



Southampton Health and Care Partnership Board

Thursday, 25th January, 2024
at 9.30 am

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Please send apologies to Natalie Johnson email: natalie.johnson@southampton.gov.uk

AGENDA

1 WELCOME AND APOLOGIES

Lead	Item For: Discussion Decision Information	Attachment
Chair	Information	None

2 DECLARATIONS OF INTEREST

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

Lead	Item For: Discussion Decision Information	Attachment
Chair	Information	None

3 MINUTES OF THE PREVIOUS MEETING/ ACTION TRACKER (Pages 1 - 10)

Lead	Item For: Discussion Decision Information	Attachment
Chair	Information	Attached

4 PROJECT FUSION UPDATE (Pages 11 - 56)

Report of the Cabinet Member for Adults & Health outlining progress with Project Fusion.

Lead	Item For: Discussion Decision Information	Attachment
Paula Anderson	Information	Attached

5 HEALTH & CARE QUALITY ANNUAL UPDATE (Pages 57 - 74)

Report of the Deputy Director of Quality & Nursing (Southampton) outlining the health and care quality in Southampton of commissioned services, or services overseen through the Integrated Commissioning Unit.

Lead	Item For: Discussion Decision Information	Attachment
Matthew Richardson	Information	attached

6 DRAFT DENTISTRY STRATEGY (To Follow)

Report of the Cabinet Member for Adults & Health seeking formal responses to the Hampshire & Isle of Wight Integrated Commissioning Board draft Dentistry Strategy.

Lead	Item For: Discussion Decision Information	Attachment
Simon Cooper	Information	None

7 BETTER CARE FUND DELIVERY & PERFORMANCE UPDATE - PAPER TO NOTE ONLY (Pages 75 - 82)

Report of the Cabinet Member for Adults & Health providing a quarterly update on delivery and performance of the Better Care Fund.

Lead	Item For: Discussion Decision Information	Attachment
Donna Chapman	Information	None

Wednesday, 17 January 2024

Director of Legal and Governance

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Meeting Minutes

Southampton Health & Care Partnership Board– Public

The meeting was held on Thursday 16TH October 2023 2023, 09:30 - 11:30
Council Chamber, Civic Centre Southampton

Present:		INITIAL	TITLE	ORG
	Councillor Lorna Fielker	Cllr Fielker	Cabinet Member – Health and Adults and Leisure	Southampton City Council (SCC)
	Dr Debbie Chase	DChas	Director of Public Health	SCC
	Claire Edgar	CE	Executive Director of Wellbeing & Housing (DASS)	SCC
	Dr Pauline Grant	PG	Clinical Director	ICB
	James House	JH	Southampton Place Director	ICB
	Rob Kurn	RK	Chief Executive Officer	Southampton Voluntary Services
	Duncan Linning-Karp	DL	Deputy Chief Operating Officer	University Hospitals Southampton
	Jo Pinhorne	JP	Deputy Chief Operating Officer	Solent NHS Trust
	Dr Sarah Young	SY	Clinical Director	ICB
In attendance:	Terry Clark	TC	Director of Commissioning Health and Care	ICB/SCC
	Rob Henderson	RH	Executive Director Wellbeing (Children and Learning)	SCC
	Donna Chapman	DC	Deputy Director Integrated Commissioning Unit	Integrated Care Board (ICB) / SCC
	Emily Goodwin	EG	Democratic Services Officer	SCC
	Natalie Johnson	NJ	Board Manager - Place	ICB/SCC

Apologies:	Councillor Satvir Kaur	Cllr Kaur	Leader	SCC
	Councillor Alexander Winning	Cllr Winning	Cabinet Member for Children and Learning	SCC
	Mel Creighton	MC	Executive Director, Corporate services	SCC
	Martin DeSouza	MDS	Chief Operating Officer	University Hospitals Southampton
	Eugene Jones	EJ	Chief Operating Officer	Southern Health NHS Foundation Trust
				Action:
1.	Welcome and Apologies			
	Members were welcomed to the meeting. Apologies were noted and accepted.			
2.	Declarations of Interest			
	<p>A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship</p> <p>No declarations were made above those already on the Conflict-of-Interest register.</p>			
3.	Minutes of the previous (Public) meeting			
	<p>The Board reviewed the minutes from the previous meeting dated 16 February 2023 were agreed as an accurate reflection of the meeting.</p> <p>Matters Arising There were no matters arising.</p>			
4.	5 Year Health & Care Strategy			
	<p>DC attended to highlight key updates on the 5 Year Health and Care Strategy. Key discussion points were:</p> <p>Start Well</p> <ul style="list-style-type: none"> Breast feeding - although the data shows that breast feeding rates are increasing, PG raised that this is not something she sees in her GP surgery, and it would be useful to have the data broken down to show rates in the 20% most deprived areas of the city. This model could also be applied to data in other areas to see whether improvements are being felt by people living in those areas. 			

DChas highlighted that partners are doing all they can to find new ways of supporting and encouraging mothers to breast feed (e.g. the promotion at the Princess Anne and by Health Visitors, businesses making it easier for women to breast feed), however this can be a complex issue, dependent on multiple different factors.

- Drug and alcohol use – this is much higher in Southampton than comparator cities and Cllr Fielker queried whether this should be an area of priority work. DChas highlighted that there is a drug and alcohol service delivered by No Limits, which is now a co-located service within the Young People’s Hub to strengthen the links with Children’s Social Care. A supplementary grant has also helped strengthen substance misuse with additional outreach into schools and localities.
- Teenage pregnancies - PG highlighted that the presentation hadn’t touched on teenage pregnancies which whilst they have significantly come down over the years, more recent data shows an increase. DChas clarified that there is an integrated specialist service provided by Solent NHS Trust, part of which is around sexual health promotion and positive relationships that works with schools. There are also health and wellbeing drop ins provided in conjunction with No Limits. No Limits do not prescribe but the Sexual Health team do. The LARC Service is provided across Primary Care and the Council also commissions emergency hormonal contraception from pharmacies. This is being reviewed this year to get a clearer understanding of what populations that is reaching. PG asked what the cause of the upturn is, and whether data is available to help understand it. DChas explained that Covid had caused a pause in data, but is reassured that we are on the right trajectory in the long term, with attitudes and behaviours changing, and the emphasis on supporting young people at the earliest stage.
- Mental Health – this remains a priority, with short-term crisis support in the community being developed to support young people who present at Emergency Department. Mental Health support is now available in 90% of schools and this will be rolled out to the remaining 10% of schools over the coming year. Neurodiversity in children and adults will be prioritised, with work around the model for assessment, diagnosis and support. There is also work around autism and schools with work to change culture and support parents.

Live Well

There has been a lot of work around mental health and some of the key achievements are:

- The City Council's employment team have been awarded a Quality Mark for their work on placing and supporting individuals with mental health difficulties into work.
- The mental health transformation programme has looked at 16-25 work which prepares young people for adulthood. A new connection/navigation service, provided by the voluntary sector, will be launched soon to support young people navigate support, advice and information available to them as they transition from children to adults' services.
- Work with Primary Care has continued, which is key to the whole Southampton Transformation Programme. New primary care mental health roles will link primary care specialist services and Talking Therapies. It was noted that Primary Care Networks (PCNs) now have primary care mental health workers.
- New mental health schemes with the voluntary and community sector have been launched, e.g. Saints by your Side and Mayfield Nurseries.
- A second Light House has been opened in Bitterne, following the first centre being opened in Shirley.
- Southampton is aiming to be a mental health friendly city.

Priorities going forward will be:

- Tackling the biggest killers in Southampton: cancer, cardiovascular disease and respiratory disease and underlying causes.
- A focus on the most deprived wards.
- Improving health and wellbeing outcomes for people with learning disabilities
- Promotion of good mental health
- More work around smoking cessation, with a focus on deprived areas of the city, and working with front line staff.
- Early intervention and prevention strategy – looking at the commissioned offer around prevention and early intervention and best value and outcomes
- Housing – mental health needs assessments will be rolled out over the next 12 months.
- Inclusive lives – this tender for October 2024 will look at a more strengths-based, community-based support for people with learning disabilities. The model could also be translated to other client groups (day support, activities, into employment and short breaks).

Discussion points were:

CE suggested that the Adult Social Care Outcomes Framework (ASCOF) measures are used locally and nationally and although these are under review, they could be used as part of future reporting against the 5 Year Health & Care Strategy.

CE raised concern about the number of working age adults in residential care, as once someone is placed in residential care there is a high chance that they will remain there. CE felt that the emphasis should be on enabling people to live independently and a recovery approach should be taken. Risk aversion, particularly around discharging people from hospital, can prevent people from living independently. DChas responded that there may be public health measures and health inequality data that would be useful to examine here.

CE raised that Learning Disabilities is a challenging indicator because a Care Act assessment or review needs to have taken place within 12 months. Adult Services are also looking at how safeguarding of vulnerable adults can be improved, particularly linking back to the market and the quality of care. CE flagged that there should be a partnership approach to considering this. There is also the possibility of looking at Care & Treatment Reviews and people with learning disabilities and autism being discharged from long-stay hospital setting. There is a strong programme of work with the Integrated Commissioning Unit and Adult Social Care, and this could be looked at as a pilot for the next 12 months. JH felt that looking at indicators here would be really helpful to identify any gaps.

SY raised that she sees a lot of young adults with ADHD in her GP practice who are at university. These young adults cannot access ADHD services during their degrees because of the wait for support, which causes a lot of anxiety which is difficult to manage. SY wondered if there is anything that could be done to support these young adults as they embark on their lives, as service for them is currently disjointed, for example when they move home after their university course.

Cllr Fielker set out that this partnership should be really ambitious for people with Learning Disabilities, particularly around access to employment as it's such an important part of wellbeing and independence.

Cllr Fielker raised that late diagnosis of HIV is higher than the national average and the need for everyone who is offered a blood test to take this up.

Southampton has much higher rates for data for deaths related to alcohol for 2017-2019 than the rest of England. There is also concern about future difficulties caused by young people's use of alcohol, and the 'wasted years' from young people dying in their 20s and 30s due to alcohol use has to be a priority. Cllr Fielker highlighted that the new Tobacco, Alcohol and Drug Strategy for the city takes a non-judgemental, harm reduction approach.

