

Health Overview and Scrutiny Panel

Thursday, 25th April, 2024
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

Members

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

Contacts

Emily Goodwin
Democratic Support Officer
Tel: 023 8083 2302
Email: emily.goodwin@southampton.gov.uk

Mark Pirnie
Scrutiny Manager
Tel: 023 8083 3886
Email: mark.pirnie@southampton.gov.uk

PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.

Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.

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

PUBLIC REPRESENTATIONS

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

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

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

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

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

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

RULES OF PROCEDURE

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

QUORUM

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

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

OTHER INTERESTS

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

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

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

PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

DATES OF MEETINGS: MUNICIPAL YEAR

2023	2024
29 June	8 February
17 August	4 April moved to 25 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 8 February 2024 and to deal with any matters arising, attached.

7 COMMUNITY WELLBEING - PERFORMANCE AND TRANSFORMATION (Pages 5 - 38)

Report of the Scrutiny Manager recommending that the Panel challenge and consider the appended information relating to the performance of Community Wellbeing services, transformation, hospital discharge and financial savings.

8 MONITORING SCRUTINY RECOMMENDATIONS (Pages 39 - 42)

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

Public Document Pack Agenda Item 6

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 8 FEBRUARY 2024

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

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

The Panel noted the resignation of Councillor Finn due to being appointed as Cabinet Member for Adults and Health, and the appointment of Councillor Cox in place thereof in accordance with the provisions of Council Procedure Rule 4.3.

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

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

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

Councillor Noon declared that he worked in Adult Social Care.

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

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

28. **STATEMENT FROM THE CHAIR**

The Chair noted that Harry Diamond had retired as Chair of Healthwatch Southampton and expressed thank for his contribution to the city through his work with Healthwatch and St John's Ambulance.

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

RESOLVED: that the minutes for the Panel meeting on 30 November 2023 be approved and signed as a correct record.

30. **PRIMARY CARE UPDATE**

The Panel considered the report of the NHS Hampshire and Isle of Wight Integrated Care Board which provided an update on primary care services in Southampton.

Josie Teather-Lovejoy, Deputy Director for Primary Care in Southampton, Hampshire & Isle of Wight (HIOW) Integrated Care Board (ICB); Dr Sarah Young, Clinical Lead for

Southampton, HIOW ICB; and Jo Hannigan, Patient Involvement were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The Additional Roles Reimbursement Scheme (ARRS) had reduced the need for referrals and improved access to specialist support and the funding would be baselined through a national contract.
- The total number of appointments that had been delivered had increased, though this did not make waiting areas busy as more appointments were being delivered across more sites or by telephone or by email.
- More GP surgeries had elected to merge to improve resilience and the range of services available to patients.
- There had not been any cases of Measles in the city however the MMR vaccination uptake rate in the city was below the 95% rate needed for herd immunity.

RESOLVED That a short briefing paper would be provided to the Panel on MMR vaccination rates across Southampton and the steps being taken to increase uptake to levels at which community immunity becomes effective.

31. **CONSULTATION ON PROPOSED CHANGES TO ACUTE HOSPITAL SERVICES IN HAMPSHIRE**

The Panel considered the report of the Scrutiny Manager which outlined proposals for changes to services provided by Hampshire Hospitals NHS Foundation Trust (HHFT).

Jo Teape, Chief Operating Officer, University Hospital Southampton; Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust (HHFT); Shirlene Oh, Chief Strategy Officer & Population Health Officer, HHFT; Isobel Wroe, Transformation Director, Hampshire & Isle of Wight (HIOW) Integrated Care Board (ICB); Lara Alloway, Chief Medical Officer, HIOW ICB; Amanda Kelly, Healthwatch Southampton; and Councillor Finn, 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:

- The Emergency Department at University Hospital Southampton served a large population, wider than just those who were resident in Southampton. Decisions on where to take patients for emergency care were based on a number of factors, patients are not always admitted to the nearest hospital. The number of critical cases that were currently transported to the Emergency Department at Winchester Hospital was relatively low.
- The proposals included providing an urgent treatment centre at Winchester, managing waiting lists for common procedures by offering patients treatment at different hospitals, refurbishment of Winchester Hospital and opening a new hospital in 2032.
- As part of the New Hospitals Programme the national team manage the funding, the risks, the contractors and suppliers. The new hospital will have a target to deliver a net zero carbon footprint.

RESOLVED that, whilst recognising the process to be followed prior to agreement of the chosen approach, the Panel would be provided with the outline timetable and key milestones for the development of the preferred option identified in the consultation.

32. **MONITORING SCRUTINY RECOMMENDATIONS**

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

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Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	COMMUNITY WELLBEING - PERFORMANCE AND TRANSFORMATION
DATE OF DECISION:	25 APRIL 2024
REPORT OF:	SCRUTINY MANAGER

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director – Enabling Services	
	Name:	Mel Creighton	Tel: 023 8083 3528
	E-mail	Mel.creighton@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
At the request of the Chair, the Executive Director – Community Wellbeing has, provided the Panel with an update on the performance of Southampton City Council’s newly named Community Wellbeing Directorate, the current financial position of the service and the service transformation programme. This information is attached as Appendix 1.	
RECOMMENDATIONS:	
	(i) That the Panel consider and challenge the appended information from the Executive Director – Community Wellbeing.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to scrutinise the performance of Southampton City Council’s Community Wellbeing 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 Community Wellbeing Services • The service transformation programme • Financial savings and efficiencies • Hospital discharge
4.	The Panel are requested to use the appended information to scrutinise the Cabinet Member for Adults and Health and the invited officers who will be in attendance.

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

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Community Wellbeing - 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

Community Wellbeing HOSP

25th April 2024

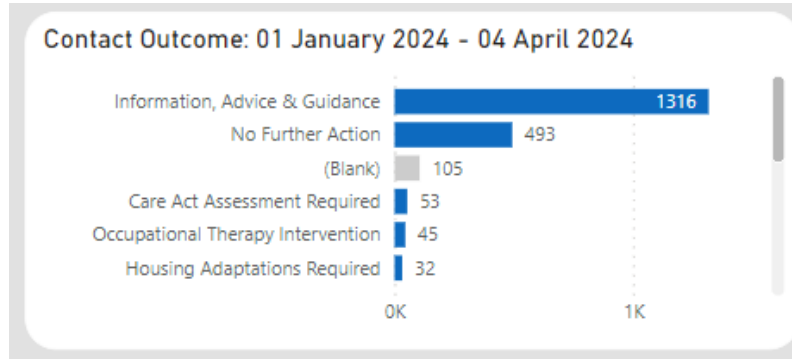
Performance

KPI summary and Trend analysis

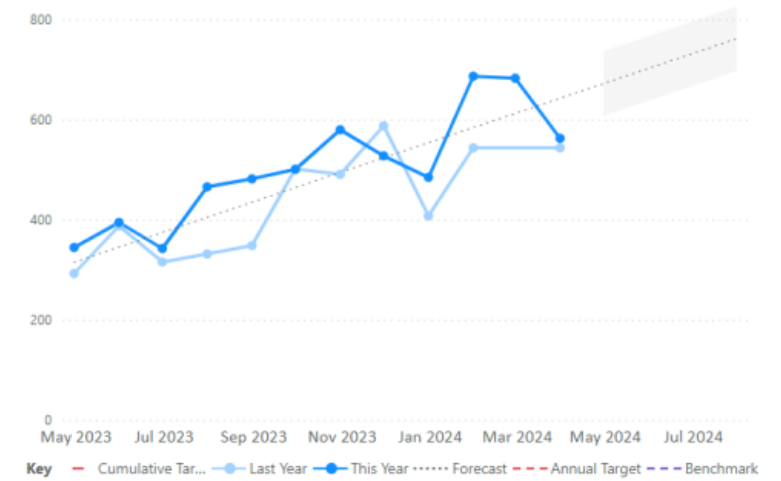
Contact Centre

Demand has increased with the Contact Centre receiving and resolving more contacts, 85% are resolved most with outcomes of advice or no further action in the last quarter.

