

Health Overview and Scrutiny Panel

Thursday, 30th November, 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	
30 November	

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 19 October 2023 and to deal with any matters arising, attached.

7 PROJECT FUSION UPDATE

(Pages 5 - 22)

Report of the Scrutiny Manager enabling the Panel to discuss developments relating to Project Fusion, the programme of work to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight.

8 ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION

(Pages 23 - 44)

Report of the Scrutiny Manager recommending that the Panel consider and challenge the appended information from the Executive Director – Wellbeing and Housing.

9 MONITORING SCRUTINY RECOMMENDATIONS

(Pages 45 - 50)

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

Wednesday, 22 November 2023

Director – Legal, Governance and HR

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 19 OCTOBER 2023

Present: Councillors W Payne (Chair), Houghton (Vice-Chair), Allen, Finn, Kenny, Noon and Wood

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

Councillor Allen declared that his wife was employed as a Nurse at Solent Health NHS Trust.

Councillor Finn declared that she was employed as a Mental Health Social Worker for NHS Professionals at Southern Health NHS Foundation Trust and her husband was a Trustee of Solent Mental Health Service.

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

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 Allen, Councillor Finn, and Councillor Kenny, would be involved the discussion of the items on the agenda.

14. **STATEMENT FROM THE CHAIR**

The Chair noted that the next meeting of the Panel had been moved forward to the 30 November 2023 due to the relevant officers for the planned agenda items not being able to attend on the 7 December.

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

RESOLVED: that the minutes for the Panel meeting on 17 August 2023 be approved and signed as a correct record.

16. **PROPOSALS TO REDESIGN INPATIENT OLDER PERSONS MENTAL HEALTH SERVICES – UPDATE FOLLOWING ENGAGEMENT**

The Panel considered the report of the Scrutiny Manager which provided an update following engagement that enabled the Panel to formally respond to the proposals to redesign inpatient Older Persons Mental Health Services.

Councillor Barbour; James House, Managing Director, Southampton Place, Hampshire & Isle of Wight Integrated Care Board; Tom Westbury, Associate Director of Communications, Southern Health NHS Foundation Trust; Ron Shields, Chief Executive, Southern Health NHS Foundation Trust; and Councillor Fielker, Cabinet Member for Adults, Health, and Housing were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- Originally there were 46 beds allocated for organic dementia patients across the county, but the service had not required more than 32 beds to be used at any one time.
- For patients who had to be accommodated away from their home district arrangements are made to enable the family to travel to those wards to support their loved ones.
- All affected staff would be redeployed, there were a number of vacancies across Mental Health Services in Southampton and across the county.
- The proposals were developed by a working group that included patients' families and carers as well as staff and managers.
- The aspiration for the service was to focus on crisis intervention and wrap around care in the community to prevent a patients needs escalating to require hospital inpatient care.
- The consultation also identified a need to improve access to information for families from the point of diagnosis and the service planned to continue to consult with families of dementia patients.

RESOLVED That the Panel's response to the proposals to redesign inpatient older persons mental health services would be sent to Southern Health NHS Foundation Trust by the end of week commencing 23rd October.

17. **PLANNING FOR WINTER PRESSURES IN SOUTHAMPTON**

The Panel considered the report of the Hampshire and Isle of Wight Integrated Care Board which provided an update on how the NHS was planning ahead of winter pressures on urgent care services in Southampton.

James House, Managing Director, Southampton Place, Hampshire & Isle of Wight Integrated Care Board; Joe Teape, Chief Operating Officer, University Hospital Southampton (UHS); and Clare Edgar, Executive Director Wellbeing and Housing, Southampton City Council, were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- UHS was, when considering key indicators, a high performing hospital.
- Demand for urgent and primary care had remained significantly high and there was limited scope to redirect additional resources to increase capacity at UHS.
- The waiting list for elective procedures had significantly increased over the last three years and had grown since the Panel considered the issue in February 2023.

- 'Same Day' Response Pathways were being established so that where local surgeries couldn't accommodate a request GPs could refer people who needed a same day response directly to the service in order to prevent that patient from presenting at the Accident and Emergency department later on.
- There was increased use of 'Virtual Wards' and 'Digital Monitoring' where there were medical grounds that benefited the patient.
- The ongoing industrial action of health care professionals was not having a direct impact on urgent care as staff were stepping in to cover gaps, however it was having an impact on ongoing primary care and elective surgery.

RESOLVED

- 1) That University Hospital Southampton and the City Council would continue to work together to improve performance with regards to delayed discharge and a progress report would be provided to the Panel in the new year.
- 2) That, to enable ongoing oversight, the performance report that was presented at each meeting of the UHS Trust Board would be circulated to the Panel.

18. **DENTISTRY COMMISSIONING IN SOUTHAMPTON**

The Panel considered the report of the Hampshire and Isle of Wight Integrated Care Board which provided and update on dentistry provision in Southampton.

Simon Cooper, Director of Pharmacy, Optometry and Dentistry, Hampshire & Isle of Wight Integrated Care Board; Jo Hannigan, Patient Involvement; and Councillor Fielker, Cabinet Member for Adults, Health and Housing were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- Preventative activity to encourage better oral health practice.
- The challenges created by the national contract.
- Opportunities to develop additional services targeted at areas where need was highest.
- Fluoridation in the water supply to improve oral health.

RESOLVED

- 1) That, if available, data would be provided to the Panel on children accessing NHS dentistry in Southampton.
- 2) That support would be provided to primary schools to encourage better oral health practises in Southampton.
- 3) That the Administration would seek clarification from the Government with regards to the current policy position relating to water fluoridation and the processes that would need to be followed to enact this measure.
- 4) That it be noted that, as a catalyst to improving dental health outcomes in the city, the Southampton Health Overview and Scrutiny Panel supports calls to reform the existing NHS Dental Contract.

19. **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.

The Panel noted that all requested information had been provided and circulated to the Panel and that no further action was needed on the Health and Leisure recommendations.

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL	
SUBJECT:		PROJECT FUSION UPDATE	
DATE OF DECISION:		30 NOVEMBER 2023	
REPORT OF:		SCRUTINY MANAGER	
<u>CONTACT DETAILS</u>			
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			
<p>At the 1 September 2022 meeting the Southampton Health Overview and Scrutiny Panel (HOSP) requested updates at key milestones of Project Fusion, the programme of work to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight.</p> <p>The Full Business Case has been approved by Boards of each provider Trust involved at a joint meeting on 13 November 2023, and will now be shared with NHS England for review. Therefore, at this key milestone, attached as Appendix 1 is an update on Project Fusion.</p>			
RECOMMENDATIONS:			
	(i)	That the Panel considers the appended information relating to Project Fusion and discusses developments with the invited NHS representatives.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable the Panel to scrutinise the proposals to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight (HIOW).		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	At the 1 September 2022 meeting of the HOSP, the Panel considered the findings from an independent review of community and mental health services in HIOW. A key recommendation from the review was that a new Trust should be created for all community, mental health and learning disability services across HIOW (including services provided by Solent, Southern, IoW and Sussex).		