Young people are not accessing the support provided by Change Grow Live as well as possible. DChas highlighted that there is a lot of unmet need, and although the Change Grow Live support service around

alcohol for young people is good, it does have thresholds. This is a population-level challenge needing a whole system approach, which unfortunately the alcohol industry is not helping with. More work is needed nationally. The Government have intervened and raised the cost of VAT, but large suppliers have absorbed this cost rather than passing it on to customers.

Age Well

The approach here is to support and enable people to live independently at home for as long as possible. Discussion points were:

- The Reablement Service is being improved, and it is likely that Project Fusion will have an impact on how services in this area are commissioned.
- Dementia beds are no longer available in Southampton (but are available in Portsmouth and Hampshire), and this issue has been discussed at Health Overview & Scrutiny (HOSP) recently and will be discussed again this evening (14 October 2023). The Board must be sighted on challenges and monitoring around this, as Southampton strives to be a dementia-friendly city. It will also be important to ensure that good quality care is available, and pathways are easy to understand and manageable for families/carers.
- Hospital Avoidance – transformation strategies and programmes of work here are being developed at pace but there is still clarification needed on how this will be monitored and how Primary Care buy into this work. This issue was flagged as a future agenda item for HOSP and/or this Board meeting.
- Hospital admissions – this needs to be kept under close review. The new Primary & Local Care Working Group is bringing together Adult Social Care Operations, Solent NHS Trust, University Hospitals Trust and Southern Health) and is the ideal forum to examine hospital avoidance, along with the Ambitious Futures Programme. The group will be looking at the operating model in Southampton and how admission avoidance is handled. This is a new board, which is trying to pull back from solely focussing on discharge and invest in proactive care. CE emphasised that there is no new money, hospital avoidance is a national issue and there has to be a level of risk held by professionals around this. Adult Social Care in Southampton is a significant outlier in number of people coming into Adult Services and the preventative approach is currently not working. The focus should be on enabling people to have their care needs met earlier by the right service, which is not necessarily a statutory service.

	<p>JH added that the renewal of the SO:Linked contact for community development and navigation has just been approved, which shows commitment to this approach. JH felt that it would be useful to have a future item at this Board on Project Fusion (future item to be added).</p> <p>Cllr Fielker highlighted that in Southampton 86% of the annual budget is spent on wellbeing (Adult Social Care and Children's Social Care), which is similar to the spend of Blackpool Council, but with far less people living in Southampton. CE felt that risk-adverse practice removes people's independence, and the focus must be shifted on from hospital discharge to people not being admitted to hospital in the first place.</p> <p>JP highlighted that Solent NHS Trust do all they can to keep people out of hospital and that investment would enable them to do more. CE responded that as there is no new funding available, we need to be creative with the resources we have got. There is a strong workforce, with high numbers of practitioners and registered practitioners. The Ambitious Futures programme will look at the system. It is important that practitioners understand the Home First Approach (keeping people at home, living independently, for as long as possible) and take a strength based, reablement, rehab approach. Many people don't understand these terms even in the workforce. Need to do some work on how it feels for staff working in this area.</p> <p>PG highlighted that GPs really miss case management and she felt it was the most successful way of keeping people out of hospital.</p> <p>Die well</p> <p>PG raised the subject of patients who die at home of dementia and how distressing this is for families. Cllr Fielker agreed and felt that there should be a broader education piece around encouraging conversations about death; what a person's wishes would be and what it means for those who are left behind.</p> <p>Cllr Fielker queried how this strategy informs commissioning contracts, and JH confirmed that when contracts are reviewed by the ICB, all plans are used to inform that review process, including whether they are delivering objectives of the plan and achieving value for money.</p>	
5.	Better Care Fund (BCF) Delivery and Performance Update	
	DC presented this update regarding the Better Care Fund (overseen by the Health & Wellbeing Board, which has delegated authority to the Health & Care Partnership Board).	

The Plan has been approved and signed off by NHS England and the ICB are now updating the Section 75 the BCF which is a national requirement. Quarterly returns will be submitted to NHS England (the first being Q1 on 31 October, to be signed off by this group and Cllr Fielker as Chair. The latest highlight report from the September meeting for previous two months forms Appendix 1 of this report, for information (please see papers for this meeting).

Key issues raised were:

- Section 6 (Finance) shows local information that is not reported on nationally. Metrics, demand and capacity are reported on nationally. Month 5 data shows total value of the BCF is £167.4M and the breakdown for this is shown in the report. Variations from planned spend are:
 - Changes in Learning Disability packages – spend here has been impacted by complexity of cases (for example a change in one person’s care can impact significantly on this budget).
 - Joint Equipment Store (JES) – numbers have increased across prescribing organisations, along with repair costs also increasing. Further work is underway to better understand where these increases are, whether they will persist for the remainder of 2023/24 and what mitigations can be put in place.
 - Disabled Facility Grant (DFG) – there continues to be an under spend which is largely due to a backlog of clients. Steps have been taken to deal with the backlog (for example two new DFG case workers and two Housing Technical Officers, and increasing the available contractors to carry out works). CE advised that they are looking at how operational services are linked in with disabled facilities work and undertaking a restructure and redesign to align this budget with the Wellbeing and Housing Directorate.
 - Market & Sustainability Fund – this grant of £1,687 was added at month 4 and no queries were raised around this.
- The metric narrative section outlined context concerning:
 - Admission Avoidance
 - Falls
 - Discharge to normal place of residence
 - Residential admissions
 - Reablement

Please see full report for details.

	No other queries were raised. Cllr Fielker thanked attendees and the meeting closed.	
6.	Date of Next Meeting	
	14 th December 2023 – 09.30-11.30am - Briefing meeting 25 th January 2024 – 09:30-11:30 – Public meeting	

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Agenda Item 4

DECISION-MAKER:	Southampton Health & Care Partnership Board		
SUBJECT:	Project Fusion Update		
DATE OF DECISION:	25 January 2024		
REPORT OF:	CLLR LORNA FIELKER LEADER OF THE COUNCIL		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Paula Anderson	Tel:
	E-mail:	paula.anderson@southernhealth.nhs.uk	
	Title:	Deputy Chief Executive for Southern Health	

STATEMENT OF CONFIDENTIALITY	
N/a	
BRIEF SUMMARY	
<p>Project Fusion is the programme underway to create a new, combined NHS Foundation Trust to deliver community, mental health and learning disability services across Hampshire and the Isle of Wight. This paper, together with Our Plan (attached as Appendix 1 to this report) and the Clinical Strategy (attached as Appendix 2) form an update to the Health & Care Partnership Board on progress.</p>	
RECOMMENDATIONS:	
(i)	To note the contents of this report and receive updates as per the attached appendices.
REASONS FOR REPORT RECOMMENDATIONS	
1.	See above.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
N/a	
DETAIL (Including consultation carried out)	
<p>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.</p> <p>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.</p> <p>A considerable amount of progress has been made in recent months:</p>	

	<ul style="list-style-type: none"> • 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. The Full Business Case is now under review by NHS England. 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 high-level Clinical Strategy for the new Trust has been developed, which sets out the overarching clinical aims and principles for the new organisation. This strategy aligns with existing system priorities and strategies and has been developed in collaboration with clinicians from the provider Trusts, other partners, and people with lived experience. The strategy document is enclosed with this paper. <p>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. 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 during 2024. 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</p>
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RESOURCE IMPLICATIONS

Capital/Revenue

N/a

Property/Other

N/a

LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	N/a
Other Legal Implications:	
	N/a
CONFLICT OF INTEREST IMPLICATIONS	
	N/a
RISK MANAGEMENT IMPLICATIONS	
	N/a
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All wards
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Project Fusion – Our Plan
2.	Project Fusion – Clinical Strategy

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
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No

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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 4
Appendix 1

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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Clinical Strategy

November 2023

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Introduction

We are creating a new NHS Trust to provide community, mental health and learning disability services across Hampshire and Isle of Wight.

The new Trust, Hampshire and Isle of Wight Healthcare NHS Foundation Trust, will come into being on April 1, 2024.

This Clinical Strategy has been created for the launch of the new Trust. It is a foundation for us to build on as the new organisation develops.

The new organisation will work across the whole of Hampshire and the Isle of Wight. It will work with people from birth to the end of life, in a wide range of services. It will work alongside our partners in the Integrated Care Board, primary care, acute hospitals, voluntary sector, independent sector and local authorities.

This document sets out a clear approach to enable all parts of this diverse organisation to deliver high quality, safe and effective services to all people in Hampshire and the Isle of Wight. To deliver the strategy, clinical, professional, operational and corporate staff will need to work together, in collaboration with our partners, the people who use our services and their families.

This clinical strategy:

- Builds on existing plans, and is informed by engagement with staff, people who use our services, our communities and partners.
- Applies to all services in the new Trust, for people of all ages, including mental and physical health, learning disability and neurodiversity services. Working to a common set of principles will enable us to seize this opportunity to provide holistic, person-centred care that strengthens the psychological awareness of physical health services and the physical health awareness of mental health services.
- Balances the benefits of working at a large scale to improve overall consistency of care, and working in our local communities in order to provide local variation in response to the needs of different communities.

Context

We are creating the new organisation, and this clinical strategy, because:

- 1. The needs of our population are changing and growing:** Demographic changes such as our ageing population, the COVID-19 pandemic, economic crisis, means that demands on NHS services are growing and evolving.
- 2. Care needs to be provided more equally:** The way services have been funded and developed in different parts of Hampshire and the Isle of Wight over the years means that people living in different areas have unequal access to the care they need. The way care is organised has evolved to be complex and fragmented.

The way health and care is organised is changing: Health and care services want to provide more effective prevention and community care, with greater partnership working and delivery of care at different levels, from local neighbourhoods to the whole county.

- 4. We need to make the best possible use of our resources:** Joining together our services creates opportunities to do things more efficiently, reduce duplication and ensure more of our resources can go towards investment in front line services.

The new, combined organisation will address these factors more effectively than separate Trusts. It will tackle the most significant clinical risks, provide higher quality care, improve outcomes and experience for our patients, reduce inequalities and provide better value for money.

Health and care services are facing unprecedented pressures. All partners recognise that working together in this way is essential to addressing these challenges.



Vision and Values

Our 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 voluntary 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 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 Services

The new Trust will provide community, mental health and learning disability services for adults and children across Hampshire and the Isle of Wight.

It will provide an extensive range of services to support people's physical and mental wellbeing, delivering them, as now, in patients' homes, in schools, GP surgeries, health clinics and care homes, as well as in community hospitals and specialist hospitals.