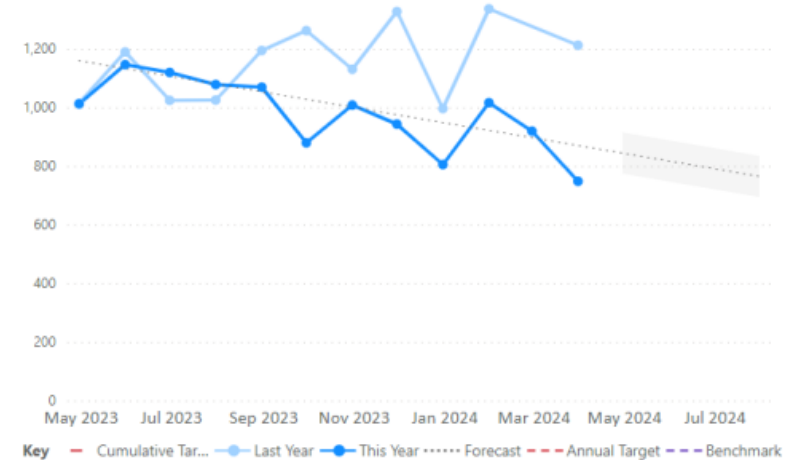
A restructure of adult social care underway and to be implemented in September 2024 will strengthen the ASC Connect Team to improve response times and outcomes for residents.



Number of contacts created by the Contact Centre team



Number of contacts created by or received by ASC Connect team (including those created by Contact Centre team)

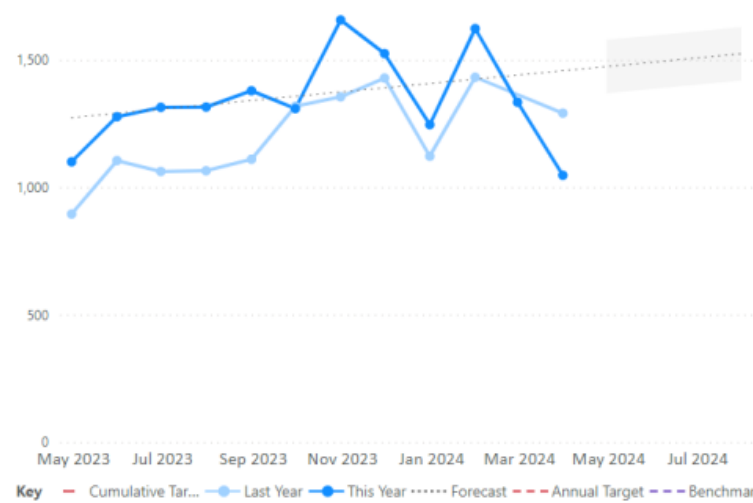


New Requests

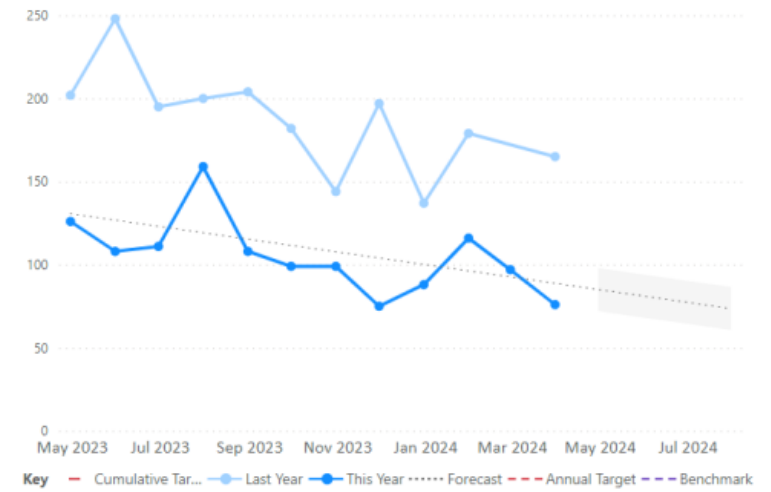
There is an overall increase in requests for care, but proportionally an increase in outcomes of information, advice and guidance and reduction in care act assessment required. This will be further improved as reablement is now provided when it appears that care is required.

The number of safeguarding concerns is reducing as adult social care has worked with the police and is working with University Hospital Southampton and South-Central Ambulance Service to improve understanding of safeguarding and reduce the 90% of unnecessary safeguarding referrals.

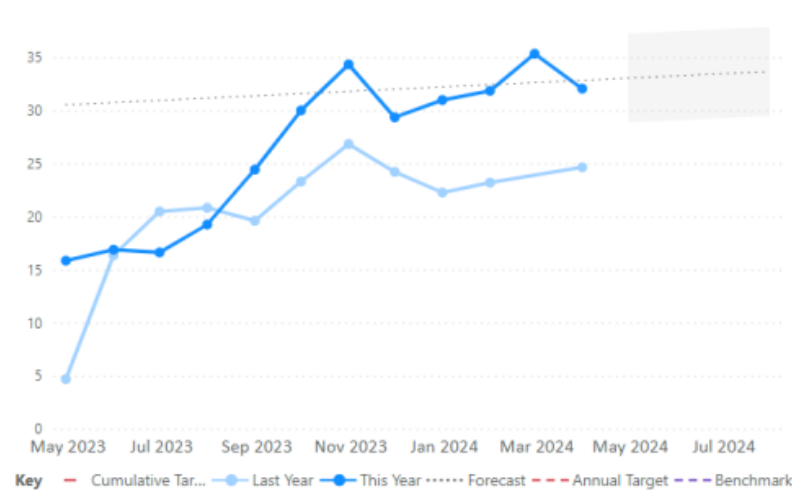
Number of new requests for care



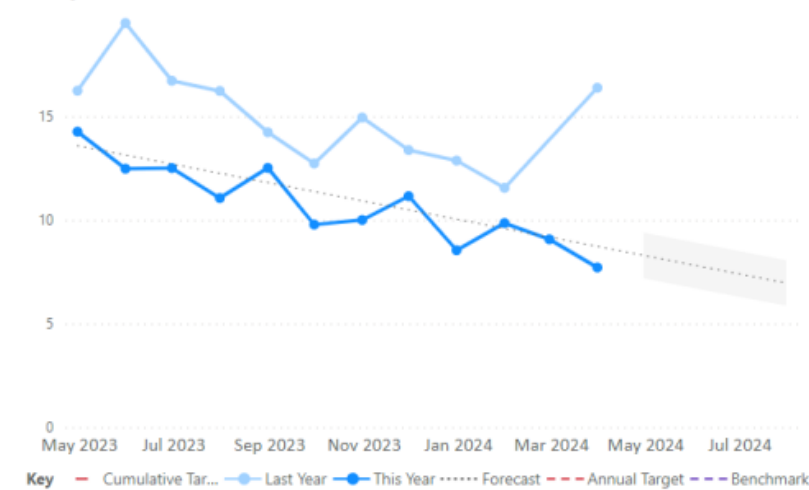
Total number of safeguarding concerns



% of contacts with an outcome of Information, Advice and Guidance



% of contacts with an outcome of Care Act Assessment Required

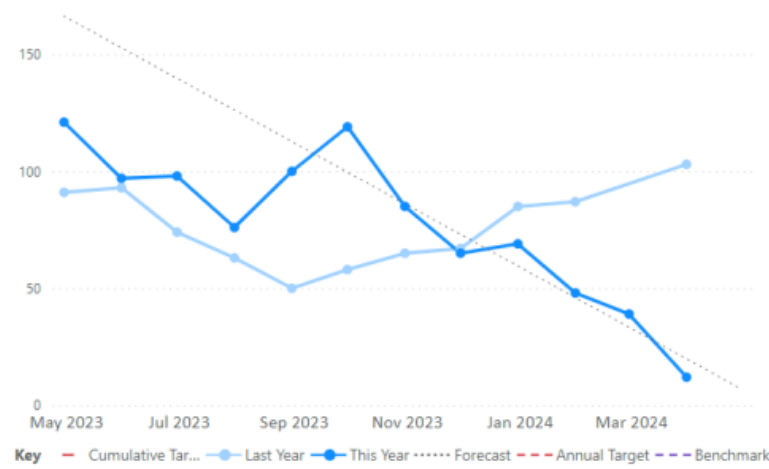


Care Act Assessments

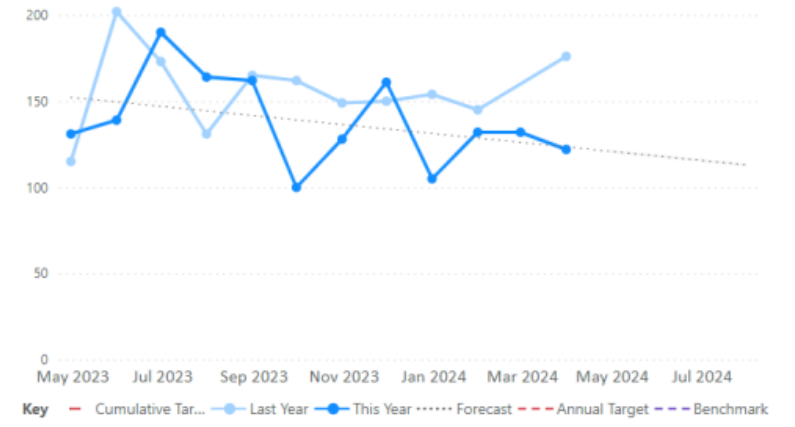
The timeliness of Care Act assessment allocation is improving, the restructure of adult social care will improve process and practice to further improve timeliness of allocation and completion.

