Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 27th June, 2024
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

Members

Councillor W Payne (Chair)
Councillor Houghton
Councillor Kenny
Councillor Noon
Councillor Gravatt
Councillor Greenhalgh
Councillor Renyard

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

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

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

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

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

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

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

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

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

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

CONDUCT OF MEETING

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

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

QUORUM

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

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

(ii) Sponsorship

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

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

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

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

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

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

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

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

OTHER INTERESTS

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

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

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

PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

DATES OF MEETINGS: MUNICIPAL YEAR

2024	2025
27 June	6 February
29 August	3 April
31 October	
5 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 ELECTION OF VICE CHAIR

To elect a Vice Chair for the 2024-2025 municipal year.

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

4 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

5 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

6 STATEMENT FROM THE CHAIR

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 25 April 2024 and to deal with any matters arising, attached.

8 HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) SOUTHAMPTON

(Pages 5 - 18)

Report of the Director of Strategy and Performance and the Director of Public Health recommending improved awareness and understanding of HDRC Southampton, and the principles upon which it is based, to support better decision-making related to health outcomes in the city.

9 ARRANGEMENT FOR ASSESSING SUBSTANTIAL CHANGE IN NHS PROVISION - UPDATE
(Pages 19 - 36)

Report of the Scrutiny Manager recommending that the Panel considers and approves the revised arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth local authority areas.

10 MONITORING SCRUTINY RECOMMENDATIONS
(Pages 37 - 40)

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

Wednesday, 19 June 2024 Director – Legal and Governance

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 25 APRIL 2024

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

Apologies: Councillors Allen

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

The apologies of Councillor Allen were noted.

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

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

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

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

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

RESOLVED: that the minutes for the Panel meeting on 8 February 2024 be approved and signed as a correct record.

36. **COMMUNITY WELLBEING - PERFORMANCE AND TRANSFORMATION**

The Panel considered the report of the Scrutiny Manager which recommended that the Panel challenged and considered the appended information relating to the performance of Community Wellbeing services, transformation, hospital discharge and financial savings.

Duncan Linning-Karp – Deputy Chief Operating Officer, University Hospital Southampton; James House, Managing Director, Southampton Place, Hampshire & Isle of Wight Integrated Care Board; Clare Edgar, Executive Director Wellbeing and Housing; and Councillor Finn, Cabinet Member for Adults, Health and Housing were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

Hospital Discharge

- Delayed discharge was generally not beneficial to the hospital or to the patients. However, the reasons for delay were complex and included finance and

workforce issues. Care in the community was not always there for people to be discharged to.

- Since the Covid pandemic there had been an increase in the complexity of patients needs which made arranging discharge more complex. This increase in complexity has been national and internationally in the western world.
- The hospital was implementing discharge plans as soon as possible to help keep patients moving while in hospital.
- Evaluation of length of stay in hospital identified that there was a tendency to over clinicalise people and to over medicate patients, the pathway that patients were advised to take by the first point of contact weren't always the most appropriate.
- There were considerable challenges for information sharing and joined up decision making due to the numerous digital systems that were used by different parts of the NHS and neighbouring authorities but did not link up with each other effectively.
- A task and finish group had been set up to look at the whole care pathway and how to ensure the right care is provided in the right place at the right time. Investment in prevention and early intervention services would help to reduce the need for residential and hospital care. For example, the provision of acute care for one patient is very expensive whereas that same money could fund reablement services for several patients.
- The employment of a homelessness advisor to sit in hospital discharge team had made an impact on reducing the number of homeless people who return to hospital within a few weeks of leaving.

Adult Social Care and Community Wellbeing

- The Council was looking into purchasing an improved data recording system for Childrens and Adults services.
- Management of the front door to adult services had improved with most contacts managed through the provision of information and advice.
- Southampton still do more care assessments than our statistical neighbours.
- The number of people going into residential care was also higher than statistical neighbours and the reasons include not having enough supported accommodation or respite options in the city.
- Audits had been carried out to check that people were in the right place and right time and found that they were in the most appropriate place for the current condition of the local market.
- Deprivation of Liberty Safeguards (DOLS) is a separate process from social care provided by the Local Authority and are not part of the ASCOF data.
- Direct payments were not easy for people to understand or set up and they needed to be made more accessible for people who need it.
- Beneficiaries of direct payments have to show how the payments are used to pay for care at a 6 monthly review, which is the same for those receiving care from the Local Authority.

Transformation

- The finance and fairer charging policy has been approved and is now fit for purpose.
- The virtual wallet had been implemented to make it easier for clients to manage their direct payments but there was more work to be done to improve up take.