The range of services provided includes:

- Community nursing and rehabilitation services
- Physiotherapy and foot health
- School nursing
- Immunisations and vaccinations
- Speech and language therapy
- Community dental services
- Community hospitals
- Sexual health services
- Psychological therapies
- Learning disability services for children, young people and adults
- Children and young people's mental health services
- Mental health services for adults and older people
- Psychiatric intensive care services
- Forensic mental health services





Our aim

High quality, safe and effective services for all people across Hampshire and the Isle of Wight



How we will work (our principles)

- Make continuous improvement, innovation and research everyday practice
- Base all decisions on the expertise of both professional and lived experience
- Consider every stage of people's lives, remove barriers and put prevention first
- Work alongside our communities and partners to deliver outcomes that really matter
- Develop our leaders to bring people together and enable change
- Give our people what they need to deliver the best possible care



What we will do

- Join up systems, processes and support services to be completely focussed on improving quality
- Support our staff to feel safe and empowered to do the right thing
- Develop excellent research and development which can be accessed by all
- Involve people with experience of using services or caring in how we develop our services
- Develop a Recovery College to empower living with physical and mental health conditions and our staff
- Work with partners to tackle wider factors which impact on health
- Give everyone a more equal chance of good access and health outcomes, whatever their situation
- Join up different parts of people's care to make it more straightforward and tailored to individual needs
- Develop our leaders at every level, so they have the right knowledge, skills and behaviours
- Enable our leaders to work together with colleagues, partners and people who use services
- Enable our leaders to make successful changes and improvements
- Provide effective training and development for our staff and students
- Ensure staff have the opportunity to regularly reflect and learn from their practice



How we will measure success

- Feedback from people who use our services, their families, communities, our staff and partners
- Defining and measuring outcomes that really matter to people
- Annual staff survey and regular pulse checks
- Developing consistent set of data across all our services to build a complete picture of how we are doing

Our Aim

Our aim is to deliver *high quality, safe and effective services* to all people across Hampshire and the Isle of Wight.

To deliver **high quality care**, we will balance the benefits of working at a large scale to improve consistency of care and working locally to respond to the needs of different communities.

Safety means working proactively to minimise the chance that things could go wrong. If they do, we are open and honest with people and their families about what has happened, and we take steps to reduce the chance that the same thing could happen again.

Clinical **effectiveness** means providing the right care for each person. It means we are constantly thinking about what we do and considering whether it is having the desired result for each person and their family. If it is not, we will make a change. Care will be evidence-based, and we will improve consistency in practice.

People who use our services are at the centre of everything we do. By listening to them and asking about their experience, we will ensure that they, and their families and carers, are receiving care that is respectful of, and responsive to, individual preferences, needs and values.



How we will work: our principles

To achieve our aim, we will apply the following six principles in every service:

- Make continuous improvement, innovation and research everyday practice.
- Base all decisions on the expertise of both professional and lived experience.
- Consider every stage of people's lives, remove barriers and put prevention first.
- Work alongside our communities and partners to deliver outcomes that really matter.
- Develop our leaders to bring people together and enable change.
- Give our people what they need to deliver the best possible care.

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Principle 1

Make continuous
improvement,
innovation and
research everyday
practice

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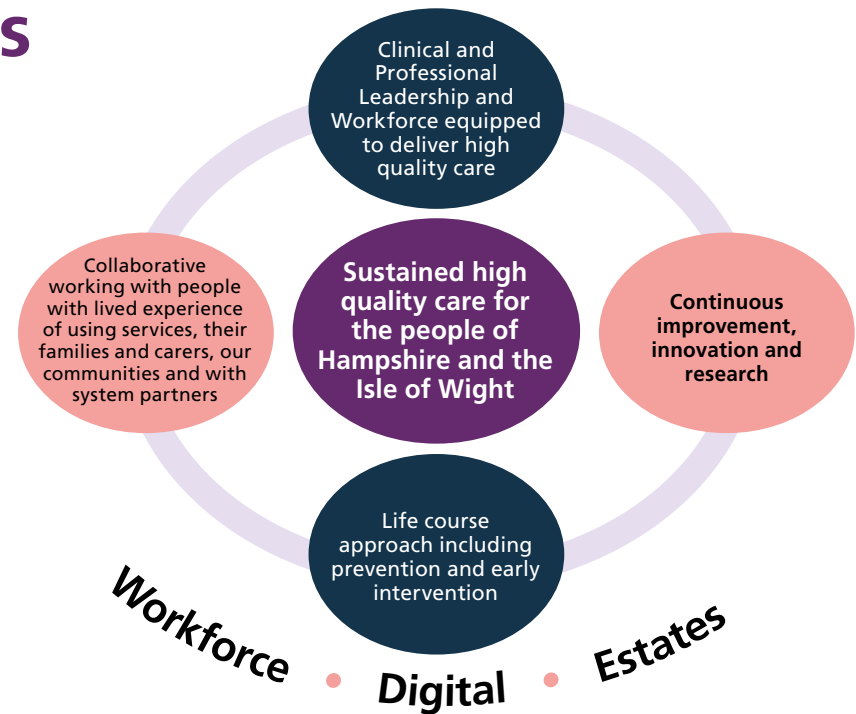


How we will work: our principles

The creation of a new Trust gives us a fantastic opportunity to work together across the whole organisation, and with the people who use our services and partners, to further develop our culture in a way that will enable continuous improvement to flourish. There are some fundamental elements of this, including:

- A leadership approach characterised by compassion, collaboration and curiosity.
- Creating a learning culture in which leaders know how to create psychological safety.
- Learning from and celebrating things that have gone well.
- Create psychological safety, taking a trauma-informed approach to leadership and service delivery.
- Taking a personalised and strengths-based approach to care
- Taking a systematic and evidence-based approach to continuous improvement throughout the organisation.
- Move from key performance indicators to measuring outcomes.
- Working closely with our regional university partners and clinical research networks.

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What is psychological safety?

It's a shared belief held by members of a team that it's OK to take risks, to express ideas and concerns, to speak up with questions, and to admit mistakes - all without fear of negative consequences.

What is a trauma-informed approach?

An approach grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Principle 2

Base all decisions
on the expertise of
both professional
and lived experience

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Base all decisions on the expertise of both professional and lived experience

We use the term 'Lived Experience' to describe people whose expertise is derived either wholly or primarily through the lens of living with a condition and/or receiving or accessing any of our Trust services, including as a family member or unpaid carer, rather than through delivering them.

'Lived Experience' is sometimes contrasted with 'Learned Experience' – where a person's expertise around a condition or service provision is learned through training and workplace experience. However, we recognise that many people working in NHS services will have both Lived and Learned experience of services and health conditions.

'Coproduction' is an equal partnership where people with lived and learnt experience work together from start to finish.

Why does coproduction and lived experience matter?

Decisions and interventions that are coproduced with people who have lived experience are more likely to be implemented, understood, accessed and utilised by those for whom they are intended.

Engaging with and valuing expertise derived primarily from lived experience expands everyone's understanding of a context, issue and / or solution.

Coproduction increases the status and influence of people who use services, reducing stereotypes of both service providers and service users.

Evidence of the benefits of embedding expertise derived from lived experience is increasingly recognised, for example, there is evidence that employing peer support workers results in improvements in outcomes, experience, and financial metrics.

There are a number of specific areas identified for development that are key to enabling us to deliver high quality, safe and effective services:

Coproduction

Peer Support Work

Community Engagement

Strategic Leadership

Carer Support

Organisational Culture

Quality Improvement

Workforce Development

Recovery Education and training, including Recovery Colleges

Principle 3

Consider every stage of people's lives, remove barriers and put prevention first

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Consider every stage of people's lives, remove barriers and put prevention first

- We will work together across the diverse services in the new organisation to consider every stage of people's lives, and their physical and mental health holistically. This will enable us to maximise the potential in childhood and early adulthood, maintaining good health, and living successfully with chronic disease and anticipating and responding to decline.
- We will personalise care focusing on the question 'what matters to you?', ensuring people have choice and control over the way their care is planned and delivered.
- We will seek to make every contact we have with service users count, encouraging behaviour change, prioritising early intervention and enabling access to a range of services which will enable people to live well.
- We will work with system partners to ensure we take a population health management approach.
- Our services will have the ability to improve health equity by removing barriers.
- We will make our services inclusive, diverse, and accessible by design.



Principle 4

Work alongside our communities and partners to deliver outcomes that really matter



Work alongside our communities and partners to deliver outcomes that really matter

The new Trust has a key role in collaborating with our partners across the health and care system, including the Integrated Care Board, local authorities, primary care, acute providers, ambulance providers and the voluntary and charitable sector. This is essential to the delivery of high-quality, person-centred care that wraps seamlessly around the holistic needs of individual people.

The large scale of our new Trust brings benefits in our ability to reduce unwarranted variation, and while we need to take advantage of this we also want to realise the benefits of delivering services locally in a way that can respond to local needs. Services should be delivered at a scale that most effectively meets the needs of individuals using the service, delivering the outcomes that matter to them.

In determining whether services should be delivered in local areas, wider areas, or across Hampshire and the Isle of Wight, the following will be taken into account:

The service demand – high volume services are more likely to be appropriately delivered in local areas, enabling sustainable service delivery that provides value for money. Low volume, and more specialist services in general will be delivered at a wider or trust-wide scale.

Development of effective and resilient partnership arrangements at the appropriate scale that enable delivery of seamless pathways of care that wrap around the needs of individuals. For example integrated pathways with primary care are likely to be most effectively delivered in local areas, while those that rely on national networks may be best delivered trust-wide. Integrated services may benefit from joint leadership arrangements with partner organisations.

Care delivered in people's homes



Care delivered in local areas (population 50,000 – 80,000)



Care delivered in wider areas (population 150,000 – 350,000)



Care delivered Trust-wide (population 1.5million+)



Principle 5

Develop our leaders
to bring people
together and
enable change



Develop our leaders to bring people together and enable change

Credible and strong clinical and professional leadership is necessary, working closely with operational leadership colleagues, to shape the culture of the organisation, and enable delivery of high-quality care.

This means:

- Inspiring and driving safe and effective change.
- The implementation of person centred quality, safety and outcomes.
- Clinical leaders with responsibility and accountability for the development and delivery of clinical services.
- Supporting organisational development so that form follows clinical function.
- Ensuring principles of continuous improvement underpin all service delivery.
- Ensuring a clinical a voice from floor to board via an effective and empowered clinical executive.
- Providing visible leadership and have a central voice in the organisation.
- Being supported to develop their clinical and professional leadership skills.
- Ensuring equity across all professions represented in the Trust.
- A leadership structure that is able to develop future senior clinical and professional leaders.