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

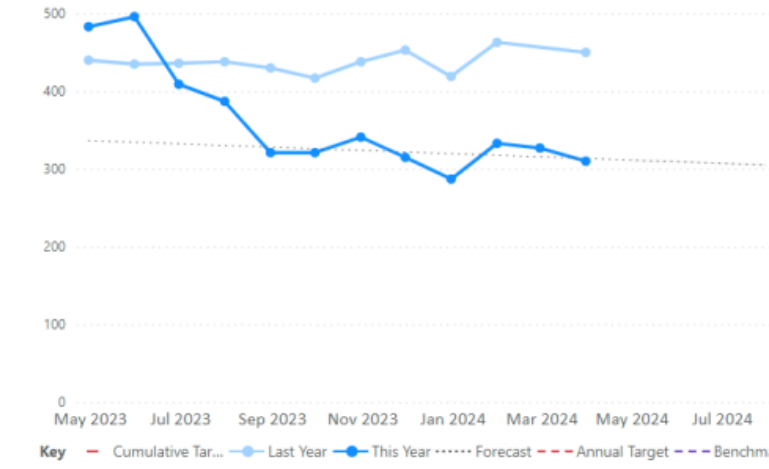
Number of new Care Act Assessment forms waiting to be allocated



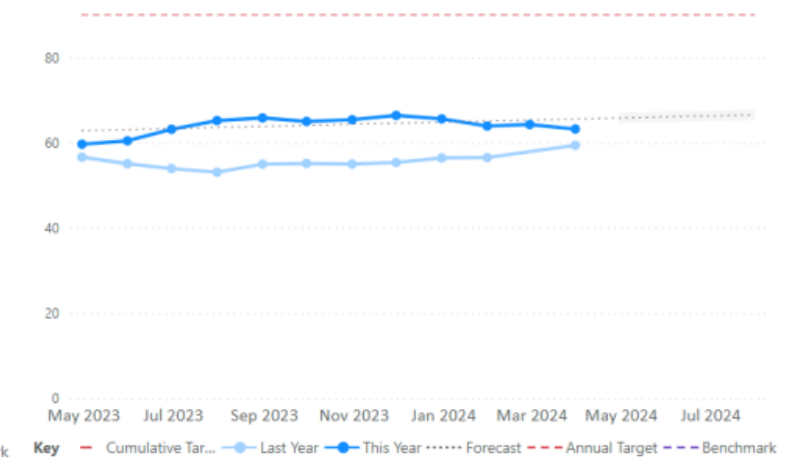
Number of new Care Act Assessments completed in the month (excludes terminated assessments and unplanned or planned reviews)



Number of new Care Act Assessment forms waiting and allocated to a worker



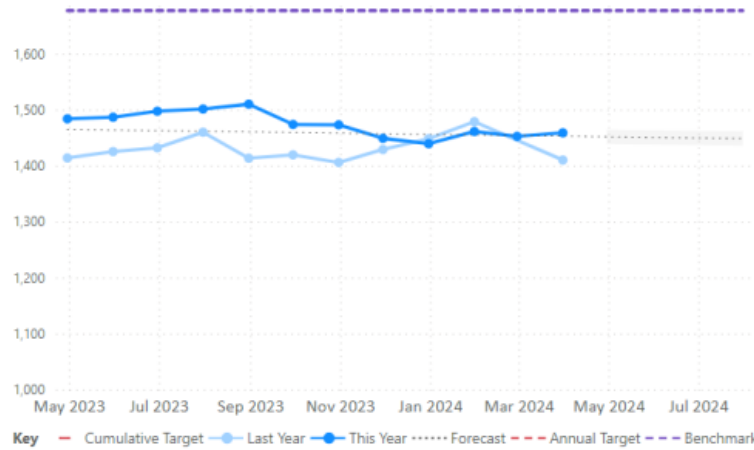
Percentage of people receiving Long Term services who have been assessed / reviewed in the last 12 months



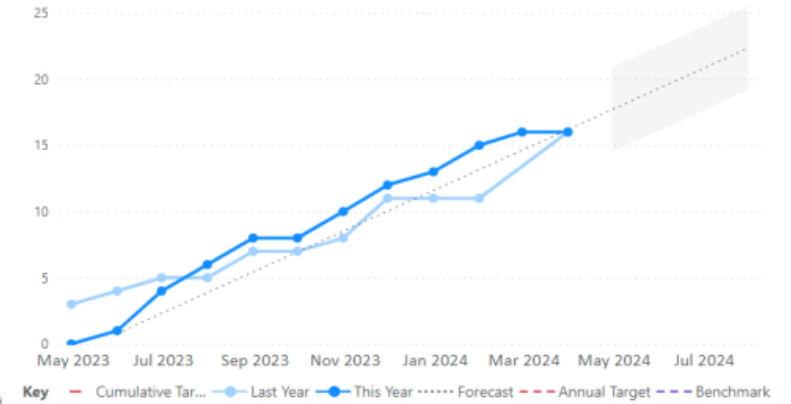
Placements - Residential

There is a slight increase in the number of people in residential care, all have been subject to rigorous management oversight to ensure that all other options have been considered. Development of assistive technology options and in the longer term an increase in extra care sheltered care provision will be key to supporting people to remain in their own homes longer in future and prevent or delay the need for residential care.

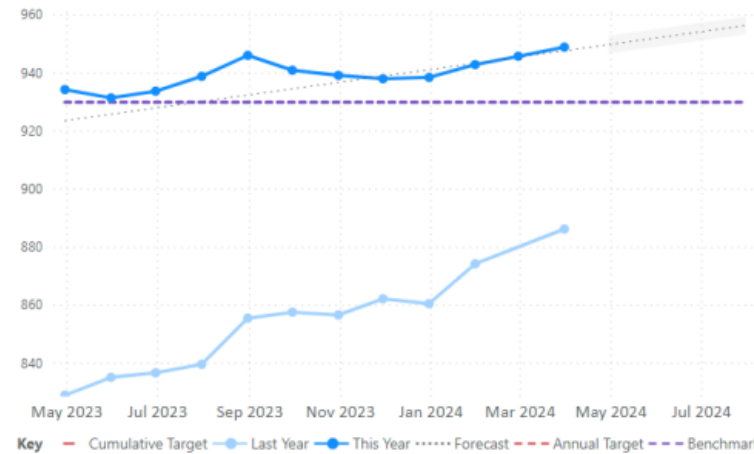
Average cost per week of Long Term Residential for 18-64 year olds



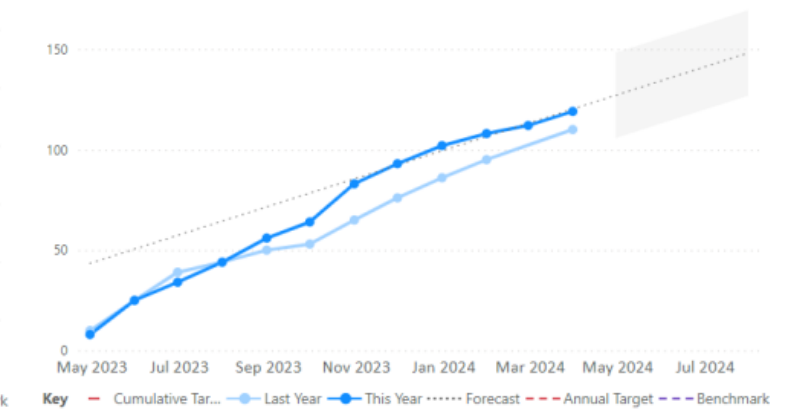
Cumulative number of younger adults (aged 18-64) whose long-term support needs are met by admissions to residential care homes ONLY