- The next phase of the transformation restructure was due to be implemented in September 2024 and will streamline the teams so there are clear pathways through care.
- The service has been audited regularly to monitor how and where the budget has been spent and the impact and value for money that has been achieved.
- There were some pockets of good best practice in the service and that needs to be shared with staff so that there was a more consistent approach across the service.
- The closure of Holcroft House and the recruitment of staff, thereby reducing agency spend, has contributed to reducing the budget deficit.
- Adult services hold a monthly budget meeting to review the funding streams that are green and those that are red.

RESOLVED that:

1. The Panel encourages close and regular communication between the City Council and ICB regarding non-criteria to reside (formerly known as delayed discharges from hospital) to ensure this issue was addressed and cases are reduced.
2. The Panel requested that DOLS statistics are added to the data sets presented when adult care performance was scrutinised at future meetings.
3. The Panel requested that it received early sight of budget savings and efficiencies in the transformation programme that are not going to be delivered or are falling behind schedule to enable the reasons to be scrutinised effectively.

37. **MONITORING SCRUTINY RECOMMENDATIONS**

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

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) SOUTHAMPTON
DATE OF DECISION:	27 JUNE 2024
REPORT OF:	DIRECTOR OF STRATEGY AND PERFORMANCE / DIRECTOR OF PUBLIC HEALTH

CONTACT DETAILS				
Executive Director	**Title**	**Executive Director for Communities & Wellbeing (DASS)**		
	Name:	**Claire Edgar**	**Tel:**	**023 8083 3045**
	E-mail	**Claire.edgar@southampton.gov.uk**		
Author:	**Title**	**Consultant in Public Health / Co-Director HDRC Southampton**		
	Name:	**Becky Wilkinson**	**Tel:**	**023 8254 5353**
	E-mail	**Becky.Wilkinson@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
Not applicable
BRIEF SUMMARY
To address significant health challenges in the city, Southampton City Council (SCC) has successfully been awarded a £5 million grant, over a five-year period, to become a Health Determinants Research Collaboration (HDRC). This award presents SCC with an exciting opportunity to be more evidence informed in its decisions on the projects and programmes that impact on health and health inequalities. The funding will be used to build the infrastructure, capacity and capability needed to support officers and elected members to use research evidence when making decisions. This will ultimately allow the HDRC to attract further funding through applying for research grants. Involving the local community at all stages is a fundamental part of HDRC Southampton and aligns with our prevention transformation programme.
RECOMMENDATIONS:

	(i)	That the Panel note and understand the aims of HDRC Southampton, the methods of implementation and the anticipated outcomes.
	(ii)	That the Panel utilise knowledge about HDRC Southampton when considering health issues in Southampton over the coming years.
	(iii)	That the Panel support a cultural shift to more evidence informed decision making across Southampton City Council.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To improve awareness and understanding of HDRC Southampton, and the principles upon which it is based, to support better decision-making related to health in the city.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
	Background
3.	Southampton has significant health challenges and inequalities in health. For instance, male life expectancy is just 73 years in Bevois ward compared to 83 years in Bassett. Additionally, not only do people in the most deprived parts of Southampton have shorter lives, but they also spend a greater proportion of their life in ill-health than those living in the most affluent areas. In the most deprived parts of the city, healthy life expectancy is just 57.1 years for males, so in these areas, men are living a quarter of their shorter lives in ill health (compared to a healthy life expectancy of 71 years in the least deprived parts of the city).
4.	Factors which influence health, known as the wider determinants or building blocks of health, are often significantly worse in our city than the national average. The number of residents claiming out-of-work benefits has grown since the pandemic and 16% of working age adults are on Universal Credit. Levels of child poverty are high, with 22% of Southampton's children living in low-income families and 33% eligible for free school meals. We have high rates of overcrowded households and there is an inequality gap in pay of £37 a week on average between those working in and those resident in the city. Southampton ranks 55th out of 317 local authorities (where 1 is the most deprived), making it more deprived than the Office for National Statistics 'most similar' authorities of Bristol (82nd) and Leeds (92nd).
5.	The National Institute of Health and Care Research (NIHR) is investing in Health Determinants Research Collaborations (HDRCs)[1] to boost research infrastructure, capacity and capability within local government in order to support better decision-making related to health. The NIHR intends that HDRCs embed a culture of using evidence when making decisions and that, through HDRCs, local authorities are supported to generate and use research to impact the building blocks of health and reduce health inequalities.
6.	Over the past two years, 30 local authorities have received HDRC funding. Southampton City Council (SCC), in collaboration with its partners[2], was successful with its bid in 2023 and became HDRC Southampton[3] on 1st January 2024. The funding totals £5 million pounds over a five-year period (ending 31st December 2028).
7.	The NIHR is clear that the HDRC funding is to build research infrastructure, capability and capacity and not actually to fund the research itself – through these investments, HDRCs should be able to secure additional external funding for that. Indeed, across the Wessex health and care system, the