Principle 6

Give our people
what they need
to deliver the best
possible care

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Give our people what they need to deliver the best possible care

Our workforce will have:

- Opportunities for training and development that enable them to maintain and grow their skills.
- A working environment in which psychological safety is prioritised, including effective team working, and an ability to admit and learn from mistakes. Embedding a trauma-informed approach in all we do is an important component of ensuring the physical, psychological and emotional safety of staff is prioritised. Trauma-informed practice requires safety, trust (transparent and open communication), choice and empowerment (giving staff a voice in decision making and validating their feelings and concerns), collaboration (valuing the experience of staff in improving what we do), and cultural consideration (equality and diversity).
- Opportunities for reflective practice and supervision individually, in a team and with wider system colleagues.
- The resources required to deliver patient care safely.
- Opportunities to participate in service or professional specific clinical networks.
- Services that have clear remits and can deliver the fundamentals of excellent care at the capacity required.
- Systems, processes and behaviours to enable diversity at all levels, representative of the communities in which we work.



Our priorities

We have set up a Clinical Transformation Programme, prior to the formation of the new Trust, to get a head-start on tackling the most pressing clinical priorities in our system, together.

The programme is led by the Chief Medical Officers of predecessor organisations. Ten priority workstreams have been identified, each with a senior Clinical and Operational lead, and working across the HIOW system to coproduce improvements in clinical pathways. The priorities are:

- Community Frailty pathways
- Community Rapid Response
- Community Hospital and Rehabilitation pathways
- Community Health Specialist services for long term conditions
- Acute and crisis mental health
- Child and Adolescent mental health pathways
- Older People's mental health pathways
- Community Mental Health Teams
- Neurodiversity services
- Primary Care

The clinical transformation programme reflects system wide priorities for change and does not capture the totality of the transformation work, across all our services, that is taking place.



Delivering our strategy

This Clinical Strategy has been developed in the months ahead of launching the new organisation. The development of the new organisation's vision, values, and structure have been driven by consideration about what is needed to deliver and embed high quality care in a consistent way across all services.

The key next steps for delivering the strategy are:

- Further developing our culture, with a focus on continuous improvement, coproduction, system collaboration and psychological safety.
- Embedding 'Quality Management Systems'.
- Ensuring corporate services enable delivery of high-quality care.
- Developing an operating model for the new organisation that supports clinical and professional leadership and the delivery of high-quality care.
- We will measure and report progress against implementation of the Clinical Strategy, including measures relating to access, reduction in unwarranted variation, staff experience, patient experience, and the effectiveness of our collaborative approach internally and with external partners.

What is a Quality Management System?

It's all the processes, policies and procedures in a Trust explicitly designed to plan, monitor, assess and improve the quality of patient care.



Enabling our strategy

The following slides provide more details about the things that will help make the strategy a success



Further developing our culture

Ways in which we are planning to develop our culture to enable the delivery of our strategy include:

- Supporting our leaders to lead the changes relevant to them through a comprehensive support offer.
- Leading 'Preparing to Change' roadshows which will enable direct engagement with groups of staff about our values, how they would like to see these brought to life to deliver the cultural ambitions.
- Engaging with our staff to create leadership frameworks and development tools such as a new appraisal, 360 tools and self-reflection tools and build our values into the fabric of our new Trust.
- Delivering our OD plan, which is mapped to the phases of the NHS Culture and Leadership programme, and includes delivering all of the recommendations from the 'As Is' cultural analysis done within the scoping phase of this programme of work.

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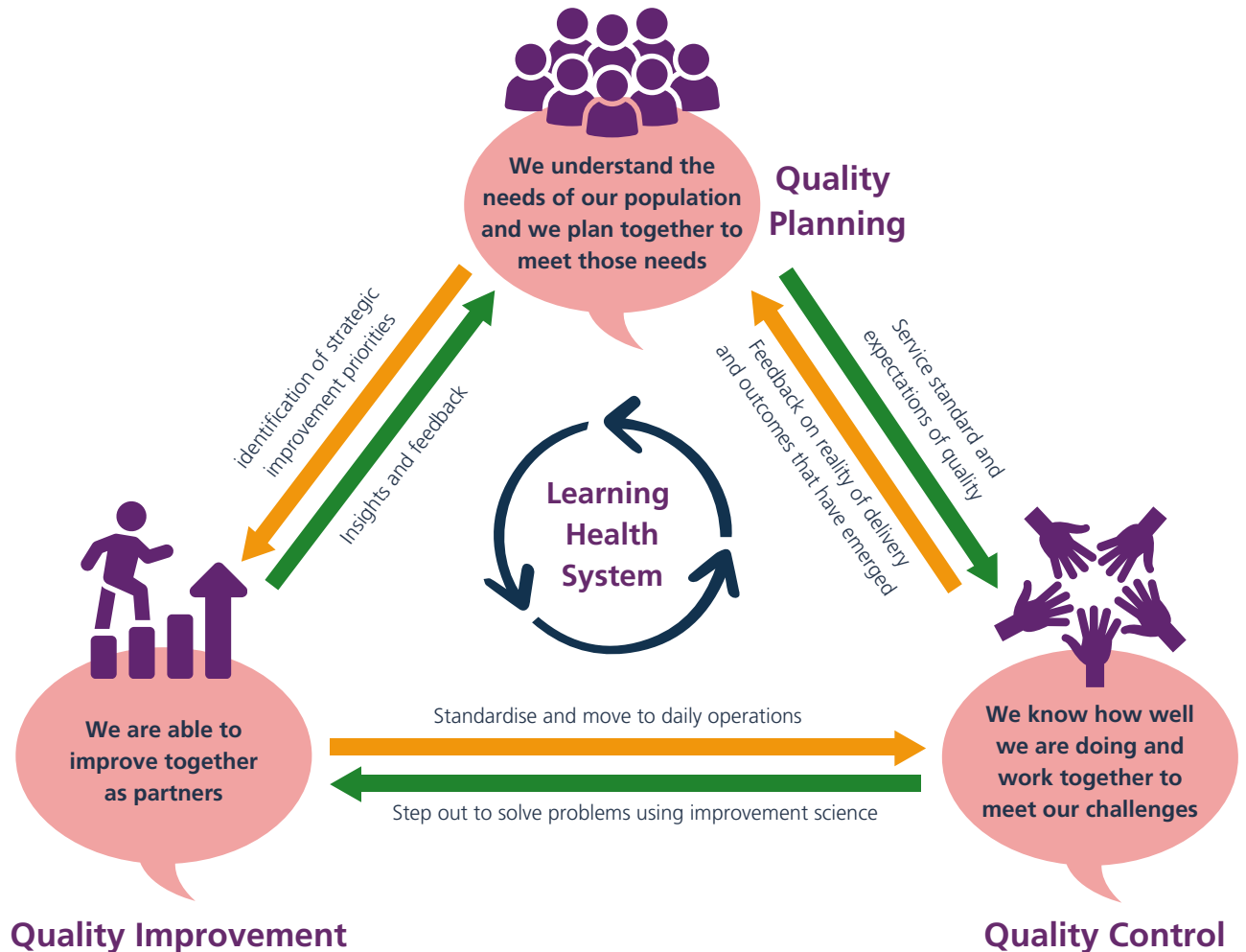


Building a Quality Management System

Our new organisation will be designed so the Board has visibility of performance and accountability to deliver against the clinical strategy, informed through embedded quality management systems.

The Quality Management System approach will include:

- Quality planning - this requires an understanding of the needs of our population, and codesigning an approach that seeks to meet their needs with measurable outcomes.
- Quality control - measuring quality outcomes, and using this information to identify and address emerging problems. Standardisation is an important quality control measure.
- Quality improvement - using evidence-based methodologies.



Shaping our corporate support services

Delivery of high-quality care to our population requires corporate support that includes:

- quality governance that supports continuous improvement and is coproduced.
- people services that support workforce planning, recruitment, retention, training and development in line with the principles set out here. Support is required with organisational development, training and development of staff, including through a Recovery College, and development of peer worker roles.

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Estates and Digital strategies are required to support collaborative system working across organisational boundaries, and enabling our services to get closer to, and meet the needs of, our communities.



The right operating model

If we are to achieve the benefits of the larger scale of the new organisation, and the strengthened focus on local delivery in collaboration with partners, then a new model of leadership is required that works in a matrix and is valuing both the operational and clinical/professional leadership approaches.

There are two key components of the matrix:

1. Clinical and operational leadership that is accountable for delivery of evidence-based practice, and provision of high-quality care within a financial envelope. In working across multiple similar teams, the leadership will be responsible for driving out unwarranted variation in practice.
2. Clinical and operational leadership focussed on delivery of seamless pathways within a geography (which may be a small local community, of around 50,000 population, through to extending beyond the population of Hampshire and the Isle of Wight). In integrated teams the operational leadership may come from elsewhere in the system, and will be responsible for ensuring there is effective collaboration between partners in response to local need and thus enabling warranted variation.



Developing this strategy

This strategy has been developed with contributions from a wide range of people and groups. Thanks to everyone who has shared views and helped shape this strategy.

Some of the groups and methods used to engage on this document have included:

- Project Fusion Clinical and Professional network
- 'Shape Our New Trust' engagement programme
- Project Fusion senior leadership workshops
- Project Fusion Clinical Steering Group
- Project Fusion Clinical Transformation Workstreams
- Community engagement and community conversations



Get involved

If you have feedback on this strategy, or would like to get more involved in shaping our services and our New Trust, please get in touch:

project@fusion.hiow.nhs.uk

To learn more about the work to create the New Trust, visit our website:

www.fusion.hiow.nhs.uk

This information is available in other formats and languages including large print.