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



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

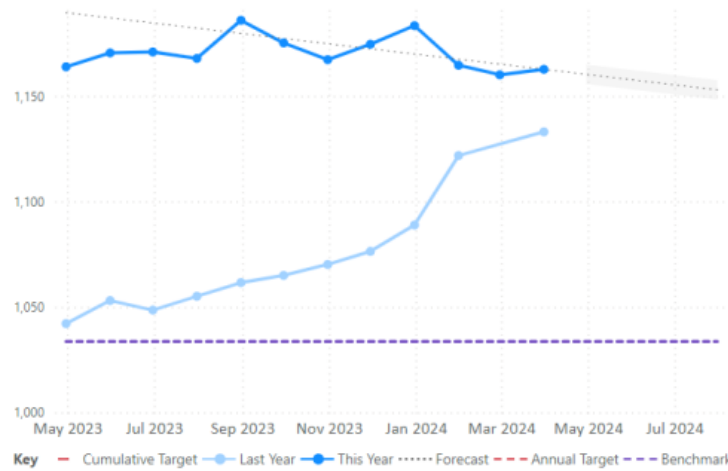


Placements - Nursing

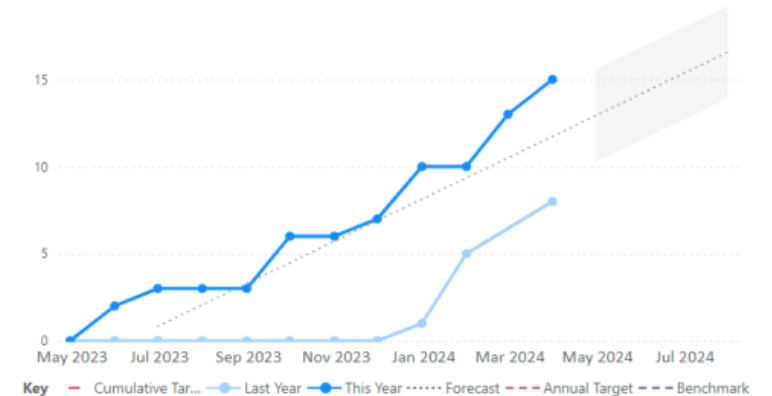
The increasing number of people going into nursing care is reflective of an increasing number of people with multiple and complex health conditions in people under and over 65.

30 people moved from residential to nursing care in the financial year 23-24 (3 under 65) as their health condition deteriorated.

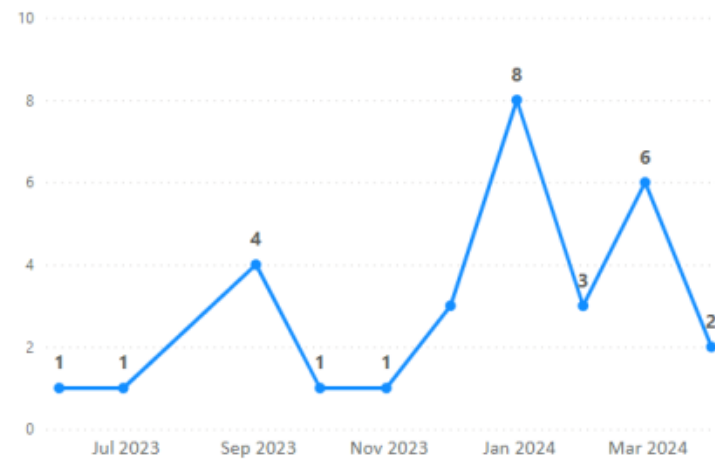
Average cost per week of Long Term Nursing



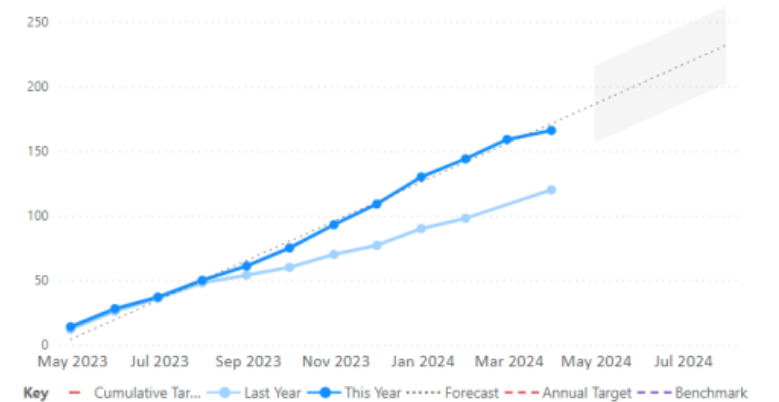
Cumulative number of younger adults (aged 18-64) whose long-term support needs are met by admissions to nursing care homes ONLY



Total people moving from residential to nursing care



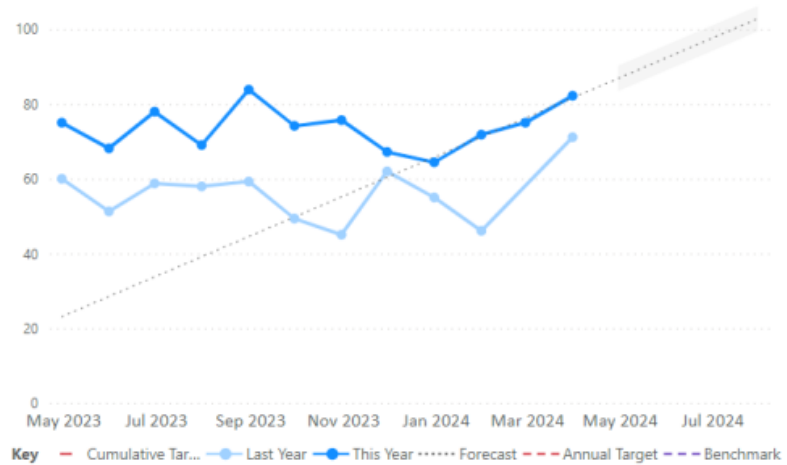
Cumulative number of older adults (aged 65 and over) whose long-term support needs are met by admissions to nursing care homes ONLY



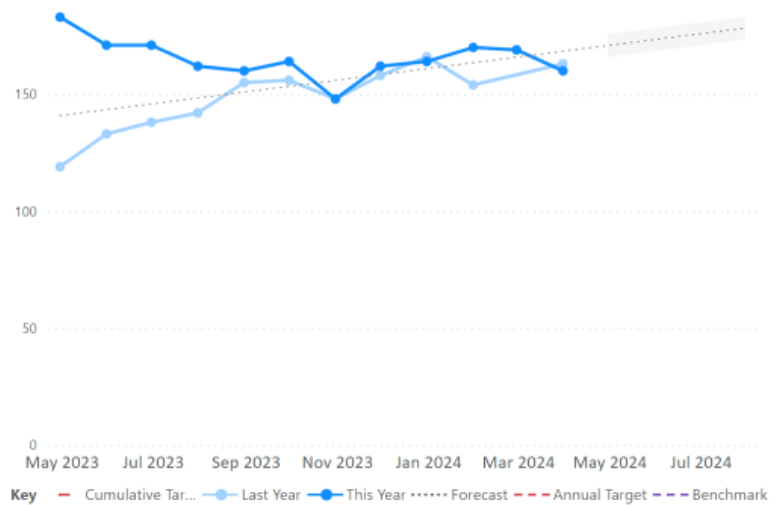
Reablement

Reablement criteria were introduced at the end of February 2024 to ensure that the service is targeted at improving independence and moving from a focus on hospital discharge to prevention of admission and maintaining people in their own homes. This is reflected in improving the already good performance in the number of people exiting with a decrease or no ongoing care. The number of people receiving reablement will increase as this model is further embedded. Occupational Therapy leadership will be implemented to further improve performance and outcomes for people.