4.	The recommendations within the review were approved by the ICB and NHS Trusts and, at the September 2022 meeting, the Panel requested updates at key milestones to enable appropriate oversight of the creation of the new NHS Trust.	
5.	Following approval of the Full Business Case by the Boards of the four provider Trusts it will now be shared with NHS England for review. Attached as Appendix 1 is an update on Project Fusion that outlines the progress made, the communication and engagement activity and the project timetable.	
6.	For information, attached as Appendix 2 is a summary of the Full Business Case agreed by the four NHS Trusts.	
7.	Senior NHS representatives will be in attendance at the meeting to present the update and answer questions relating to Project Fusion.	
RESOURCE IMPLICATIONS		
<u>Capital/Revenue</u>		
8.	None.	
<u>Property/Other</u>		
9.	None.	
LEGAL IMPLICATIONS		
<u>Statutory power to undertake proposals in the report:</u>		
10.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
<u>Other Legal Implications:</u>		
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
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Project Fusion Update	
2.	Full Business Case - Summary	
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.	Community and mental health review :: Hampshire and Isle of Wight ICS (hantsiowhealthandcare.org.uk) – Full review

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Project Fusion update

Project Fusion is the name for the programme taking place to create a new, combined NHS Foundation Trust to deliver community, mental health and learning disability services across Hampshire and the Isle of Wight. Bringing services into a single organisation will result in more consistent care with reduced unwarranted variation, more equitable access to services irrespective of postcode, and a more sustainable workforce and services. The new organisation will be large, yet will operate locally to ensure services can best meet the needs of different communities.

The new Trust will be comprised of all the services currently provided by Solent NHS Trust and Southern Health NHS Foundation Trust, the community, mental health and learning disability services provided by Isle of Wight NHS Trust and child and adolescent mental health services delivered in parts of Hampshire by Sussex Partnership NHS Foundation Trust. The aim is for the new Trust to be formed by April 2024.

A considerable amount of progress has been made since this item was last considered by HOSP, including:

- Approval by NHS England of the strategic outline case for change
- The appointments of Ron Shields as Chief Executive and Lynne Hunt as Chair for the new organisation, following comprehensive processes overseen by the Integrated Care Board.
- The appointment of designate Non-Executive Directors from the current organisations to take up roles on the Board of the new Trust.
- Ongoing collaborative working across all clinical teams to identify best practice and opportunities to develop and improve services in the new organisation.
- Detailed and ongoing integration planning to prepare for the organisations to come together, ensuring safe, continuous delivery of care with the minimum of disruption.
- Engagement with communities, users, staff and partners to seek views about key elements of the new Trust (including vision, values, strategic objectives, clinical strategy, operating model and naming options).
- The name of the new Trust has been developed and approved by NHS England following extensive engagement. The new organisation will be called: **Hampshire and Isle of Wight Healthcare NHS Foundation Trust**.
- A comprehensive Full Business Case has been approved by Boards of each provider Trust involved at a joint meeting on 13 November, and will now be shared with NHS England for review. The Full Business Case describes in detail the case for change, benefits, and the work required to bring the Trusts together. A summary of this document is enclosed with this paper.

The executive director structure for the new Trust has been established and the aim is to have appointed designate executive directors for the new organisation during the weeks ahead. A clinical strategy setting out the key principles that will underpin the way services operate in the new Trust is also in development, following engagement with a wide range of clinicians and stakeholders, and will be published later in November.

Communications and engagement with patients, carers, staff, communities and partners is ongoing and will continue to April 2024 and beyond. Currently engagement is taking place to gather further

views to help inform how services could be grouped together in the new Trust. Following this, possible options for the organisational structure will be developed for further consultation in the New Year. Key to this will be determining an operating model which leverages the benefits of being a large organisation, whilst delivering services at a local level.

A standalone website and animation have been developed to help communicate the rationale and benefits of this work: www.fusion.hiow.nhs.uk

Questions, comments, or suggestions related to Project Fusion can be directed to project@fusion.hiow.nhs.uk

END OF REPORT



Our Plan

Summary of our plan to bring together
NHS Community, Mental Health
and Learning Disability Services
in Hampshire and Isle of Wight

Agenda Item 7

Appendix 2

Introduction

NHS community, mental health and learning disability services for people in Hampshire and Isle of Wight are currently provided by four organisations: Southern Health NHS Foundation Trust, Solent NHS Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust.

We have developed a 'Full Business Case' – a detailed proposal for formal approval – to bring all of the community, mental health and learning disability services for Hampshire and Isle of Wight together into one organisation from 1 April 2024.

We are confident that this change will make things simpler, easier and better for people who use our services. It will also be better for the staff who provide those services and help us work better with partner organisations.

Our plans will improve access to services, improve patient experience and outcomes and lead to more opportunities for staff. Reducing the number of separate organisations involved in providing care for local people will also reduce duplication. This will save money that we can reinvest in services.

We are ambitious about the future and about what we can achieve by working together, building on the strengths of each of our existing organisations. Our plans have been developed with considerable input from staff, patient groups and partner organisations. A key priority is to deepen our collaboration with people who use our services and with our partners to improve the health and wellbeing of the communities we serve.

The new Trust will be called Hampshire and Isle of Wight Healthcare NHS Foundation Trust and will provide community, mental health and learning disability services to adults and children across all areas of Hampshire, Portsmouth, Southampton and Isle of Wight. The Trust will have an annual budget of approximately £800m and employ 12,500 people.

This document summarises the proposals. It describes why change is needed, what we want to achieve, and what happens next.



Southern Health
NHS Foundation Trust



Solent
NHS Trust



Isle of Wight
NHS Trust



Sussex Partnership
NHS Foundation Trust

Which services are involved in this change?

Southern Health NHS Foundation Trust and Solent NHS Trust provide a wide range of NHS physical health, mental health and learning disability services to people in Hampshire and the Isle of Wight. Southern Health also provides highly specialist services, such as forensic mental health services, for people living beyond Hampshire and the Isle of Wight. All of the services provided by Southern Health and Solent will come together into the new Trust.