Please contact project@fusion.hiow.nhs.uk

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Agenda Item 5

DECISION-MAKER:	Southampton Health & Care Partnership Board
SUBJECT:	Health and Care Quality Update
DATE OF DECISION:	25 January 2024
REPORT OF:	CLLR LORNA FIELKER LEADER OF THE COUNCIL

<u>CONTACT DETAILS</u>			
Director	Title	Director of Commissioning – Integrated Health & Care	
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	E-mail:	Terry.clark@nhs.net	
Author:	Title	Deputy Director of Quality and Nursing – Southampton Place	
	Name:	Matthew Richardson	Tel: 023 80
	E-mail:	matthew.richardson2@nhs.net	

STATEMENT OF CONFIDENTIALITY	
N/a	
BRIEF SUMMARY	
The purpose of this report is to provide a high-level overview of health and care quality in Southampton for services commissioned or overseen through the integrated commissioning unit. The Integrated Commissioning Unit is a joint commissioning team for Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board (Southampton area).	
RECOMMENDATIONS:	
	(i) To note the contents of the presentation Appendix as an update covering the above.
REASONS FOR REPORT RECOMMENDATIONS	
1.	See above.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	N/a
DETAIL (Including consultation carried out)	
	Please see detail provided in presentation as an Appendix.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	N/a
<u>Property/Other</u>	
	N/a
LEGAL IMPLICATIONS	

<u>Statutory power to undertake proposals in the report:</u>	
	N/a
<u>Other Legal Implications:</u>	
	N/a
RISK MANAGEMENT IMPLICATIONS	
	There are no risks associated with any requested decisions in this paper. Risks to health and care quality are detailed in the report attached as an Appendix.
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All wards
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Health & Care Quality Update presentation

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

Southampton Health & Care Quality

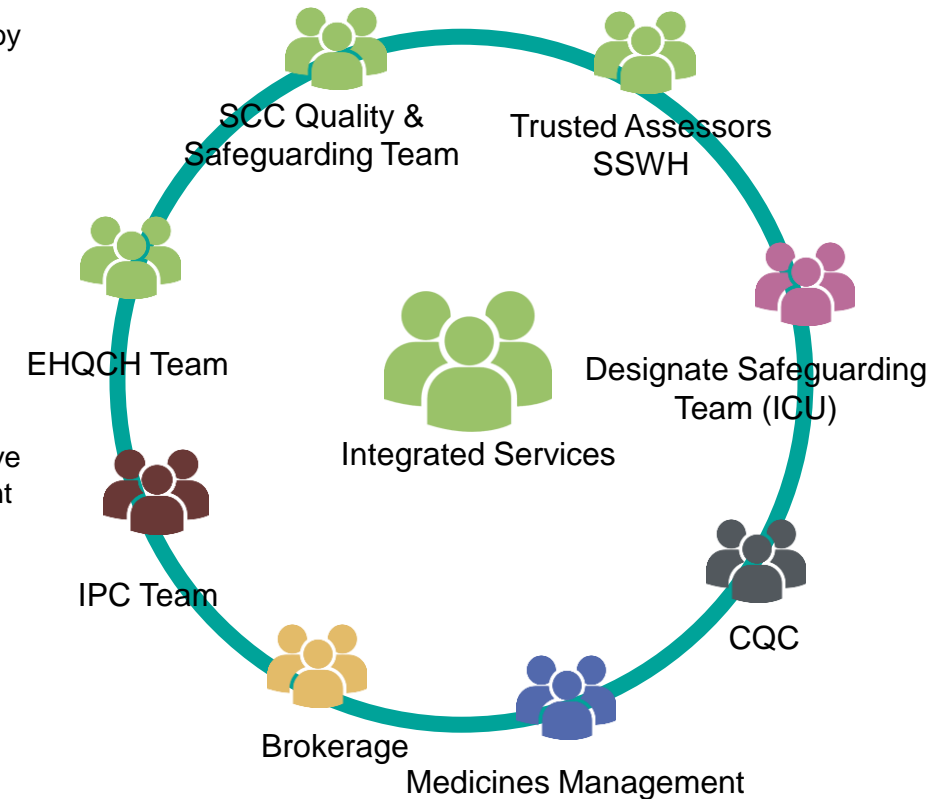
January 2024



Integrated Health and Care Commissioned Services (Integrated Commissioning Unit)



- The Integrated Commissioning Unit is a joint commissioning team for Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board (Southampton area)
- The Integrated Commissioning Unit brings together health and care quality into one model with the ability to deploy NHS and Local Authority resource quickly to support relevant sectors.
- The team comprises the following elements to provide a multi-disciplinary approach to quality assurance and safeguarding in provider services:
- **Quality and Safeguarding in Provider Services Team** – remit to quality assure and improve all social care providers across Southampton City to maintain a high quality and safe service
- **Enhanced Care Home Quality Team** – remit to provide clinical education, training, signposting, advice and guidance to care homes, nursing homes and extra care/supported living (currently vacant posts/no service)
- **Trusted Assessor-** remit to provide independent assessments to facilitate high quality, safe, speedy and effective discharges from hospital to care home. Based at the hospital with other clinicians but independent of them (vacant post from December 2023)
- **Infection Prevention** – remit to provide advice, education and assurance of health and care in Southampton
- **Clinical Quality** – remit to support the Integrated Commissioning Unit with quality advice and quality impact assessments
- **Designate Safeguarding** and the **Medicines Management** teams provide expert support as required
- The Integrated Commissioning Unit previously had a **Digital Care Team** with a remit to support social care providers to enhance digital skills and adopt technology that improves care (or acts as an enabler to accessing other services/projects) – these roles are not in the current ICU structure but the Integrated Care Board does have a digital project team for Hampshire and the Isle of Wight with a remit that includes project support to care homes.



Care (nursing, residential, home care)

- Social care providers in Southampton remain under significant pressure post pandemic within the current economic environment but continue to be resilient, despite the ongoing pressures and the complex clinical needs of adults
- The number of provider failures across Residential and Home Care services remains extremely low
- Previously we reported a trend in Southampton providers dropping from Good to Requires Improvement under Care Quality Commission inspection. This trend has stabilised amongst existing providers over the last 12 months, and the statistical changes in the percentage of providers rated Good or above are predominantly to a number of new providers entering the market and being rated as Requires Improvement and a small number of Good providers exiting the market
- There was one provider in Southampton rated Inadequate by the Care Quality Commission in October 2023 – this was the first inadequate provider in Southampton for a significant period of time and the Integrated Commissioning Unit supported the closure of the provision through the provider failure process (the quality issues were identified by the Quality and Safeguarding Team but insufficient progress on resolution was being made)
- Of the visits that took place, the following key improvement themes were identified (these are similar to previous years):-
 - Recruitment checks – requirement to obtain references for all previous employment – the Integrated Commissioning Unit are working with Care Quality Commission and the Home Office around education for providers on safer recruitment
 - Disclosure and Barring Service (DBS) checks not being renewed on a regular basis (there is no nationally defined renewal frequency)
 - Staff training not always being in date – a training directory has been developed and made available to providers by the Integrated Commissioning Unit workforce/commissioning team
 - Risk management around medications
- Care Quality Commission attend the weekly internal Quality and Safeguarding provider oversight meetings to ensure effective information flow and contacts are in place within Care Quality Commission locality Teams
- The Quality and safeguarding Team continue to work with all providers where CQC have raised concerns – both before and following inspection ratings. The remit of the Integrated Commissioning Unit is to support providers; general market management and resilience and to support them to make required improvements.
- The Quality and Safeguarding teams continue to work with providers with proactive audits (remote and on-site); training and of sharing of good practice.



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)



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



60 Home Care providers
90% rated Good or above by CQC (slight improvement)



Care (nursing, residential, home care)



- In comparison with the totality of the Hampshire and Isle of Wight Integrated care Board Area (Hampshire, Southampton, Portsmouth and the Isle of Wight) 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 allowing for providers with no published rating). Due to the small numbers of providers in Southampton a single Requires Improvement creates a significant change in % compliance
- At present Southampton has a higher 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 with the provider) they are no longer a priority for reinspection. This means that most of the providers in Southampton rated as Requires Improvement no longer have 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 closed
- On average, Southampton Nursing and Residential Homes are waiting 16 months for a re-assessment with the longest wait currently 39 months

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	Inadequate	Requires improvement	Good	Outstanding	No published rating	Total	Inadequate	Requires improvement	Good	Outstanding	No published rating
ENGLAND	177	2493	10978	606	503	14757	1.2%	16.9%	74.4%	4.1%	3.4%
SOUTH EAST REGION	34	451	2053	118	83	2739	1.2%	16.5%	75.0%	4.3%	3.0%
HAMPSHIRE & ISLE OF WIGHT ICB	6	84	464	27	17	598	1.0%	14.0%	77.6%	4.5%	2.8%
SOUTHAMPTON	0	7	25	0	0	32	0.0%	21.9%	78.1%	0.0%	0.0%



Improvement & Prevention (examples)



- **Residential Care Home:** Care Quality Commission inspection rated Requires Improvement (RI) in Safe and Well Led domains. Following the pandemic, further concerns were raised and a focused quality assurance audit was completed by the Quality and Safeguarding Team, supported by the Infection Prevention and Control Team. Following this involvement the Care Quality Commission Inspected again and found the provider to be Good overall in all five key lines of enquiry. The provider contacted the Quality and Safeguarding Team to request a full audit the following year where minimal actions or recommendations were made, confirming the provider had sustained improvements and embedded good practice. There have been no major concerns raised, and since this time the provider has opened a home care service that has been accepted on to the home care framework platform
- **Home Care Provider:** The Provider was in an Large Scale Safeguarding Enquiry process for five months and at risk of provider failure. With the support of the Quality and Safeguarding Team and joint working with Commissioning, improvements were made, and actions taken by the provider. It was recognised that the provider was making improvements when the Care Quality Commission completed an inspection and rated it overall Good in all five key lines of enquiry. Since then the provider has been accepted onto the home care new framework provider platform
- **Nursing Home:** Due to safeguarding concerns identified during a quality assurance audit the home was brought into a Large Scale Safeguarding Enquiry process in two consecutive years. There were significant issues relating to the nursing staff and leadership of the home. Wrap around intensive support by the Quality and Safeguarding Team, Medicines Management, Enhanced Quality in Care Homes Team, and Infection Prevention and Control Team has supported the provider to make sustained improvements and the Care Quality Commission have since rated them Good overall. The manager has excellent working relations with Quality and Safeguarding practitioners who have regular meetings with the provider. It is recognised that the improvements have been sustained and provider is working with commissioning to look at future plans
- **Rehabilitation Nursing Home:** The home has not been inspected by the Care Quality Commission since 2019. It was deemed necessary to complete a quality assurance audit where there were recommendations and actions requested. This audit took two days to complete and when the practitioners returned on the second day the improvements identified in the first day had already been completed
- **Residential Care Provider:** The Quality and Safeguarding Team worked with the provider following an assessment which identified systemic concerns of quality and safety. The involvement commenced in April and a Large Scale Safeguarding Enquiry process was implemented. The provider has shared grateful thanks to the Quality and Safeguarding Team for the support and involvement by the Quality and Safeguarding practitioner in identifying the actions required. Following a Large Scale Safeguarding Enquiry review the suspension has been removed, and a Caution applied.