Percentage of people exiting reablement with a decrease or no ongoing care



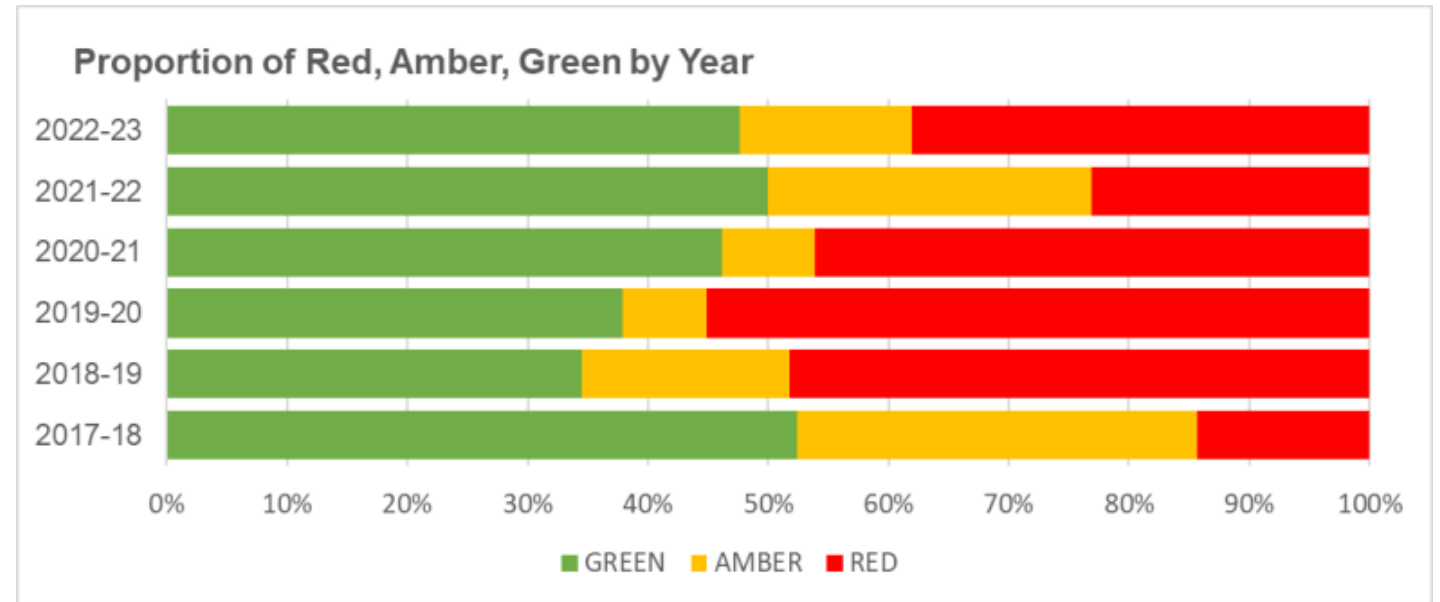
Number of people receiving reablement



2022-2023 ASCOF Results Highlights

- The proportion of GREEN outcome ASCOF measures has been maintained overall.
- 2B(2) at 5.2% is significantly higher than last year (4.4%) and both England (2.9%) and South East (2.6%) Benchmarks.
- 1B maintained steady performance at 77.1% which is in line with benchmarks.
- 2A(1) (14.1) was lower than the England (14.6) and South East (15.4) results.
- For 2023-2024 the ASCOF measures will be significantly changing where SALT is replaced with the new statutory return Client Level Dataset (CLD), this is detailed further on in this report.

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2B(2) Proportion of Older people (65+) who were discharged from hospital into reablement and rehabilitation services (offered the service)

1B Proportion of people who use services who have control over their daily life

2A(1) Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population

2022-2023 ASCOF All Results (Green)

Below are the ASCOF measure results rated as Green.

ASCOF ID	New ASCOF ID	Description	Polarity	SCC 22-23	England 22-23	South East 22-23	SCC 21-22	RAG
1B	3A	Proportion of people who use services who have control over their daily life	UP	77.1	77.2	76.8	79.0	●
1C(1B)	dropped for 23-24	Carers receiving self-direct support	UP	100	89.3	98.9	100	●
1C(2B)	3D	Carers receiving direct payments	UP	100	76.8	91.9	100	●
1F	dropped for 23-24	Proportion of adults in contact with secondary mental health services in paid employment	UP	6	6	8	5	●
1G	2E	Proportion of adults with learning disabilities who live in their own home or with their family	UP	81.9	80.5	78.3	81.9	●
1H	dropped for 23-24	Proportion of adults in contact with secondary mental health services living independently, with or without support	UP	32	22	24	28	●
2A(1)	2B	Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population	DOWN	14.1	14.6	15.4	12.0	●
2B(2)	2D	Proportion of Older people (65+) who were discharged from hospital into reablement and rehabilitation services (offered the service)	UP	5.2	2.9	2.6	4.4	●
3D1	3C	The proportion of people who use services who find it easy to find information about services	UP	65.7	67.2	68.1	64.5	●
4B	dropped for 23-24	Proportion of people who use services who say that those services have made them feel safe and secure	UP	87.7	87.1	86.9	88.4	●

22-2023 ASCOF All Results (Amber, Red)

Below are the ASCOF measure results rated as Amber or Red.

ASCOF ID	New ASCOF ID	Description	Polarity	SCC 22-23	England 22-23	South East 22-23	SCC 21-22	RAG
1E	dropped for 23-24	Proportion of adults with learning disabilities in paid employment	UP	4.1	4.8	6.6	3.1	●
1J	1B	Adjusted Social care-related quality of life-impact of Adult Social Care Services	UP	0.388	0.411	0.417	0.38	●
4A	4A	Proportion of people who use services who feel safe	UP	68.2	69.7	70.4	67.8	●
1A	1A	Social care-related quality of life	UP	18.3	19	19.2	18.9	●
1C(1a)	dropped for 23-24	Adults receiving self-directed support (service users only)	UP	87.6	93.5	94.2	93.1	●
1C(2a)	3D	Adults receiving direct payments (service users only)	UP	13.6	26.2	25.9	14.3	●
1I(1)	5A	The proportion of people who use services who reported that they have as much social contact as they would like	UP	39.2	44.4	45.2	39.6	●
2A(2)	2C	Permanent admissions of older people (aged 65 or over) to residential and nursing care homes, per 100,000 population	DOWN	662.9	560.8	556.9	645	●
2B(1)	2D	Proportion of Older people (65+) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services (effectiveness of the service)	UP	74.1	82.3	78.6	75.2	●
2D	2A	The outcome of short-term services: sequel to service	UP	73.2	77.5	77.7	84.7	●
3A	1D	Overall satisfaction of people who use services with their care and support	UP	60.8	64.4	64.6	66.6	●

ASCOF Measures expected for 2023-2024

Prior Code	New Code	Description	Source	Notes
Objective 1: Quality of Life				
1A	1A	<i>Quality of life of people who use services</i>	ASCS	
1J	1B	<i>Quality of life of people who use services – adjusted to account only for the additional impact of local-authority funded social care on quality of life, removing non-service related factors (underlying health and care needs, gender, and so on)</i>	ASCS	New methodology
1D	1C	<i>Quality of life of carers</i>	SACE	
3A	1D	<i>Overall satisfaction of people who use services with their care and support</i>	ASCS	
3B	1E	<i>Overall satisfaction of carers with social services (for them and for the person they care for)</i>	SACE	
Objective 2: Independence				
2D	2A	<i>The proportion of people who received short-term services during the year – who previously were not receiving services – where no further request was made for ongoing support</i>	CLD	
2A(1)	2B	<i>The number of adults aged 18 to 64 whose long-term support needs are met by admission to residential and nursing care homes (per 100,000)</i>	CLD & ONS	
2A(2)	2C	<i>The number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes (per 100,000)</i>	CLD & ONS	
2B	2D	<i>The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital</i>	CLD	Experimental
1G	2E	<i>The proportion of people who receive long-term support who are enabled to live in their home or with their family</i>	CLD	

ASCOF Measures expected for 2023-2024

Prior Code	New Code	Description	Source	Notes
Objective 3: Empowerment – Information and Advice				
1B	3A	<i>The proportion of people who use services who report having control over their daily life</i>	ASCS	
3C	3B	<i>The proportion of carers who reported that they have been involved in discussions about the person they care for</i>	SACE	
3D1 & 3D2	3C	<i>The proportion of people and carers who use services who have found it easy to find information about services and/or support</i>	SACE & ASCS	
1C	3D	<i>The proportion of people who use services who receive direct payments (split by age: aged 18 to 64; aged 65+)</i>	CLD	Previously 2 measures
Objective 4: Safety				
4A	4A	<i>The proportion of people who use services who feel safe</i>	ASCS	
	4B	<i>The proportion of section 42 safeguarding enquiries where a risk was identified and the reported outcome was that this risk was reduced or removed</i>	SAC	
Objective 5: Social Connections				
1I	5A	<i>The proportion of people who use services who reported that they had as much social contact as they would like</i>	ASCS	
Objective 6: Continuity and Quality of Care				
6A	6A	<i>The proportion of staff in the formal workforce leaving their role in the past 12 months</i>	ASC-WDS	New workforce employee survey from July 2023
6B	6B	<i>The percentage of adult social care providers rated good or outstanding by the Care Quality Commission</i>	CQC	