Isle of Wight NHS Trust currently provides hospital, ambulance, community, mental health and learning disability services for the Isle of Wight. Our plans propose that Isle of Wight NHS Trust will continue to provide hospital and ambulance services for Isle of Wight residents, working closely with Portsmouth Hospitals University NHS Trust. The community, mental health and learning disability services delivered by Isle of Wight NHS Trust will come together with those of Southern Health and Solent in the new Trust on 1 April 2024.

Sussex Partnership NHS Foundation Trust provides mental health services for children and young people (known as CAMHS) in Hampshire. These services will transfer to the new Trust. Sussex Partnership will continue to provide a comprehensive range of mental health services for adults and children in the Sussex area.

The proposals mean that Hampshire and Isle of Wight Healthcare NHS Foundation Trust will provide community, mental health and learning disability services for adults and children across all areas of Hampshire and Isle of Wight. It will provide an extensive range of services to support people’s physical and mental wellbeing, delivering them – as now - in people’s homes, in schools, GP surgeries, health clinics and care homes, as well as in community hospitals and specialist hospitals across Hampshire and Isle of Wight.

The range of services provided includes:

Adult mental health services including	<ul style="list-style-type: none"> • Adult and older people’s inpatient wards and Places of safety. • Community and Crisis Support Teams, Crisis house and crisis alternatives. • Low and medium secure services for adults including a learning disability unit. • Eating disorders, early intervention in psychosis, gambling and stalking support. • NHS talking therapies Acute hospital psychiatric liaison and mental health NHS 111.
Services for children and families including	<ul style="list-style-type: none"> • Child and adolescent mental health services, including low/medium secure inpatients. • Health visiting, School nursing, Child Health services and immunisations. • Children’s paediatrics, therapies and continuing care. • Perinatal and maternal mental health services. • Safeguarding and looked after children.
Physical health services including	<ul style="list-style-type: none"> • Community nursing, therapies and palliative care. • Community hospitals, urgent treatment centres, urgent response and virtual wards. • Outpatients, community diagnostic hubs & phlebotomy. • Musculo-skeletal, podiatry and pain management services. • Specialist teams e.g. tissue viability; bladder and bowel; falls; diabetes, neuro-rehab. • Sexual health, specialist dental and wheelchair services.
Primary Care	<ul style="list-style-type: none"> • Provision of some general practice services.
Learning disability	<ul style="list-style-type: none"> • Community learning disability services for children, young people and adults.

As well as delivering care and treatment, these services play an important role in preventing ill health and addressing health inequalities, working in partnership with GPs, hospitals, local authorities, other health and care organisations and the voluntary sector.

Why is change needed?

The staff providing community, mental health and learning disability services work hard to give the best possible care for patients. However, and despite best efforts, having four separate organisations means that the way services are organised has become fragmented and more complicated than it needs to be - for people using services, for staff and for our health and care partners. It means that services are not as joined up as people need.

In addition, services are struggling to meet increases in demand and as a result it is difficult for some people to access care when they need it. Services have been funded at different levels in different areas, and this has led to differences in the services provided, in people's experiences of those services and in outcomes depending on where people live. Bringing services together into one organisation will help to resolve these challenges so that people can consistently access the services they need irrespective of where they live.

Under the current arrangements all four Trusts also experience difficulties recruiting and retaining staff, with workforce shortages particularly high in mental health services. Whilst this is the position in many parts of the NHS, having separate organisations means the four Trusts compete for experienced staff in a small pool and the process for staff to move between Trusts is complex. This reduces opportunities and flexibility for staff.

Money is important too. With limited NHS resources we need to look for every opportunity to be as efficient as possible, and to direct as much funding as possible into frontline services.

The leaders of Southern Health, Solent, Isle of Wight NHS Trust and Sussex Partnership have been working together, and with staff, patient groups and partners over the last 18 months to determine how to respond to the challenges we face, and to develop plans for the future. The work we have been doing together is called 'Project Fusion'.

Bringing services together into one Trust is the best way to make sure that we meet the needs of people and communities for the future.



What do we want to achieve and how will we do it?

Our emerging vision and values

Our emerging vision is that together we deliver outstanding care that supports people to live their best and healthiest lives.

Our overarching ambition is to provide consistently high quality, safe and effective mental health, learning disability and community services to all people across Hampshire and Isle of Wight. The way we deliver this ambition will be characterised by working in partnership: partnership with people who use our services, with our communities, with our staff and with our NHS, local government and third sector partners.

The culture and values of the new Trust are being designed with staff, patient groups and partners. Our intent is to create a culture which is compassionate and empowering, anchored in having respect and creates unity and promotes innovation. Based on the feedback from staff, patient groups and partners, the following values for the new organisation have been developed:

- **People first** - We are kind, caring and compassionate.
- **Accountable** - We are open, we act with integrity and take responsibility.
- **Respectful** - We are inclusive and treat people as they want to be treated.
- **Creative** - We empower and innovate to continually improve.
- **Working together** - We work in partnership with our patients, staff and communities.

These values are still in development and may change before being finalised.

Our clinical strategy

A clinical strategy has been developed to guide how the new Trust will develop and improve services, working in partnership at a local level to meet the needs of each different community, and harnessing the benefits of working at scale to share best practice and ensure that the highest standards and outcomes are met consistently across the whole area.

The clinical strategy is underpinned by the following principles:

- We will embed a culture and practice of continuous improvement, innovation and research to deliver high quality care.
- All decisions about care and treatment will benefit from both lived and learned experience. The term 'lived experience' describes people whose expertise is derived primarily through the lens of living with a condition or accessing any of the Trusts' services, including as a family member or unpaid carer. Lived experience is sometimes contrasted with 'learned experience', which is where a person's expertise around a condition or service provision is learned through training and workplace experience.
- We will work with our health and care system partners, supporting people of all ages and helping people to stay physically and mentally healthy, with a greater emphasis on preventing ill-health.
- We will work alongside communities, collaborating effectively to wrap services around the needs of individuals and measure ourselves according to outcomes that matter.
- We will ensure that there is effective clinical and professional leadership, underpinned by a workforce equipped to deliver high quality care.

What do we want to achieve and how will we do it?

Our strategic aims

Our strategic aims describe where we are aiming to get to over the next five years, across four themes: Our care, Our communities, Our people and Our resources.

Theme	Our strategic aim: What we are seeking to achieve
Our care	People who use our services consistently experience the best possible care and are supported to achieve their best possible health and wellbeing outcomes.
Our communities	Every community we serve has access to the community and mental health care they need, at the right time and in the right setting, leading to reduced health inequalities and improved population health.
Our people	People working in the Trust feel empowered, valued, respected, engaged, safe and healthy, and are supported to do a great job by compassionate, inclusive and accountable leaders.
Our resources	All of the Trust's resources are used effectively and innovatively to deliver services that are financially, environmentally and socially sustainable.