Improvement & Prevention



- **Nursing Home:** The Care Quality Commission inspection rated the service as Requires Improvement. Previous Quality and Safeguarding Team audits had established recommendations and actions, however with a change to management and ownership the quality of care had slipped. Large Scale Safeguarding Enquiry commenced and suspension on new admissions applied. The Quality and Safeguarding Team worked with the provider and the Care Quality Commission to review their action plan. The Infection Prevention and Control and Medicines Management also provided input all of which has resulted in significant progress. The removal of the suspension for new admissions is to be removed. The manager and the Quality and Safeguarding Team have regular contact to discuss any concerns and ensuring partnership working is embedded. The Quality and Safeguarding Team have arranged a full follow-up quality assurance to ensure good practice is sustained.
- **Care Quality Commission** - Joint working continues with the Care Quality Commission with regular attendance at the quality and safeguarding teams weekly review meeting to share information and intelligence to support an immediate response to ensure safe practise is being applied within the Commissioned care homes
- **Learning Disabilities Residential Care Home:** A Large Scale Safeguarding Enquiry commenced early 2022 in response to the new manager raising a concern regarding one adult as significant concerns had been raised by the family about the leadership and staffing. The Quality and Safeguarding Team provided input by conducting quality reviews of the service, working in partnership with the Learning Disability team, Medicines Management, All Age continuing Care Team and Care Quality Commission and the provider to improve the quality of care. The Large Scale Safeguarding Enquiry has now closed and the individual continues to live at the home. The family are satisfied with the outcome and improvements made.
- **Assurance and quality improvement visits:** The Quality and Safeguarding team continue to provide quality assurance audits to ensure that social care commissioned services are regularly monitored and evaluated. Face-to-face visits, both announced and unannounced and virtual reviews are utilised as appropriate. For 2023/24 110 Quality Assurance visits were completed, with 145 enquiries/concerns managed via the Duty inbox.



Improvement & Prevention



- **Provider Assessment and Market Management Solution:** The Integrated Commissioning Unit and Quality and Safeguarding Team are working to implement the Provider Assessment and Market Management Solution with the Home Care framework. The Provider Assessment and Market Management Solution is an online assessment tool which can be used either as a direct audit tool by commissioners or as a self-assessment tool by providers which can be linked to the brokerage function. The tool will help assess the quality of care delivered by providers of adult social care services and is in use in the South West and East of England, which provides a standardised approach to quality and a useful comparison on market management. The team are currently scoping and training on the system prior to roll out to further homes in the city. There is a current Inclusive Lives Project Group where discussions on implementing Provider Assessment and Market Management Solution to support as many as 60 providers are ongoing
- **Virtual Transfer of Care:** Virtual Transfer of Care as initiated by University Hospitals Southampton continues to be a strong focus for both the Trust and the Integrated Care Board especially going into winter. University Hospitals Southampton continues with the roll out of Virtual Transfer of Care across the trust and making virtual handovers 'business as usual'.

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This initiative has been robustly tested and proved to have multiple benefits, as set out below, for all organisations and for individual patients.

- Improved patient experience enabling the home to be introduced to the patient and the patient to meet with a member of the care home team and greater involvement in their discharge process
- Improved quality and speed of the handover from University Hospitals Southampton to receiving care home and improve communication
- Aids the facilitation of same day discharges
- Improved working relations between University Hospitals Southampton and care home settings
- Provides an opportunity for the home to see how the patient transfers, mobilises, sits to stand via a virtual call
- Provides an opportunity for feedback and learning to eliminate failed discharges, readmissions, section 42's and complaints

The virtual handover does not replace the trusted assessor role; the purpose of the handover is purely to replace the telephone handover or a ward visit. Ward visits take time for both organisations and wards will be offering a virtual handover as the primary method of handing over.. If Virtual Transfer of Care is deemed not suitable, and a ward visit is the most appropriate method, then this will still be facilitated.



Interdependencies



- The Quality and Safeguarding Team meet and liaise with a wide variety of professionals in order to build a picture of risk across the social care system
- **Integrated Health and Care Commissioned Services Quality Manager (currently vacant), Deputy Director of Quality and Nursing (ICB) and Adult’s Designated Safeguarding Nurse** – chair Large Scale Safeguarding Enquiry meetings on behalf of SCC via s113 arrangement
- **Care Quality Commission** – attendance at internal Quality and Safeguarding Team meetings with regular liaison via the Deputy Director of Quality and practitioners regularly engage with local Care Quality Commission inspectors
- **ICB Medicines Management** – a high proportion of audit findings relate to provider management of medications
- **All Age Continuing Care** – utilises Continuing Healthcare reviews and intelligence to gather insight into provider management and low level concern
- **Children’s Designated Safeguarding Nurse** – provides support to the Children’s Quality Lead who assures unregulated children’s placements in the City
- **Adult’s Designated Safeguarding Nurse** - provision of safeguarding advice and guidance
- **Infection Prevention & Control** – utilises intelligence from Infection Prevention & Control visits, caseload and response to audit/ Care Quality Commission findings
- **Joint Integrated Care Board / Southampton City Council digital care team** - Supports with provider access to Health and Care records, NHS mail, Data Security Toolkit completion and webinars as well as supporting the new pilot Virtual Transfer of Care. These posts were removed September 2023
- **Adult Social Care Operational Teams** – team representation at safeguarding adults meeting, supporting a joint working approach to intelligence sharing and quality visits to inform best practice in the care provider setting
- **SCC Commissioning Teams** – attendance at various strategy and operational meetings to ensure that Quality is considered and embedded in ongoing decisions. Supporting workforce development and the market position. Influencing contractual arrangements
- **HCC and other LA’s** – Attendance at locality quality and safeguarding meetings to share intelligence in provider services.



COVID-19 and Influenza Vaccination (care workers)



COVID-19 Vaccination Programme:

UK COVID-19 vaccination programme is entering its third autumn season in 2023. The primary aim of the programme remains the prevention of severe illness (hospitalisations and deaths) arising from COVID-19. During the current phase of pandemic recovery, and while the virus continues to circulate and cause illness, the objective is to continue to focus the offer of vaccination on those at greatest risk of serious disease and who are therefore most likely to benefit from vaccination.

Care workers: Uptake of the first, second and booster doses of the COVID-19 vaccine in care workers in Southampton was extremely successful. However as there is no longer the legal requirement for staff to be vaccinated, homes are finding it much more difficult to get the data themselves. In addition, not all homes are proactive in reporting the data.

Factors influencing uptake include vaccine fatigue, legacy from the mandatory vaccination of care workers in 2021/2022 and higher rates of natural immunity through infection. This has also impacted on influenza vaccination rates. Similar patterns have been noted in health workers.

NHS England Data:

- **Staff vaccinations:** COVID vaccine uptake is 31% compared to last year's 38%
- **Residents:** COVID Vaccinations – 76%

There is no flu data available from NHS England at the time this report was written.



Infection Prevention & Control (IPC)



- The Integrated Care Board employs 1.8 WTE specialist infection prevention nurses in collaboration with Southampton City Public health to support Southampton Place
- These specialists continue to work across health and care settings, including as part of Public Health team in Southampton City Council
- The team supports surveillance, quality improvement, training and assurance across health and care settings, including undertaking infection prevention audits to support the safeguarding process or where Care Quality Commission have highlighted concerns.
- The IPC team are working with the Quality & Safeguarding Team to ensure infection prevention is included in the new education forums for the Health & Social Care Sector across the city
- The capacity tracker no longer captures outbreak data as it does not specifically ask about outbreaks, however the infection prevention team have advised and supported 37 homes where cases of COVID have been highlighted on the capacity tracker since February 2023
- IPC will contact, advise and support homes when informed of outbreaks by UK Health Security Agency or local teams and other organisations.
- IPC team advise and support homes who have outbreaks caused by many different organisms including Norovirus, Flu, Scabies, respiratory illness and COVID 19.
- Southampton had no reported Influenza outbreaks at the time of this report, however other areas of Hampshire have seen Flu activity
- Infection prevention support to the Health and Social Care sector is crucial to relieve the pressure on the whole health care system as early intervention, advice and support can prevent hospital admissions, serious illness and potential outbreaks.



Risks / Issues



Title	Risk	Mitigation/Actions
Financial sustainability and viability	<p>There is a risk that some care homes may become financially unsustainable as a result of any combination of:</p> <ul style="list-style-type: none"> • Inflation and overhead costs; • The rates that publicly funded organisations can afford to pay for clients; • The number of new private clients being lower than planned for, reducing income levels; • Increased costs of Personal Protective Equipment, staffing not covered by fees and charges • Homes unable to recruit, retain or supply enough staff to manage with outbreaks, staff isolation and sickness. 	<ul style="list-style-type: none"> • Continue to develop the understanding of risks for all homes so that proper management of risk can take place. • Monitoring of void levels overall and by individual home to identify specific risks and mitigations. • Contingency funding in place in case of provider failure • Care home needs assessment underway to identify long term needs • Support to homes to develop clinical skills to diversify client group
Page 69 Workforce	<p>There is a risk that care providers (homes and home care) may not be able to sustain high quality care due to workforce recruitment and retention pressures and issues relating to sponsorships</p>	<ul style="list-style-type: none"> • Recruitment tools and campaign developed in Southampton, including overseas recruitment • Develop the workforce support strategy together with providers and Hampshire Care Association • SCC Commission Grey Matter learning – e-learning portal for Social Care Providers • Improved education of sponsorship to ensure sponsorship rights are not removed
Care Quality Commission standards	<p>There is a risk that providers may not be able to meet and sustain Care Quality Commission standards due to the demand and capacity of registered managers and other workforce, which may result in vulnerable people not receiving optimal care</p>	<ul style="list-style-type: none"> • Returned to face to face assurance visits and support • Continue to provide support and advice via Quality and Safeguarding, infection prevention and control lead • Link with Care Quality Commission re intelligence and information sharing • Looking to develop support calls and forums