Commissioning Performance

March 2024

Social Care Provider Quality



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



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

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

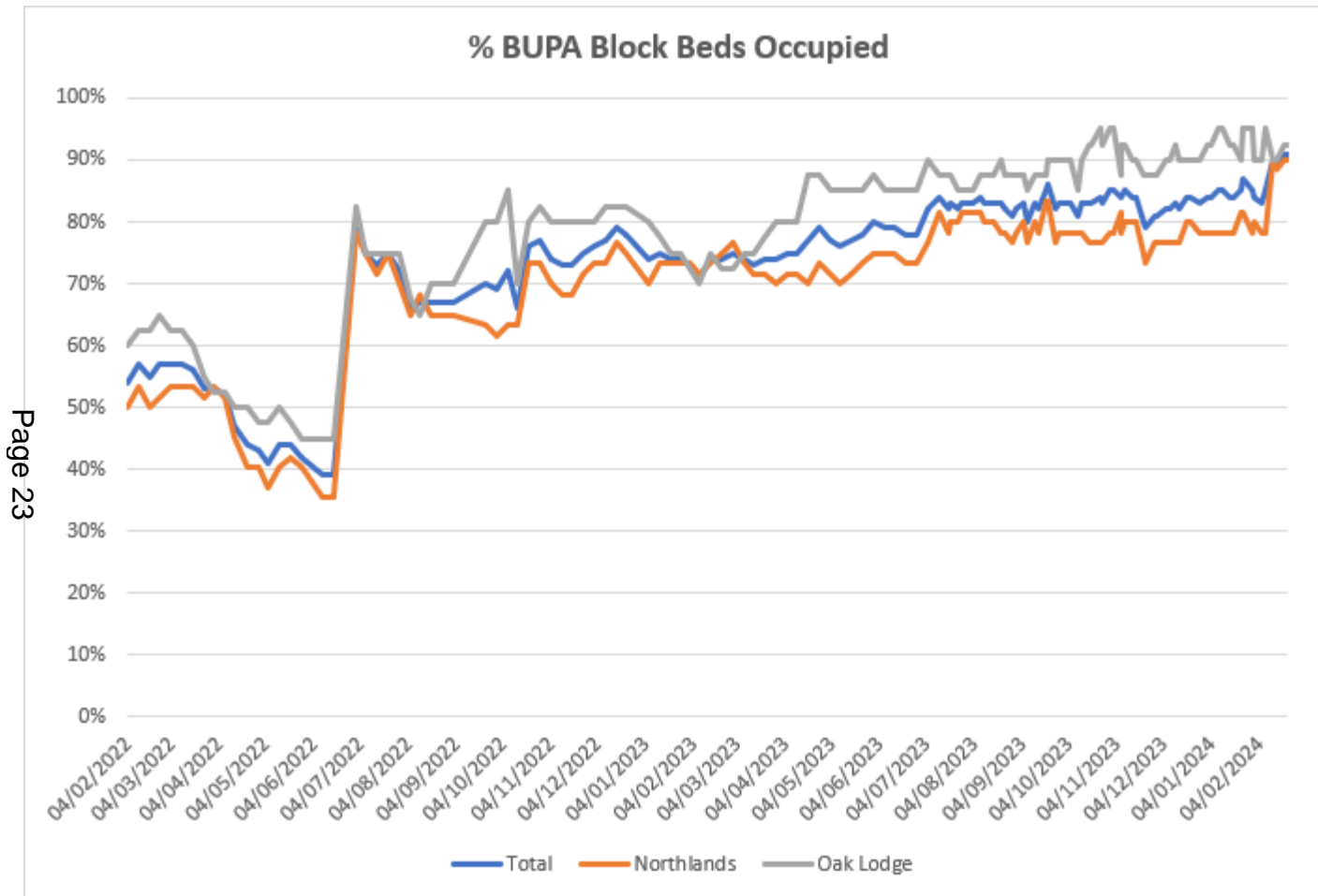


43 Home Care providers, including Extra Care **90%** rated Good or above by CQC (slight improvement)

Care (nursing, residential, home care)

- Southampton has 78.1% of Nursing and Residential Care rated as Good or above. This is similar or slightly lower than the local, regional and national averages (82.1%, 79.3% and 78.5%, respectively). Due to the relatively small numbers of providers in Southampton, a single provider downgrading to Requires Improvement has a disproportionate impact on percentage changes.
- At present, Southampton has an above average proportion of providers rated as Requires Improvement but a lower proportion rated as Inadequate.
- The Care Quality Commission have changed the way they assess providers. Where a provider has previously been rated Requires Improvement but there are no ongoing quality concerns (i.e., the provider has completed their improvement actions, and the Integrated Commissioning Unit has been working closely with the provider to monitor) they are no longer a priority for reinspection. This means that most of the providers in Southampton rated as Requires Improvement no longer have active quality concerns affecting their service.
- No residential homes have received a negative rating within the last nine months with the exception of one home which subsequently closed.
- On average, Southampton Nursing and Residential Homes are waiting 16 months for a re-assessment with the longest wait currently 39 months.

BUPA Block Contract Occupancy



- **Occupancy now 92% across both home as of 12/03/24**
- **Northlands – 92% (5/60 Vacancies)**
- **Oak Lodge – 93% (3/40 Vacancies)**
- **Active monitoring of all referrals in place between commissioners and Placements team to escalate and challenge any responses outside of KPI timescales.**
- *** Contract variation live from July 2022 across both homes**
- **** Northlands changes re: bed bandings kick in Jan 2024**

Transformation

Impact on performance and budget

Completed transformation projects 23/24

Delivered Project	Impact of delivery (Benefits)
Launch of redesigned IAG & Southampton directory Launch of EquipMe Launch of Online self-assessment	Significant reduction in calls Increase and improvement to self-serve capability/demand management
Charging Policy	Clear, fairer and transparent policy delivering estimated £200k increased income
CIS Social workers brought into front door team	Strengthened team, more requests resolved at first contact
Sec75 Mental Health workers brought in to SCC Community Mental Health team	Improved compliance with the Care Act and our s117 duties under the Mental Health Act.
Service Redesign - Restructure Phase 1	£100K saving, robust and clear structure to enable Phase 2
Care TEC Trial	£100K+ cost avoidance, protected independence
Direct payments (Phase 1)	Implemented 'virtual wallet' from April 2024 an online platform to streamline administration of direct payments.

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In-progress transformation projects 24/25

Project	Expected impact of delivery (Benefits)
Sec75 OTs unified into an SCC specialist team	Adult Social Care Occupational Therapists will support evidence-based goal and outcome focused preventative approach and ensure promotion of independence through the provision of equipment and functional assessment.
Service Redesign - Restructure Phase 2	Strengthened team and greater mix of skills available at the front door, more requests resolved earlier. Streamlined Processes, reduced waiting lists
Workforce development	Skilled and confident workforce
Launch of ASC strategy	Clear and shared strategic aims, clear performance measures
Direct Payment Phase 2	Increased uptake in DP, simplified process and improved outcomes
ASC Commissioning Service redesign	Closer alignment of commissioning to operations, improved outcomes
In-house services redesign	Improved outcomes and savings

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Finance

Update on budget and savings proposals

Community Wellbeing Scorecard – Month 11

Adult Social Care BUDGET MONITORING MONTH 11 (February)									
CURRENT POSITION	Current Budget 2023/24	Forecast 2023/24	Forecast Annual Variance at Period 11	Variance P10	Variance Movement Compared to P10	Significant Forecast Variance Indicator	Improving ↑ / Deteriorating ↓ Movement	Actual to date	Actual Outturn 2022/23
	£M	£M	£M	£M	£M			£M	£M
Service Area									
Adults - Adult Services Management	1.16	0.87	0.29 F	0.34 F	0.05 A	Green	↓	0.69	1.69
Adults - Long Term	45.14	48.19	3.05 A	3.56 A	0.51 F	Red	↑	37.67	43.28
Adults - Provider Services	4.29	3.85	0.44 F	0.46 F	0.01 A	Green	↓	3.68	4.61
Adults - Reablement & Hospital Discharge	8.80	7.88	0.92 F	0.87 F	0.05 F	Green	↑	8.84	8.21
Adults - Safeguarding AMH & OOH	14.02	13.64	0.38 F	0.08 F	0.30 F	Green	↑	12.04	13.69
ICU - Provider Relationships	14.94	14.59	0.35 F	0.24 F	0.11 F	Green	↑	11.72	13.70
ICU - System Redesign	1.63	1.62	0.01 F	0.01 F	0.00	Green	-	2.80	2.03
Public Health - Health Improvement	1.70	1.70	0.00	0.00	0.00	Green	-	0.80	2.18
Public Health - Health Protection and Surveillance	9.80	9.80	0.00	0.00	0.00	Green	-	7.42	9.88
Public Health - Management & Overheads	(15.28)	(15.28)	0.00 F	0.00 F	0.00	Green	-	(17.16)	(15.82)
Public Health - Non-ringfenced	0.19	0.19	0.00	0.00	0.00	Green	-	0.16	2.40
Public Health - Population Healthcare	3.77	3.77	0.00	0.00	0.00	Green	-	0.31	3.76
Total Adult Social Care	90.17	90.82	0.65 A	1.56 A	0.90 F	Red	↑	68.97	89.60