What are the benefits of bringing services together?

Bringing all community, mental health and learning disability services together into a single, new Trust will enable us to deliver benefits for patients and communities, for staff and for the health and care system in Hampshire and Isle of Wight.

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Benefit	How this will be delivered
Improved patient experience, patient safety and patient outcomes	<ul style="list-style-type: none"> • Simplifying care pathways and reducing the number of barriers and boundaries between services. • Improving access to services, sharing resources more easily across Hampshire and Isle of Wight. • Supporting more people, more effectively, at home and in the community, with capacity better aligned to need and services tailored to specific local requirements. • Ensuring the voice of those with lived experience of services is valued in every clinical interaction and in the design and delivery of services. • By resolving unwarranted variation in practice and outcomes, so that patients receive the highest possible standards of care wherever they live.
Improved staff satisfaction and morale	<ul style="list-style-type: none"> • Improved opportunities for development and career progression for staff as a result of the larger scale of the Trust. • A single approach to develop innovative new roles and to tackle recruitment and retention challenges, leading to fewer vacancies in our services. • Building on the best of the existing ways of working in each of the four Trusts to ensure all staff feel engaged, supported and valued. • Reducing the pressure on small, specialist teams, creating a more resilient workforce and opportunities to develop and share best practice.
Transforming care for the benefit of the wider Hampshire and Isle of Wight health and care system	<ul style="list-style-type: none"> • Ensuring the right capacity is available in the right place, aligned to need, for community and mental health services in Hampshire and Isle of Wight • Aligning planning and delivery with system partners locally and across the Integrated Care System, making it easier for primary care, social care, hospitals and third sector partners to work with us and our services to deliver integrated care. • Enabling the transformation of models of care to support more people at home and in the community: reducing complexity, shifting focus to prevention, earlier intervention and population health management. • Being a strong and consistent voice for community, mental health and learning disability services across Hampshire and Isle of Wight, overcoming historical organisational boundaries to work more seamlessly with partners locally and at system level to achieve our shared ambitions for health and care.
Financial benefits	<ul style="list-style-type: none"> • Creating a new Trust will also reduce duplication and create some economies of scale. This will enable reinvestment to align capacity and need, as well as enabling some savings for the NHS.

Supporting service and organisational change

Delivering improvements to clinical services

Clinical and operational leaders are already working together to plan and begin implementation of improvements to services to ensure they are clinically and operationally sustainable and deliver equitable outcomes informed by population need. Ten priority areas are the initial focus, to address some of the most significant challenges. These are:

Mental health and learning disabilities service priorities

- Children and young people's mental health services.
- Neurodivergent pathways.
- Older people's mental health services.
- Adult mental health acute and crisis services.
- Community mental health framework ('no wrong door' programme).

Community services priorities

- Community rapid response services.
- Community hospitals and community inpatient rehabilitation.
- Community frailty.
- Community health specialist services and long-term conditions.
- Supporting the sustainability and integration of primary care.

Creating a new Trust

When NHS organisations and services come together as we are planning in Hampshire and Isle of Wight, the easiest and most cost-effective way to do this is for one organisation to remain in place and for the services from the other organisations to join it. Where there is a Foundation Trust involved, it is the organisation that remains in place and the coming together of services is transacted as an acquisition by the Foundation Trust.

In our case, as Southern Health is already a Foundation Trust, all services and staff from Solent NHS Trust, and the relevant community, mental health and learning disability services and staff from Isle of Wight Trust and Sussex Partnership will transfer to Southern Health.

All four Trusts are committed to ensuring that services - and the teams that provide them - come together in a way that looks, feels and behaves as a new organisation. As described in this document, the new Trust will have a new name, vision, values, strategy and constitution to reflect the new ambitions and broader geography served by the enlarged Trust.



Supporting our people

Attracting, recruiting, and retaining high quality, engaged staff is key to the successful delivery of the clinical strategy and improved outcomes for patients and families. The new Trust aspires to be the employer of choice for those with a desire to work in mental health, learning disabilities and community services. A new people strategy is being prepared that will create a compelling development offer for staff and a colleague experience that recognises and values the contribution all staff make in providing services to patients.

The people strategy will place staff involvement and continuous engagement at its core and will ensure the voice of a broad range of staff and stakeholders is heard and reflected.

Management structure

The operational management structure within the Trust will be organised so that services and pathways can be designed around the needs of local populations, working collaboratively to maximise care closer to home, whilst also adopting best practice, driving out inequalities and ensuring consistent high-quality outcomes across Hampshire and Isle of Wight.

Often this will mean services are organised around local geographies, with others better organised at the scale of Hampshire and Isle of Wight. There will be a single set of corporate services for the new Trust, supporting clinical services to deliver excellent care.

On 1 April 2024, when the Trust is established, its new Board and senior leadership team will be in place. Other changes, including to the way services are organised, will be designed, discussed and introduced in a phased way during 2024/25. The new Trust aims to retain the expertise and leadership talent in the existing Trusts, and there will not be any compulsory redundancies arising from the creation of the new organisation.

Digital technology and innovation

Digital technology and innovation offer the opportunity to transform and modernise the way services are delivered, as has been the case in many other aspects of our lives. A digital strategy for the new Trust is being developed which will enable services to be improved, for example using telehealth to support out of hospital care and patient monitoring, and the adoption of a common Patient Portal to improve patient access to service information.

The Trusts currently use different electronic patient record systems, and will continue to do so in the short-term. A decision on the best long-term solution for the new Trust will be made within the first year, following an appraisal of the available options. Technical solutions will be used in the intervening period to ensure that clinicians across the new Trust have access to the patient information they need to provide the best care.



Estate and facilities

The new Trust will own and operate from a large number of community sites and facilities, including community hospitals and campuses across Hampshire and Isle of Wight. The estate strategy for the new Trust focusses on creating an efficient and connected network of locations to support the delivery of patient services.

Involving patients, carers and families

The best way to improve our services is to listen to the people who use them. We know that over the coming years the number of people using our services will increase, so it is vital that we hear the views of everyone using our services. All of the organisations involved are engaging with people who use services, carers and communities about Project Fusion, and a working group made up of community partners and colleagues from the local Healthwatch organisations guides and oversees our engagement. The engagement is ongoing and we are keen to hear from people or groups that we may not yet have reached.

To get involved, or learn more you can contact us on project@fusion.hiow.nhs.uk or visit www.fusion.hiow.nhs.uk.



What happens next?