Risks / Issues



Title	Issue	Mitigation/Actions
<p>Workforce / Vacancies – ICB/ICU restructure</p> <p>Page 70</p>	<p>The Integrated Care Board / Integrated commissioning Unit are currently embarking on the next steps in redesigning the organisation to ensure that it is fit for the future. This is about making sure that the right skills, teams, structures and resources are in place to deliver on our strategic aims, duties and responsibilities for the benefit of people in the communities we serve. This work is taking place as we continue to work with our system partners in ensuring that services are delivered in the most efficient and effective way possible.</p> <p>The redesign work is being informed by a comprehensive review of all current team structures and resources. In the interim, no changes are being made to existing structures; which means that vacancies are being held. This has led to short term gaps within our Quality & Safeguarding, Enhanced Quality in Care Homes Team and the Trusted Assessor role.</p> <p>Impact on Quality:</p> <ul style="list-style-type: none"> • Proactive working with all providers cannot be prioritised. The current team members are under pressure to cover vacant hours to ensure continuity of daily duty cover, business meetings, safeguarding in provider services. • There is temporarily no proactive nursing support to support providers with clinical education, training, advice and guidance and signposting. • Risk of increase in pressure ulcers and other health related issues. • Inability to increase providers accessing technology to reduce restriction/support care 	<ul style="list-style-type: none"> • Current workload is prioritised with a focus on providers with highest level of concern and areas for improvement • Business case approved requesting utilising some of the vacancy funding to increasing the working hours of some of the current workforce who work part time • Responding to safeguarding alerts, visiting when required. • Clinical oversight support for providers requested from HIOW ICB Nurse Facilitator (Hampshire). This is on an ad hoc basis to support services with clinical education including Restore 2. • Support calls arranged with the 9 nursing homes in the city. Advice given to report PU's as safeguarding when assessed as required. • Possible ad hoc support from Hampshire Trusted Assessor • The Quality Team and All Age Continuing Healthcare Team has clinicians that can advise the social care sector when required • Trusted Assessor has informed care/nursing homes. Queries to be signposted to the Transfers of Care Hub (TOCH)



- The wider Integrated Commissioning Unit Clinical Quality Team continues to support and monitor health providers utilising the internal governance and assurance functions of those providers which has proved to be a more collaborative approach. This includes participation in the providers own internal quality assurance visits, governance meetings and quality improvement initiatives.
- The Southampton & South West local Quality Committee has now been divided to facilitate a Southampton only Quality Group. This group is made up of health, social and voluntary sector providers and continues to develop and mature
- The health system continues to be under sustained and exceptional pressure (akin to permanent high winter demand and ongoing industrial action, more latterly in 2023 specific to Junior Doctors across the system). Extensive planning and contingency to maintain safety was put in place by both employers, workers and the unions. Further industrial action is occurring in early 2024.
- Project Fusion: the name being given to the work underway to create a new NHS Trust for community, mental health and learning disability services. This is bringing together community, mental health and learning disability services across Hampshire and the Isle of Wight. In January 2022, the Hampshire and Isle of Wight Integrated Care System commissioned an independent review of community, mental health and learning disability services across Hampshire and the Isle of Wight, to find out how best to meet the current and future demands of our local populations. One of the review's key recommendations was that a new organisation should be formed - to bring together these services into a single, new NHS Trust. This includes all the services provided by Solent NHS Trust, Southern Health NHS Foundation Trust, community, mental health and learning disability services provided by Isle of Wight NHS Trust, and Child and Adolescent Mental Health Services provided by Sussex Partnership NHS Foundation Trust in Hampshire. The ambition is to create this new organisation by April 2024
- South Central Ambulance Service continues to make good progress on improvement, overseen by the Integrated Care Board.

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Current Care Quality Commission ratings for the main Providers in Southampton (no changes since the last report):

	University Hospital Southampton	Solent NHS Trust (Community Services)	Southern health NHS Foundation Trust (mental health services)	Practice Plus Group Urgent Treatment Centre	Spire Healthcare	Countess Mountbatten Hospice	South Central Ambulance Service
Care Quality Commission rating	Good	Good	Requires Improvement	Good	Good	Good	Inadequate

Primary Medical Services



- All 25 General Practices (GP's) in Southampton are rated as Good by the Care Quality Commission

Primary Medical Services General Practice	Outstanding	Good	Requires Improvement	Inadequate	Not rated
Southampton	0	24	0	0	1

- Primary Care offered 71702 thousand (K) appointments in October 2023, of which 46179 (K) were face to face (compared with 677,072 total appointments (K) in October 2022)
- Primary Care responded to winter resilience offering same day surge capacity access from December 2023
- Southampton Quality have continued onsite quality insight visits with primary care practices to promote the sharing of good practice and to support preparation for Care Quality Commission visits. Twenty visits have been completed with a further two planned before March 2024. Part of this work seeks to identify and spread innovation and best practice.
- Annual General Practice Patient Survey was published in July 2023 – the response rate in Hampshire and Isle of Wight was one of the best in the South East Region
- Overall, there has been a slight drop in overall experience rated as good between 2022 and 2023 from 72% to 70% which mirrors the national picture (71% nationally assessing overall experience as good)
- The main area of concern continues to be access to primary care, despite the additional numbers of appointments – this may be due to the change in the type of appointments being offered – e.g., online access and appointments with qualified health professionals other than General Practitioners
- There has been a slight drop in ease of getting through on phone (1% percentage points) – better than the national picture
- Website satisfaction – is down two percentage points which may indicate people are trying to use websites more for digital access and finding them difficult to navigate – work is being done to scope standardising websites
- Static result in patients being offered a choice of appointments with a decrease in being offered a choice in appointment times
- Southampton is offering above national average face to face appointments
- Confidence and trust remains stable and slightly above national average (ICS 73%)



Health Risks



Title	Risk	• Example Actions
Urgent and Emergency Care	There is a risk that activity in urgent and emergency care pathway (Primary Care, NHS111, Out of Hours, SCAS, Urgent Treatment Centres, Emergency Departments) remains high and results in difficulties and delays in access for patients and workforce fatigue / clinical risk for providers	<ul style="list-style-type: none"> • Primary Care providing additional capacity through increased appointments, including face to face • Acute respiratory hubs implemented • UTCs are supporting by releasing some pressure from the Emergency Department • Alternative pathways to urgent care being developed • Primary Care stocktake on same day access
Page 73 Industrial Action	<p>Impact of industrial action: risk of harm and increased waits. Impact on staff (fatigue, resilience and additional ongoing impact for staff covering during periods of industrial action). Future potential risk with plans for further industrial action across the health system.</p> <p>Quality impact: increased waiting times, delays to diagnosis and treatment and potential risk in relation to patient outcomes.</p> <p>No reported significant harm to date.</p>	<ul style="list-style-type: none"> • tried and tested plans in place to mitigate risks to patient safety and manage any disruption. • Emergency care and other critical services such as maternity departments will be open and life-threatening calls responded to. • Local services will keep their websites and social media accounts up-to-date with information about service disruption.
Elective Surgery Backlog	Dealing with the pandemic and more recently the ongoing Industrial action, has inevitably had an impact across the health service, including on the amount of planned care the NHS has been able to provide, in turn meaning longer waits for many patients and a rapidly increasing waiting list.	<ul style="list-style-type: none"> • NHS England published Elective Recovery Planning supporting guidance. • Providers looking at how they can expand capacity. • Prioritisation of treatment is based on clinical urgency. • ICB is working with providers in relation to undertaking harm reviews.
Workforce	There is a risk that health providers may not be able to sustain high quality care due to workforce recruitment and retention pressures.	<ul style="list-style-type: none"> • Workforce strategies being developed across the ICB • Providers are collaborating around supply of workforce • Increased investment into social care to reduce medically optimised for discharge patients and workforce demand • ICB oversight continues with workforce included in meetings with providers.



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Agenda Item 6

DECISION-MAKER:	Health & Care Partnership Board
SUBJECT:	Better Care Fund 2023-2024 Quarterly Update
DATE OF DECISION:	25 January 2024
REPORT OF:	COUNCILLOR LORNA FIELKER LEADER OF THE COUNCIL

<u>CONTACT DETAILS</u>			
Executive Director	Title	Wellbeing & Housing	
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STATEMENT OF CONFIDENTIALITY	
N/a	
BRIEF SUMMARY	
The report provides an update on the Better Care Fund quarterly performance for 2023/2024.	
RECOMMENDATIONS:	
(i)	For Southampton Health and Care Partnership Board to note the content of this report.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The Southampton Health & Care Partnership Board (SHCPB) is responsible for oversight of the Better Care pooled fund. This responsibility has been delegated to SHCPB from the Health and Wellbeing Board (HWBB).
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2	N/a
DETAIL (Including consultation carried out)	
3	<p>Background</p> <p>The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.</p> <p>NHS England, for the first time, has set a requirement for the Better Care Fund, to be a two year plan covering April 2023 to end of March 2025, to</p>

	<p>further support and encourage integration by requiring integrated care systems and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.</p> <p>BCF local reporting and oversight</p> <p>The BCF Finance and Performance Group provide the oversight of the Better Care Fund S75 agreements and assurance to the Boards that the funding and performance are being -</p> <ul style="list-style-type: none"> • appropriately and effectively managed • Southampton is compliant with the national conditions • Issues and risks are raised, and mitigations taken where appropriate and/or possible.
4	<p>Priorities for 23/25 BCF Plan First year of plan 2023/2024</p> <p>Priority 1 Delivering on Avoidable Admissions to enable people to stay well, safe, and independent at home for longer Strong focus on prevention, admission avoidance through our Urgent Response Service, proactive care at home (reducing preventable admission to long term care), carers services and Enhanced Health in Care Homes (EHCH) arrangements.</p> <p>Priority 2 Further developing the discharge model to promote right care in the right place at the right time</p> <ul style="list-style-type: none"> • Recovery and Assessment and Home First • Hospital Discharge process and out of hospital capacity • Recovery and assessment, promoting a home first approach • Focus on discharge capacity for those with the most complex needs <p>Priority 3 Supporting unpaid carers</p> <p>Priority 4 Effective utilisation of the Disability Facilities Grant promoting independence and personalised care/strength-based approaches</p> <p>Priority 5 Health and Health Inequalities reducing health inequalities and disparities for local population, taking account of people with protected characteristics.</p>
5	<p>2023/24 Quarterly Financial Performance</p> <p>Since the previous report to the Health and Care Partnership Board on 19 October 2023, reporting to the end of Q2, month 6, there has been little change in the financial situation. The three areas, where there is a variation from plan remain as previously reported as follows:</p>