Community Wellbeing Savings

Head of Service	Ref	Description	Sum of 2023/24 £000	Sum of 2024/25 £000	Sum of 2025/26 £000	Sum of 2026/27 £000	Agreed
Adult Social Care	23S97	Adult Social Care - reduce agency staffing budgets/freeze vacancies	-850	-850	-850	-850	Feb 23 Report
Adult Social Care	23S92	Use the results of the Association of Directors of Adult Social Services peer review to reduce costs for Adult Social Care continuing healthcare/S117 aftercare	-100	-150	-150	-150	Feb 23 Report
Adult Social Care	23S95	Adult Social Care - shift to home first policy, avoiding need for residential placement	-134	-473	-473	-473	Feb 23 Report
Public Health	23S98	Proposal for Public Health Grant to be invested in activities delivering wider public health outcomes (with Director of Public Health oversight)	-500	-500	-500	-500	Feb 23 Report
Adult Social Care	24S235	Following consultation on the closure of Holcroft House residential home and reprovion for occupants elsewhere.		-1300	-1300	-1300	Nov Report
Adult Social Care	24S259	Savings arising from negotiations on inflationary uplift applied to care provision costs	-1380	-1380	-1380	-1380	July Report
Adult Social Care	24S407	Wellbeing & Housing agency review	-200	-200	-200	-200	July Report
Adult Social Care	24S415	Additional Government funding to meet Adult Social Care cost pressures (Market Sustainability Grant)	-1687	-947			Oct Report
Adult Social Care	24S449	ASC charging policy changes		-200	-200	-200	Nov Report
Adult Social Care	24S511	Repurposing of public health grant for employment support in delivery of public health outcomes (resulting in saving for ASC)	-38				Nov Report
Adult Social Care	24S512	Repurposing of public health grant for employment support in delivery of public health outcomes (resulting in saving for ICU)	-138				Nov Report
Adult Social Care	24S513	SCC Mental Health Team not using NHS Southern Health accommodation		-93	-93	-93	Nov Report
			-3,443	-4,120	-3,173	-3,173	

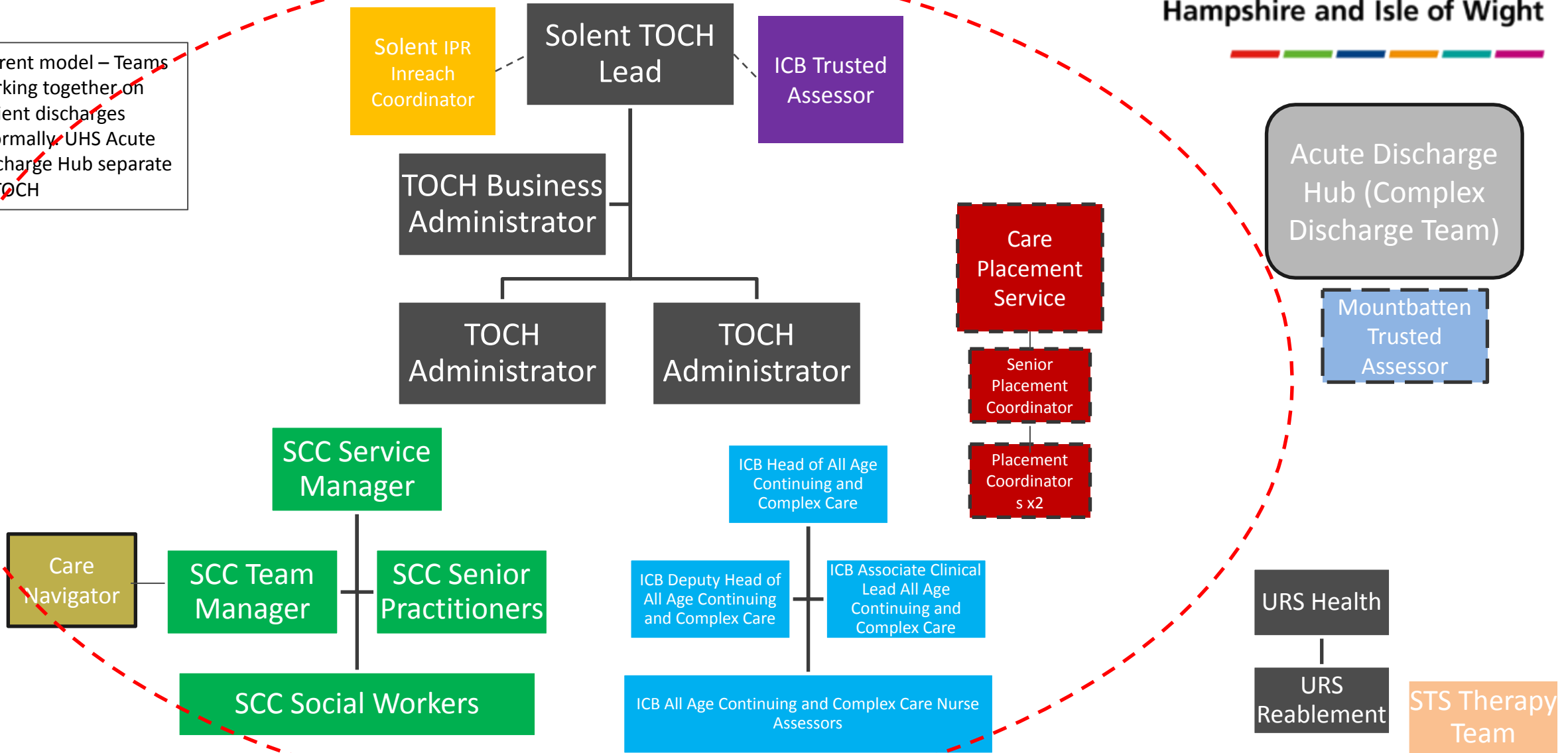
Hospital

UHS and SCC working together to improve hospital discharge

Our Transfer of Care Hub

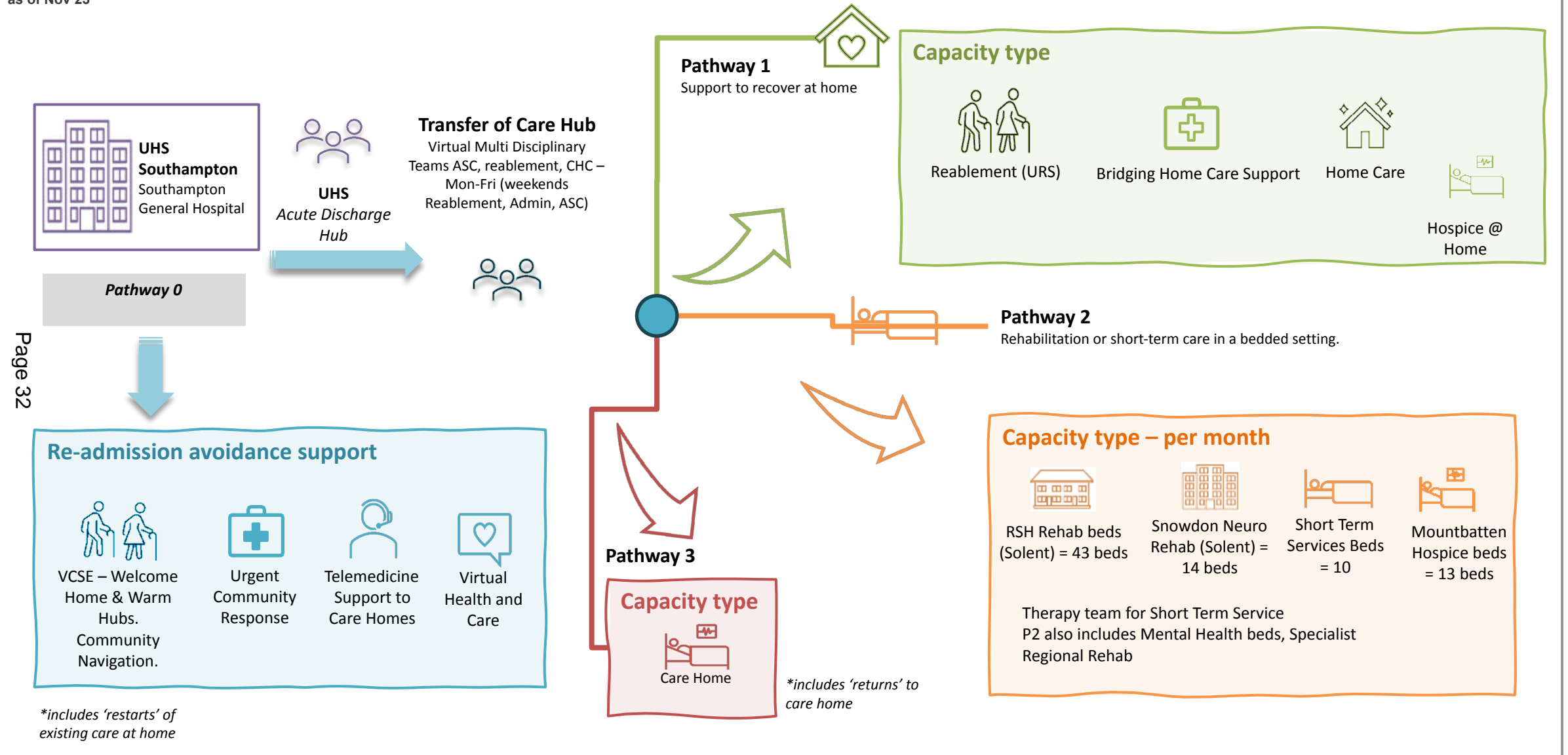
Current model – Teams working together on patient discharges informally. UHS Acute Discharge Hub separate to TOCH

