is attended by young girls and mums between the ages of 10-60. They have integrated with one another and the younger ones have learnt more about their community and what is on offer from these sessions.

- Alice Evans – Community Activator

SINCE 2016



INCREASES PHYSICAL WELLBEING

ParkLives has been a breath of fresh air for me and my son. It's given us the opportunity to get fit and active whether at the Tennis or Football sessions. Dan's confidence has grown a lot too as he meets kids a similar age. It's just brilliant and long may it continue.

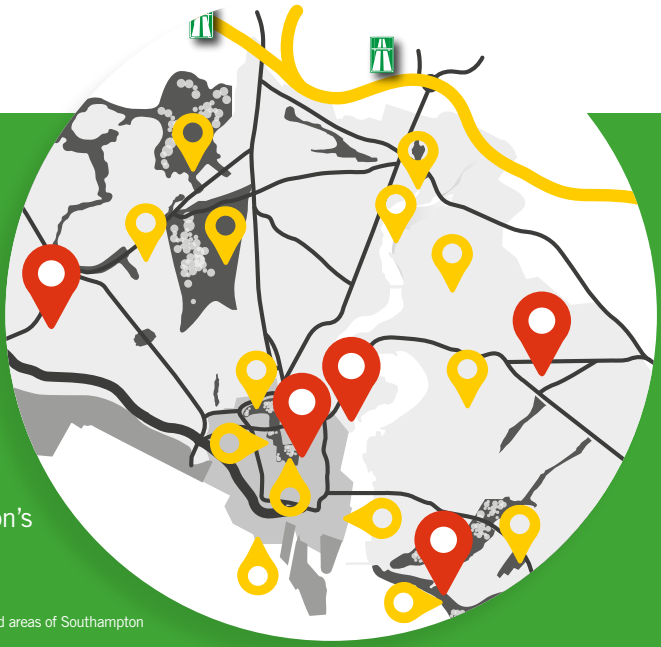
- Louise and Dan – Participants

IMPROVES SELF - CONFIDENCE

My daughter has grown in confidence playing with the rest of the group. She is now much more sure of herself and joins in with people she doesn't know.

- Launa and Daughter - Participants

SINCE 2016



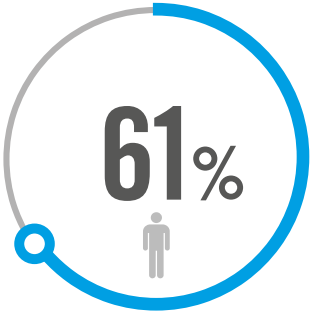
39%

OF SESSIONS

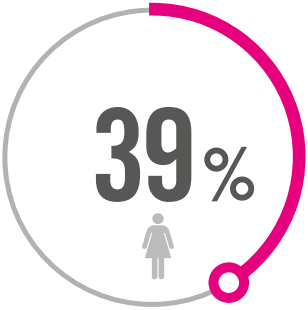
were delivered within Southampton's 5 most deprived areas

Key areas of Southampton

Most deprived areas of Southampton



Male session attendees



Female session attendees

BAME Black, Asian and Minority Ethnic

37% of participants at sessions during the summer period considered themselves to be BAME

VERSUS

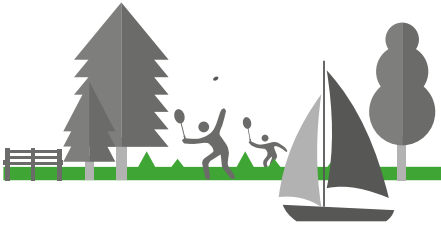
22% of the population of Southampton considered themselves to be BAME

SINCE 2016

I have been coming to the Wednesday night sessions on the track for a few weeks now and highly recommend to any one that wishes to improve their running techniques or even first time running! I find this session has helped me to become stronger and fitter. Thank you Carol.

- Tracy Webster

We have enjoyed so many ParkLives sessions including tennis, badminton, family play and even sailing! It gives my son and his Dad quality time together and it's something out of the ordinary.



- Andrea Malcolm

OUR NEW ACTIVE PARKS PROGRAMME WILL LAUNCH EARLY 2020 AND ONCE AGAIN BE DELIVERED BY ACTIVE NATION AND PARTNERS.

We'll offer:

- Some of the same exciting sessions
- The same BRILLIANT session leaders
- And deliver all across Southampton communities – from Millbrook to Northam, Weston to Bitterne and everywhere in between.

Free and low-cost activities mean that it doesn't have to break the bank when it comes to keeping the kids, the dog and granny and gramps entertained. Active Nation is all about persuading the nation to be active and our community sessions encourage as many people as possible to try them… with as few limiting barriers to overcome as possible.

WHY IS OUR COMMUNITY ENGAGEMENT WORK SO IMPORTANT TO US?

Cost of inactivity in Hants and IOW is estimated Annual to be £27.8m.

A free & low-cost parks programme reduces barriers to taking part in regular activity.

Persuading inactive people to become active could prevent up to 1 in 6 deaths. Inactivity is 4th largest cause of disease and disability in UK.

Active adults have a 30% lower risk of depression and dementia.

Let's talk... 02380 783 131 COMMUNITIES@ACTIVENATION.ORG.UK

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