The four Trusts, with Hampshire and Isle of Wight Integrated Care Board, are engaged in a review and approvals process with NHS England. We are working towards 1 April 2024 as the date that the new Trust will be established.

Key dates are:

November 2023

- Trust Boards approve the business case documentation for submission to NHS England.

December 2023 – February 2024:

- NHS England Full Business Case review.
- TUPE consultation.
- Continued integration planning.
- Continued communication and engagement.

March 2024

- Formal agreements to establish the new Trust.

April 2024

- New Trust formed.
- Integration of services begins.
- Benefits delivery begins.

To get involved, or learn more you can contact us on project@fusion.hiow.nhs.uk or visit www.fusion.hiow.nhs.uk





**Bringing together
community,
mental health
and learning
disability services**

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Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION
DATE OF DECISION:	30 NOVEMBER 2023
REPORT OF:	SCRUTINY MANAGER

<u>CONTACT DETAILS</u>			
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	
At the request of the Chair, the Executive Director – Wellbeing and Housing has, provided the Panel with an update on the performance of Southampton City Council’s adult social care services, the current financial position of the service and the service transformation programme - “Ambitious Futures”. This information is attached as Appendix 1.	
RECOMMENDATIONS:	
	(i) That the Panel consider and challenge the appended information from the Executive Director – Wellbeing and Housing.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to scrutinise the performance of Southampton City Council’s adult social care services.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	No alternative options have been considered.
DETAIL (Including consultation carried out)	
3.	Attached as Appendix 1 is a presentation providing the Panel with details relating to: <ul style="list-style-type: none"> • The performance of Adult Social Care Services • The service transformation programme • Financial savings and efficiencies • CQC Self-Assessment.
4.	The Panel are requested to use the appended information to scrutinise the Cabinet Member for Adults, Health and Housing and the invited officers who will be in attendance.

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

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Adult Social Care performance and transformation update

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Adult Social Care

November 2023



age 25



Agenda Item 8
Appendix 1

Performance Update

New Requests for Care

- **4636 new requests for care between 1st April and 30th September 2023. Of these, 26.8% progressed to a new Care Act Assessment.** Improved recording and data quality has resulted in a reduction in the reported number of assessments completed.
- New requests for care are recorded on a 'contact'. Contact outcomes are being completed in a median average of 1 day which indicates that new requests for care are being responded to quickly. Contact reasons will be refined to further improve data.

Safeguarding

- Statutory performance measures relating to achieving desired outcomes and risk reduction were reviewed and found to be unreliable due to a high percentage of missing data. Actions planned to address performance -
 - **Safeguarding electronic audit form** implemented in November, 1 per month completed by all supervisors. **Data team developing dashboard** to capture outcomes for adult social care to identify and implement improvements.
 - **New CareDirector training officer** is developing recording guidance for practitioners.
 - **Further development of CareDirector** will streamline the safeguarding recording to improve data.

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Hospital Discharge Team currently have over 250 safeguarding forms open to them.

- **Likely a data quality outlier and outstanding old forms are being reviewed by the HDT team.**

DoLS

- In 2022-23 Southampton received 757 DoLS applications per 100k adults (age standardised), in comparison with the England rate of 664.
- In comparison with our peer group (replaces CIPFA) there were 8 authorities with a higher rate of applications received and 7 where the rate was lower.
- The rate of applications completed in Southampton was also higher than national at 671 per 100k adults (age standardised) compared with 638 for England.
- In comparison with our peer group there were 10 authorities with a higher rate of applications completed and 5 where the rate was lower.

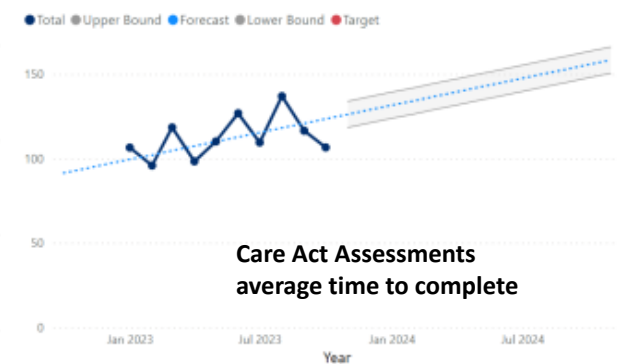
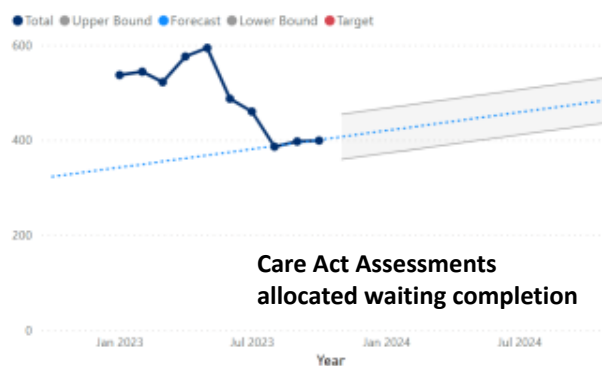
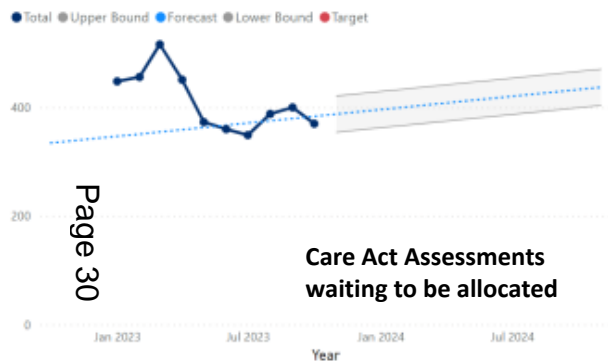
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In 2022-23 we reported 485 applications which were not completed at the end of the reporting period. The current DoLS incomplete list is 449 of which 97 are in progress and 352 awaiting allocation

- In their analysis NHS England have calculated a rough estimate of the months required to complete those outstanding applications (assuming no new applications were received). For Southampton they have calculated this at 5.6 months, in comparison the England average estimate is 5.2 months and within our peer group 3 authorities have a higher estimate and 12 a lower one.
- Looking at applications for the 2023-24 year there have been a slightly higher volume of applications completed than new applications received.