Variation from plan

- **Changes in Learning Disability packages** causes fluctuations in overall budget. Due to the complexity of these individuals, a change in one person's care has a significant impact, positively or negatively, on the budget. In addition service provision which had increased due to uplifts have recently been agreed with providers and backdated to 1 April 2023.
 - ICB: Current forecast overspend of £526k
 - SCC: Current forecast for this service is £729k overspend

A Learning Disability Transformation programme has been established to identify and progress commissioning and operational improvements in services for people with learning disability focussed on improving outcomes, quality, and value for money. This includes a specific focus on housing and accommodation, ensuring that people are supported in the least restrictive housing settings to meet their needs which has led to deregistration of residential provision and development of new supported living schemes. There is an increase in the use of TEC, and practitioners have been able to reconfigure support hours into Supported Living schemes to right-size care and support plans. The programmes also include developing a broader respite and meaningful opportunities offer through the Inclusive Lives project that is underway to procure a more strengths and community based, personalised support with greater focus on progression e.g. development of life and employment skills to increase independence and reducing the risk of social determinants. The Inclusive Lives tender is due to be issued in Spring 2024 for service provision to commence Autumn 2024. There is strong focus to reduce or delay onset of need, and this includes working in partnership with the VCSE sector and wider health partners to support a reduction in health inequalities experienced by people with learning disabilities and their carers, for example by increasing uptake of the learning disabilities annual health checks and cancer screening. Planning for those with complex needs and to bring forward potential joint opportunities with wider system is part of the overall transformation. This has included to date, development of a Trauma informed Care (TiC) Concordat, and Least Restrictive Practice/TiC Forum and the implementation of a Crisis Space where a person is at risk of breakdown.

- **Joint Equipment (JES).** Across each of the prescribing organisations, numbers of orders have increased through to October compared to last year along with repair costs increasing. Further work is underway to better understand where these increases are, whether they will persist for the remainder of 2023/24 and what mitigations can be put in place. Early findings would suggest that there has been an increase in complexity – potentially driven by the “home first” focus for hospital discharge – and increases related to implementation of single handed care which reduces reliance on double handed packages and therefore the costs of packages of care.
 - ICB: Current forecast overspend of £227k
 - SCC: Current forecast overspend of £230k

- **Disability Facility Grant (DFG).** The DFG is forecasting an underspend of £3,247k and steps have been put into place to expedite client backlog.

At the time of writing, Month 9 (Apr – December) finance data for both ICB and City Council spend is unavailable but will be available week commencing 22 January for inclusion in the final Q3 BCF report submitted to NHSE.

6

Quarter and Monthly Metrics position

Red indicates not on target

Green indicates meeting target

BCF National Metrics	Q1		Q2		Q3 estimated (M7 data)	
	Planned	Actual	Planned	Actual	Planned	Actual
Avoidable Admissions Unplanned hospitalisation for chronic ambulatory care sensitive condition rate of admissions per 100,000 population	218.41	272.00*	200.45	225.40	249.19	213.00
Falls Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	752.64	743.60*	752.64	762.70*	752.64	Data not available to report at this time
Discharge to normal place of residence Percentage of people who are discharged from acute hospital to their normal place of residence	95.00%	95.31%	95.00%	94.72%	95.00%	95.45%
Residential Admission Rate of permanent admissions to residential care per 100,000 population (65+)	140.47	202.28	140.47	179.81	140.47	196.66**
Reablement Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	75.00%	***		***		***

NB: Timings of the available National Data.

Owing to national data reporting timescales, only month 7 (April – October data) is available for all indicators. Month 9 (April – December) data is expected the third week in February, therefore for comparison purposes the M7 (October) data has been used to estimate a Q3 position in the table. However, it should be noted that as this is only 1 month’s data, there is a strong likelihood that the final position for Q3 will change. The data is approximately available 6-7 weeks after the end of the reporting month and then is updated each month thereafter, continually validating coding and delayed entries.

*This is an increase as previously reported – the SUS figures do change for previous months, most likely the increase is due to the delay in some records not initially containing relevant diagnosis codes which have then been updated.

** A deep dive is currently taking place to understand the data which is being collected for this metric and its accuracy.

***Data currently manually collected between Oct- Dec, reporting provided Jan-Mar 24 in line with national reporting timeframes). Systems underway to see if this data can be reported digitally locally to enable more frequent reporting.

Metric Narrative

Admission Avoidance

Our plans to reduce the rate of avoidable hospital admissions by 5% compared to last year have been impacted by financial and recruitment challenges in some of our key schemes, in particular impacting our ability to expand virtual ward roll out and urgent community response. We have also needed to pause the roll out of Population Health Management (PHM) owing to lack of data analyst resource. This, coupled with increased demand this year compared to last, has meant we have not achieved our 23/24 planned position. The following developments are in progress to improve performance on this metric:

- development of Proactive Case Management.
- URS working with South Central Ambulance Service (SCAS) to receive referrals directly from the SCAS Urgent Care Desk enabling URS to respond quickly to assess patients within 2 hours thereby preventing an admission.

Falls

Plans to improve performance are aligned with the Admission Avoidance work but specific work in relation to falls includes:

- Continued Focus on Falls through the Falls Link Meeting that brings together a range of professionals from across the City.
- Audit programme in place looking at a range of falls related issues e.g. medication, follow ups etc.
- URS and Community Independence Service (CIS) also undertake the Comprehensive Falls Assessments (RAG rated) which can then be undertaken rapidly through internal referral when URS picks up a falls referral from SCAS (as mentioned above)
- The Saints Foundation who provide Falls Recovery Classes increasing the workforce expertise in relation to Falls.
- CIS have started to roll out vestibular work (balance exercises) as there is evidence that there is an increase in the incidences of vertigo in older patients

Discharge to normal place of residence

We have based our ambition on consistently achieving 95% throughout 23/24 based on the national expectations. We continue to strengthen our focus on home first through:

- Increasing community health and social care presence on the hospital site to be part of early discharge discussions with staff and families, promoting the home first messages and culture.
- Strengthening our reablement offer to support more people to regain/improve their independence.
- Increased partnership working with the VCSE through our VCSE hospital discharge navigation pilot which went live in November to connect

	<p>people with the support available in their own communities to keep them well and prevent social isolation.</p> <p><u>Residential Admissions</u> Southampton has seen a steady improvement in performance over the last 4 years however, particularly given the increased complexity across the system and the capacity within our teams to ensure timely assessment and reviews, sustaining this area of work is challenging. We will be looking to further improve on this metric through:</p> <ul style="list-style-type: none"> • Continued focus on strengths based practice across the system, promoting the home first message • Expanding our reablement offer to focus on community referrals as well as hospital discharge • Strengthening reablement through increasing therapy oversight to assessment and review of process to ensure goals are realistic and met • A stronger focus on Home First for hospital discharge • Greater use of technology and equipment to support people in their own homes, ensuring that this is central to the assessment process <p><u>Reablement</u> Data for this metric has historically been reported annually in line with the Adult Social Care Outcomes Framework (ASCOF) reporting requirements, however work is underway to find a way of reporting the metric more frequently locally. This includes development of a local dashboard which shows performance against a range of measures. In particular this records the percentage of clients who completed reablement each month who were either independent or still needed ongoing care, the aim being to help more people to become independent. In November (latest reported figures), 67% were reported to have been independent at the end of their reablement care This is lower than the average for the year to date (70%) but should rise for the remaining months of the year as strengthened criteria are introduced into the service which more clearly identify realistic reablement goals and therapy oversight is brought into the service.</p>
7	<p>Disability Facility Grant (DFG)</p> <p>Following on from the October 23 report, the following actions have happened:</p> <ul style="list-style-type: none"> • Housing Assistance Policy in place enabling a more flexible approach to delivering home adaptations • A new manager has been appointed. Will begin towards the end of February 2024, 12 months fixed term, full time. • Four new case workers have started. • Reviewing team structure to understand efficiencies and working practice • A new process is being developed regarding DFG funding bids for the purposes of audit. <p>However, the plan has stalled due to a manager not being in post and a delay until a new manager starts. The backlog has increased and is now at 280 which is mainly due to two things:</p>

	<ul style="list-style-type: none"> Occupational Therapists have increased throughflow of referrals (with more being classed as priority),but the DFG team structure is currently not delivering efficiencies, due to imbalance. Whilst 4 caseworkers were recruited, we failed to attract and recruit 2 Senior Technical officers which means that despite being able to take some of the burden, the team still needs more technical staff to get through the caseload. <p>The plan is being developed to address this within the financial year, subject to necessary approvals.</p>
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RESOURCE IMPLICATIONS

Capital/Revenue

	The overall pooled fund for 2023/2024 is £168,322,000, split as follows:												
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">BCF Funding 2023/4</th> <th style="text-align: right;">Planned £'000</th> </tr> </thead> <tbody> <tr> <td>ICB</td> <td style="text-align: right;">£99,381</td> </tr> <tr> <td>SCC (including the iBCF allocation)</td> <td style="text-align: right;">£57,727</td> </tr> <tr> <td>BCF Discharge Fund (ASCDF)</td> <td style="text-align: right;">£3,130</td> </tr> <tr> <td>Disabled Facility Grant (DFG) inc c/f from previous years</td> <td style="text-align: right;">£8,084</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">£168,322</td> </tr> </tbody> </table>	BCF Funding 2023/4	Planned £'000	ICB	£99,381	SCC (including the iBCF allocation)	£57,727	BCF Discharge Fund (ASCDF)	£3,130	Disabled Facility Grant (DFG) inc c/f from previous years	£8,084	Total	£168,322
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Disabled Facility Grant (DFG) inc c/f from previous years	£8,084												
Total	£168,322												

Property/Other

	N/a
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LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

	N/a
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Other Legal Implications:

	N/a
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RISK MANAGEMENT IMPLICATIONS

	There is a risk of overspend against a small number of schemes within the pooled fund as explained in section 5, quarterly performance. Each scheme is under close scrutiny and where possible the overspend is mitigated but will be notified when mitigation is at risk.
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POLICY FRAMEWORK IMPLICATIONS

	<p>The BCF planning and narrative plan for 2023-24 were submitted on 28 June 2023 and approved by NHS England.</p> <p>The Better Care Finance and Performance Group provides assurance to Southampton Health and Care Partnership Board on the delivery of the Better</p>
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	Care Fund against the plan. Areas of concern are escalated as appropriate and in line with the governance and assurance process.
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KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	N/a

Documents In Members' Rooms

1.	N/a
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