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Southampton – Onward Care Model

as of Nov 23



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SSWH Discharge Transformation

1. Agree Discharge Operating Model and Principles in order to reduce length of stay

Secure cross organisational agreement on discharge principles and model of practice

Deliver a Discharge System Reset with all operational teams involved in complex discharge

Create a rolling way of reinforcing discharge reset key messages. Develop and implement a rolling training programme on complex discharge in place for all UHS and TOCH teams

Develop the model of practice for TOCH Teams and UHS ward teams functioning as an MDT for complex cases - focusing on high referring wards

Regular team building for complex discharge teams to be put in place

2. Reduce nCTR position by remodelling to a proactive discharge system

Confirm the same discharge terminology across HIOW (EDD, MOFD, Discharge Ready, nCTR) and implement this locally

Bolster credibility in the MOFD/nCTR/Discharge Ready date to allow system confidence to move to proactive referrals

Agree Test and Learn model for proactive referrals

Develop Front door processes for early identification of patients and admission avoidance

3. Reduce length of stay by streamlining operational processes and improving information sharing

Implement an editable OCR that is quality assured, with regular OCR reviews post submission

Standardise use of the complex discharge system app in UHS and ensure access to key systems for teams involved in complex discharge

Improve timely information sharing so that discharge teams are working with live information

Review key operational processes and streamline where possible

Agree and implement an operational Escalation Framework for the system, saving potential cancelled discharges

4. Reduce length of stay by optimising flow in short term services provision

Optimise flow in Generic IPR bedded settings and Reablement to ensure capacity is available for hospital discharge

Reduction in bedded STS LOS to 4 weeks through case management and improved processes

5. Transfer Of Care Hubs Transformation to improve efficiency and reduce length of stay

Review the TOCH and Acute Discharge Hub model of working with a view to integrating where appropriate to do so

Develop roles working across TOCHs and ADH where appropriate to do so

Review and maximise Trusted Assessor model

Complete a TOCH benchmarking exercise across HIOW to share good practice

6. Maximise capacity by ensuring patients are on the least restrictive discharge pathway

Maximise Care Navigation resource across the system

Implement a community/hospital Therapy collaborative to develop risk appetites

System Transformation Story so far....

- ✓ Discharge principles and key messages agreed
- ✓ Discharge Reset delivered across the system
- ✓ Proactive referrals - work commenced on Medicine and Older People wards. Focussing on the credibility of the Predicted Discharge Ready Date. Initial cohort is Restarts and Returns across all 6 wards. Target for 50% of patient to be discharged on their MOFD/Discharge Ready Date (current performance 0%)
- ✓ Therapy Collaborative bringing together hospital and community therapists to develop shared risk appetites, therapy shadowing programmes, and models for therapy handover at admission and discharge
- ✓ Transfer of Care Hub benchmarking across HIOW completed
- ✓ Intensive Discharge System Analysis currently underway with UEC colleagues (SSWH version on 'Breaking The Cycle/MADEs) to review day to day operational structures, identify what works well and where there are gaps/further support is needed
- ✓ Patient and carer feedback – consideration of how to build this in discussed in Governance

Discharge Principles



Start on Admission: What's gone before? What's important to the person? Why not discharge today?



Home First: Why not home?



Everyone has a role: How can I help progress the discharge?



Early discharges: How can I line up discharge for the MOFD date? Can I get home the person home for lunch?



Patient involvement throughout: Have you made a decision about the person without them?

Southampton Specific Developments

- ★ Homeless Advice Officer – new role working with patients in UHS, based within the hospital but part of the Street Homeless Prevention Team
- ★ Work on Essential Clean contract with Pest Control
- ★ Introduction of Care Navigation SO:Linked workers within the Hospital Discharge Team
- ★ Single Handed Care Pathway – development of a discharge pathway involving UHS and URS/CIS therapists, and training SCC Reablement staff in single handed care delivery
- ★ Reablement Bridging – use of existing bridging contracts to enable earlier discharge where there is a wait for a Reablement start date
Development of Reablement community capacity and therapy oversight of reablement cases
- ★ Development of the Transfer of Care Hub (TOCH) – Solent IPR (Inpatient Rehab) and Trusted Assessor roles coming under TOCH oversight
- ★ Development of Community Hospitals discharge support including creation of Discharge Facilitator roles and regular MDT Huddle focusing on discharge progression
Development of clinical discharge pathways to RSH beds (spinal, ICU)

Further Transformation

- Newton-Europe consultancy to identify further opportunities for cross organisational transformation
- April – May 6 weeks diagnostic analysing evidence from data and stakeholder meetings
- May – June deeper dive with case reviews, benchmarking, national best practice
- July onwards business cases and transformation plans developed and implemented

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL	
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS	
DATE OF DECISION:		25 APRIL 2024	
REPORT OF:		SCRUTINY MANAGER	
<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director – Enabling Services	
	Name:	Mel Creighton	Tel: 023 8083 3528
	E-mail	Mel.creighton@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.			
RECOMMENDATIONS:			
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.		
RESOURCE IMPLICATIONS			
<u>Capital/Revenue</u>			

5.	None.
<u>Property/Other</u>	
6.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Monitoring Scrutiny Recommendations – 25 April 2024
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Equality Impact Assessment and Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 25 April 2024

Date	Title	Action proposed	Action Taken	Progress Status
30/11/23	Project Fusion Update	1) That, at the 27 June 2024 meeting, the Panel invites Hampshire and Isle of Wight Healthcare NHS Foundation Trust to update the HOSP on the Trust's first 3 months of operation.	Subject to approval from the Chair, the item will be added to the agenda for the 27 June 2024 meeting of the HOSP.	
		2) That, reflecting the focus on reducing unwarranted variation across the wide footprint of the new organisation, assurance is provided to the Panel that, when the newly formed NHS Foundation Trust is operating, the Southampton local operating system will have the flexibility and financial protections required to deliver high quality services that meet the needs of the residents of Southampton.	The new Trust will work in partnership with local stakeholders to understand the specific needs of communities, to develop services around 'place', wherever practicable, and to minimise unwarranted variation wherever possible. The new Trust will recognise Southampton as such a place.	
		3) That, to enable members to sense check the information, the public communications planned to accompany the launch of the new NHS Trust is shared with the Panel in advance.	The public communications messaging will be shared with the panel ahead of the launch of the new trust.	
08/02/24	Primary Care Update	1) That a short briefing paper is provided to the Panel on MMR vaccination rates across Southampton and the steps being taken to increase uptake to levels at which community immunity become effective.	Briefing note circulated – 17/04/24	
08/02/24	Consultation on proposed changes to Acute Hospital Service in Hampshire	1) That, whilst recognising the process to be followed prior to agreement of the chosen approach, the Panel are provided with the outline timetable and key milestones for the development of the preferred option identified in the consultation.	An independent research company will now collate and analyse all the responses we have received, including what we heard at our events, focus groups and in telephone surveys, the results of the consultation questionnaire, and feedback we received via other methods, including in writing, or by telephone. They will then develop a consultation report, which will provide a comprehensive picture of the views of those who have responded to the consultation proposals.	

Date	Title	Action proposed	Action Taken	Progress Status
			<p>The consultation report is due to be published later in the year before a 'decision making business case' is developed, which will set out how the NHS has further refined the proposals. It will also describe how the local NHS has responded to the views it has heard in the consultation. A decision on how to proceed is also expected later in the year.</p> <p>We are committed to continuing to listen to patients, carers, staff, local people, stakeholders, and local communities as proposals are further developed and refined.</p>	