Assessments and Waiting Lists

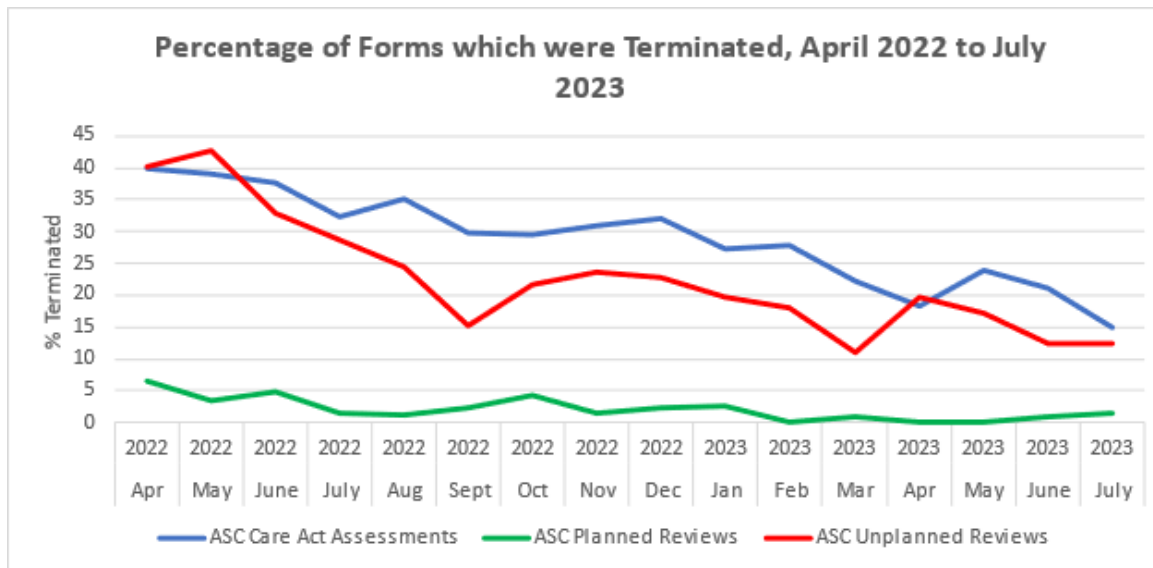
- The below shows graphs and forecasts of three timeliness measures relating to the Care Act Assessment. Firstly, is the number of Care Act Assessments waiting and not yet allocated. The improvement to this waiting list number can be attributed to better recording in the system and correctly closing work.



- As at the end of October, there were 370 forms awaiting allocation, 399 allocated and awaiting completion and an average of 107 days to complete.
- The target is completion of Care Act assessment within 28 days of allocation.
- Actions implemented to reduce waiting lists are weekly – case closure sessions, reflective sessions, review of waiting list, tracking allocations, duty undertaking tasks to complete work.

Assessments and Waiting Lists

- A terminated assessment is where it is set to take place but did not. We examined the proportion of terminated assessments and reviews to address concerns around work being created in the system that should have never been created. The below chart shows the rate and shows an improved performance compared to last year as the rate of termination is decreasing.



- The top reason for termination (46.2% of all) is “Other – Please Provide Details below” which means it is likely this list doesn’t cover all the options to track this and is being revised so we can further analyse the causes to continue improvements.

Reviews

- Performance has improved for the proportion of long-term users reviewed compared to last year for Southampton, sitting above the median average of 61.7% for the SE ADASS network.

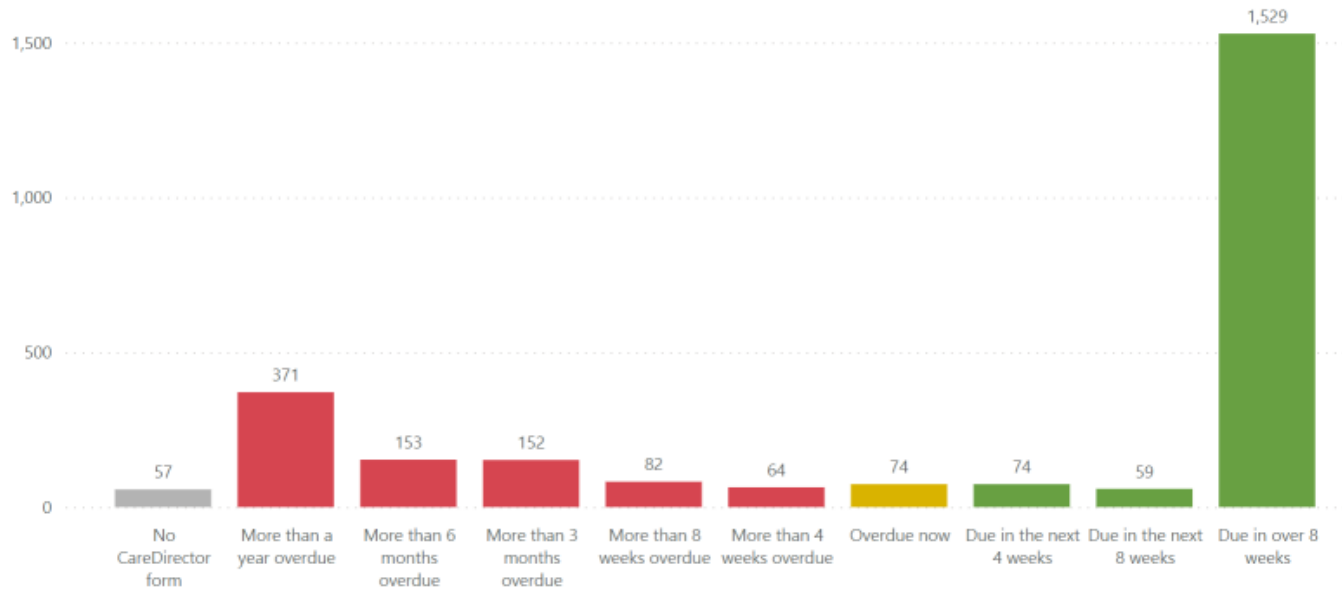


- 2021-22 Southampton have the 4th highest percentage of client reviews completed and are 4% above the comparator group average.

Reviews

- In order to meet our target of 90% reviews completed at least annually, there are still a number of outstanding overdue reviews that need to be addressed as shown below.

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- For those overdue for more than a year there is an action plan underway to prioritise these to get them completed.
- 153 Learning Disability Team reviews to be completed by end March 2024
- All direct payment reviews to be completed by end March 2024 to enable implementation of a new electronic payment method to support efficiency improvements in the delivery of direct payments.

Month-On-Month Measures

Measure	Description	Trend	Current Month	Previous Month	2 Months Ago	Target	RAG	DOT
1C(2a)	Proportion of people who use services who receive direct payments		13.00	13.26	13.20	26	●	▼
2A(1)-N	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes		9.00	9.00	8.00	15	●	►
2A(2)-N	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes		150.00	128.00	111.00	206	●	▲
ASST-2	Proportion of people with eligible long term services reviewed during the past 12 months		64.53	63.85	65.18	90	●	▲
CAA-Completed	Number of completed Care Act Assessments		128.00	98.00	158.00		●	▲
N5	Proportion of completed safeguarding enquiries where the Adult at Risk achieved their desired outcomes		37.50	33.33	50.00	65	●	▲
LOC13A	% of contacts with an outcome of Information, Advice and Guidance		30.20	25.77	24.05		●	▲
LOC13E	% of contacts with an outcome of Request for Telecare, Housing Adaptations Required or Reablement Intervention Required		9.68	10.56	10.50		●	▼
LOC13F	% of Contacts with an outcome of Care Act Assessment Required		8.10	8.85	12.22		●	▼
LOC20	Number of Care Act Assessments waiting and not yet allocated		370.00	400.00	388.00		●	▼
LOC21	Number of Care Act Assessments waiting and allocated to a worker		399.00	397.00	386.00		●	▲
LOC22	Average time to complete Care Act Assessment in days		106.59	116.49	136.93		●	▼
LOC23	Number of contacts interacted with by ASC Connect		1,046.00	946.00	1,116.00		●	▲
LOC24	Number of contacts added to CareDirector by the Contact Centre		610.00	515.00	545.00		●	▲
LOC25	Average time waiting for planned review		245.00	270.00	122.00		●	▼

Transformation

Transformation Programme

“Working together to build a sustainable future, working as one team, equipping our people, empowering residents and connecting our communities”

Key Principles:

- Good outcomes for people
- Person centred
- Good quality
- Maximising Co-production
- Performance focus
- Efficient and Effective operational pathways and services
- Generation of Savings

Key objectives:

1. Deliver a **sustainable**, financially viable ASC service
2. Deliver a redesigned **operating model** including structure, operations and processes
3. Improve **outcomes** for residents
4. Create a well-equipped, future-enabled **workforce**
5. Create clear **strategy** for ASC
6. Embed use of care **technologies**

Finance

Financial - Savings and Efficiencies (1) –

Savings approved at February 2023 budget setting :

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								2023/24 RAG Rating			
Directorate	Head of Service	Ref No	Description	Sum of 2023/24 £000	Sum of 2024/25 £000	Sum of 2025/26 £000	Sum of 2026/27 £000	Full Saving to be achieved	There is a risk that up to 25% will not be achieved but there are plans in place to achieve the rest.	There is a large risk that more than 25% of the target will not be achieved.	The saving will not be achieved.
Wellbeing & Housing	Adult Social Care	23S92	ASC - CHC/s117 Review	-100	-150	-150	-150	-100			
		23S95	ASC - Home first/Maintain at home	-134	-473	-473	-473	-134			
		23S97	ASC - This relates to the posts associated with the budget pressures for staffing applied in February 2021 and February 2022	-850	-850	-850	-850	-850			
	Adult Social Care Total			-1,084	-1,473	-1,473	-1,473				
	Public Health	23S98	PH - Funding Public Health activities within the Council	-500	-500	-500	-500	-500			
Public Health Total			-500	-500	-500	-500					
Savings approved in 2022/23											
Directorate	Head of Service	Ref No	Description	Sum of 2023/24 £000	Sum of 2024/25 £000	Sum of 2025/26 £000	Sum of 2026/27 £000				
Wellbeing & Housing		22S40	Adult Social Care - Contract Reviews	-1,044	-1,044	-1,044	-1,044	-1,044			
Wellbeing & Housing Total				-1,044	-1,044	-1,044	-1,044				
Overall savings target				-2,628	-3,017	-3,017	-3,017				

Financial - Savings and Efficiencies (2)

Additional Savings achieved since February 2023 budget setting and/or currently being worked on :

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Budget Issues Log No.	Description	Savings Achievability RAG	2023/24 £000	2024/25 £000	2025/26 £000
259	Savings arising from negotiations on inflationary uplift applied to care provision costs	G	-1,380	-1,380	-1,380
407	Wellbeing & Housing agency review	G	-200	-200	-200
415	Additional Government funding to meet Adult Social Care cost pressures (Market Sustainability Grant)	G	-1,687	-947	0
	TOTAL		-3,267	-2,527	-1,580

Note – the above savings have been approved through the July and October budget reports. Significant further savings are being worked on with a view to be added to future budget papers.

Financial - Savings and Efficiencies (3)

Further work updates :

- The high cost/complexity tracker work is continuing, with Service Managers received month 7 listing, following on from the work carried out since month 3.
- Per previous sheet, additional savings continue to be found, plus work is continuing around plans for further later years' savings.
- Monitoring continuing to take place each month on the financial position and being fed back as part of the ongoing financial reporting process.
- Overall Council position remains under close scrutiny, further updates expected within the next couple of months.
- Budget work for 24/25 is continuing ahead of the February 2024 report. This is being carried out as part of the current year financial position work.

Financial - Current financial position –

Scorecard month 6

Adult Social Care and ICU only :

Adults & ICU BUDGET MONITORING MONTH 6 (September)

Page 41 Service Area	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 6	Variance P5	Variance Movement Compared to P5	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement
	£M	£M	£M	£M	£M		
Adults - Adult Services Management	1.16	1.16	0.00	0.06 A	0.06 F	Green	↑
Adults - Long Term	45.14	48.68	3.54 A	3.25 A	0.30 A	Red	↓
Adults - Provider Services	4.46	4.48	0.01 A	0.14 A	0.12 F	Red	↑
Adults - Reablement & Hospital Discharge	8.80	8.60	0.20 F	0.15 F	0.05 F	Green	↑
Adults - Safeguarding AMH & OOH	14.02	14.26	0.24 A	0.31 A	0.07 F	Red	↑
ICU - Provider Relationships	14.97	15.11	0.14 A	0.37 A	0.23 F	Red	↑
ICU - System Redesign	1.64	1.74	0.10 A	0.10 A	0.00	Red	-
Total Wellbeing & Housing	90.19	94.03	3.84 A	4.08 A	0.24 F	Red	↑

CQC Self Assessment

CQC Action Plan

Strategy and Policy

- Adult social care strategy
- Workforce development plan
- Charging policy

Practice and Process

- Safeguarding peer review
- DoLs action plan to improve performance
- IAG improvements, training for practitioners and external stakeholders in January
- Carers support improvements
- Performance dashboard developed, Improvement Group
- Practice quality assurance – audits, operational procedures developed and in place, care act training implemented
- Direct payments project

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL	
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS	
DATE OF DECISION:		30 NOVEMBER 2023	
REPORT OF:		SCRUTINY MANAGER	
<u>CONTACT DETAILS</u>			
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			
<u>Capital/Revenue</u>			

5.	None.
<u>Property/Other</u>	
6.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Monitoring Scrutiny Recommendations – 30 November 2023
2.	Southampton HOSP response to OPMH proposals
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 – 30 November 2023

Date	Title	Action proposed	Action Taken	Progress Status
19/10/23	OPMH services – Update following engagement	1) That the Panel’s response to the proposals to redesign inpatient older persons mental health services is sent to Southern Health NHS Foundation Trust by the end of week commencing 23 rd October.	Response attached as Appendix 2	Completed
19/10/23	Planning for winter pressures	1) That UHS and the City Council continue to work together to improve performance with regards to delayed discharge and provide a progress report to the Panel in the new year.	Agreed	
		2) That, to enable ongoing oversight, the performance report that is presented at each meeting of the UHS Trust Board is circulated to the Panel.	Agreed	
19/10/23	Dentistry commissioning	1) That, if available, data is provided to the Panel on children accessing NHS dentistry in Southampton.	<p>SCC do not hold data on the number of children accessing NHS Dentistry.</p> <p>However, for information, the NHS website includes NHS Dentists in Southampton and can be filtered according to whether or not they are accepting children. See Dentists near Southampton - NHS (www.nhs.uk)</p>	
		2) That support is provided to primary schools to encourage better oral health practises in Southampton.	Our contract with NHS Solent includes some element of support for schools and early years setting – largely supporting organisations signed up to the Healthy Early Years Award (HEYA) or Healthy High 5 (HH5). The NHS Solent Monitoring Report for Jan 2022-Jan 2023 describes their activities to support supervised brushing in 28 early years settings (25 pre-schools and 3 childminders). In Jan 2023 they reported 887 children were brushing daily at these settings. Other activities include loaning out resources (e.g. puppets, models, photos) to pre-schools and schools, delivering oral health	

Date	Title	Action proposed	Action Taken	Progress Status
			training plus how to refer children into Special Care Dental Service to Foster Carers, Health Visitors, Public Health Nurses (school nurses), Learning Disability teams, Speech and language (SALT).	
		3) That the Administration seeks clarification from the Government with regards to the current policy position relating to water fluoridation and the processes that would need to be followed to enact this measure.	<p>Advice from Consultant in Dental Public Health at NHS England – South East:</p> <p>To move forward, a consensus from elected members is needed on whether they are in favour of introducing the water fluoridation scheme which was consulted on in 2008. That scheme would have gone ahead had SCC not voted against it a few years later after concerted pressure from anti-fluoridation groups. At the time of the consultation, they voted in favour by a significant margin with cross-party support.</p> <p>If there is consensus from Council, then SCC should write to SoS and make the request, mentioning the previous consultation and the work which was done at the time. The next steps would then depend on the response.</p> <p>SCC should also get support from the HIOW ICB and other local stakeholders including patient groups such as Healthwatch, local medical leaders etc. The more the local support, the stronger the case.</p> <p>It may be useful to contact Northumberland where they are planning to extend an existing scheme in the NE and have been having meetings with public attending.</p>	
		4) That it be noted that, as a catalyst to improving dental health outcomes in the city, the Southampton Health Overview and Scrutiny Panel supports calls to reform the existing NHS Dental Contract.		

Councillor Warwick Payne
C/O Mark Pirnie, Democratic Services
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Southampton
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Date: 27 October 2023

Ron Shields
Chief Executive
Southern Health NHS Foundation Trust

Email sent to: ron.shields@southernhealth.nhs.uk

Dear Ron,

Proposals to redesign inpatient Older Persons Mental Health (OPMH) Services

The Southampton Health Overview and Scrutiny Panel welcomes the opportunity to formally respond to the proposals to redesign inpatient OPMH services, particularly those relating to Western Community Hospital in Southampton.

At the June and October meetings in which the proposals have been considered, the Panel have expressed concerns about the loss of the organic dementia ward from the city, recognising the value of the amenity and the expected increase in demand for dementia services moving forward.

The Panel recognises that the service is specialist and operates on a wider footprint than just a city-level and that Southern Health needs to ensure that the most appropriate inpatient older people's mental health services are provided to support the whole population of Hampshire.

We are encouraged by the planned upgrade of the facilities at Western Community Hospital to meet the needs of older people with a functional illness. This will better support patients with these needs for which we understand there is greater demand within the city.

The Panel also understands that, due to the recent refurbishment of organic dementia wards at both Parklands Hospital in Basingstoke and Gosport War Memorial Hospital, Southampton residents with organic mental health needs requiring an inpatient stay could receive an improved experience from that currently offered within Beaulieu Ward if the proposals are implemented.

You will understand that we have significant concerns about the distance from Southampton of these two units, and the logistical problems that would be faced by patients and their loved ones in accessing services that are a long way from home, especially if dependent on public transport, for example the fact that Gosport has no railway station.

The Panel welcomes the transport support committed to by Southern Health at the October meeting, whereby Southampton residents who have caring responsibilities for a patient who has been admitted to either Parklands Hospital or Gosport War Memorial Hospital's dementia inpatient wards will be entitled to support, on a case-by-case basis, tailored to their needs. However, it is important to stress that the Panel feels it is vital this support continues for as long as in-patient services of this type are not provided in Southampton. If the support were to be withdrawn, the Panel would be obliged to scrutinise such a move, given its impact in the city, requiring the matter to come back for a further hearing.

PTO

You will also recall our concerns that based on predicted growth in dementia prevalence across Hampshire, it is possible that demand for inpatient organic dementia beds will exceed capacity in the future if only two wards are available. If that scenario materialises, and an additional ward is required, the Panel fully expects the Trust, or its successor, to provide the additional ward within Southampton, which would be particularly beneficial in providing closer services for patients in the city, along with those in Eastleigh, the New Forest, and the southern parishes of Winchester and the Test Valley.

I would like to express thanks for your attendance at the meetings to discuss the proposals and the additional engagement that was undertaken at our request. It has addressed some of our concerns and the Panel does not intend to scrutinise the proposals any further at this stage, but we may choose to review the implementation and the impact of the proposals at a future meeting, especially if the transport support which has been promised does not prove to meet the expectations and needs of patients and their loved ones.

In conclusion, we are happy to keep working with the Trust to ensure steps are being taken to improve outcomes along with the patient experience and quality of services. I believe we share a combined goal to ensure Southampton residents receive the best care possible, and we want to be part of that journey with you going forward.

Yours sincerely

A handwritten signature in black ink, appearing to read 'W. Payne', with a stylized flourish underneath.

Cllr Warwick Payne
Chair of the Health Overview and Scrutiny Panel
Southampton City Council