[1] https://www.nihr.ac.uk/explore-nihr/support/health-determinants-research-collaborations.htm
[2] University of Southampton, Solent University and Southampton Voluntary Services
[3] https://data.southampton.gov.uk/research/hdrc-southampton/

	NIHR provides approximately £36m per year in core NIHR infrastructure funding to enable researchers to leverage additional grant income. Typically, every £1 of this core infrastructure funding leverages £10 in grant funding, showing the potential investment that HDRC Southampton could bring to the city.
8.	As a council, we are ready for the culture change needed to become evidence informed. This approach aligns with our transformation plans and our new operating model. A recent survey to understand our baseline position in terms of being evidence-led, revealed that although less than a third (31%) of staff currently use research in relation to their work, there is a big appetite for change. For instance, many of the respondents (69%) said they want to do robust research and 82% want to develop skills to find, review, and use evidence.
9.	There are also some good examples of evidence informed decision making within SCC on which HDRC Southampton can build. For instance, in 2022 we were successful in applying to the NIHR PHIRST[4] scheme to evaluate our approach to healthy placemaking. This evaluation is now complete[5] and found many benefits of our approach, such as intersectoral working, increased workforce capacity and more health relevant policies and plans. This robust evidence has supported the decision to employ a permanent Healthy Places post in the Planning Team. Additionally, the evaluation is being used by local authorities across the country to support their work on healthy placemaking and has raised Southampton's profile on this agenda.
	Aims and objectives of HDRC Southampton
10.	HDRC Southampton aims to improve health, and reduce health inequalities, by working with our partners and communities to develop our research capacity and embed a culture of using research evidence when making decisions on the building blocks of health.
11.	We plan to achieve this through the following objectives: 1. To advance meaningful Public Involvement and Community Engagement to give everyone the opportunity to influence what research is undertaken and to get involved in that research. 2. To develop the infrastructure, governance, and processes for SCC to lead research into areas deemed most important by our communities and partners. 3. To establish a culture of evidence informed decision making and evaluation, where staff and elected members feel confident in accessing and using research, through learning opportunities, promotion, and academic support. 4. To collaboratively secure funding to expand our local evidence base. 5. To monitor and evaluate the impact of our HDRC, sharing findings and acting on them in partnership with our communities, to ensure our approaches are relevant and meaningful.

[4] https://phirst.nihr.ac.uk/
[5] https://phirst.nihr.ac.uk/evaluations/building-healthy-environments/

	Implementation
12.	The HDRC Southampton business plan includes three work packages plus an over-arching work package on Public Involvement and Community Engagement. This plan was informed by the Southampton *supporting and enabling research in a local authority environment* (SERLA) study[6] which revealed that overcoming barriers to using evidence, requires investment in people, research infrastructure and the building of partnerships.
13.	The activities in each of the three work packages are summarised below: (a) Public Involvement and Community Engagement A vital principle of HDRC Southampton is to work with our local communities to ensure that we understand and address the issues that are their priority, and that all our work is shaped with them. This will be achieved through public involvement in management of the HDRC, in setting research priorities, in co-production of research and in ensuring impact from the work of the HDRC. (b) Building Research Capacity This work package involves investing in people by recruiting an HDRC Team, building the research infrastructure in the council and fostering partnerships with our communities and other stakeholders to prioritise evidence uncertainties relating to the determinants of health and health inequalities. (c) Culture of evidence informed decision making To change the culture of decision making at SCC, HDRC Southampton will use multiple communications channels to promote the use of evidence to staff and elected members. Learning and development opportunities will be offered to increase staff capability and confidence in accessing and using research evidence. In conjunction with Democratic Services, the processes needed to use evidence within council decision making will be further developed. For instance, modifying the templates for Cabinet and Management Board reports to include how research evidence has informed decisions. (d) Evaluation, Dissemination, and Impact HDRC Southampton will develop resources and provide support for staff to routinely evaluate the projects and programmes that the council invests in. This allows for continual improvement as we learn what works and what doesn't in the Southampton context. The HDRC itself will also be subject to evaluation. The learning from all these evaluations, and from other research undertaken, will be widely shared both within the city and beyond.
	Governance to ensure delivery
14.	In order to ensure delivery of HDRC Southampton's business plan, a robust governance structure has been established. As shown in Appendix 1, this comprises of a Management Group (involving the lead applicants, the HDRC Co-Directors and the joint Research and Development Leads) to direct HDRC operational activities.

[6] McGee et al 2022 Supporting and enabling health research in a local authority (SERLA): an exploratory study https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13396-2

15.	Our joint lead HDRC applicants will report to SCC's Management Board, Southampton's Health and Wellbeing Board and, when appropriate, to Cabinet.
16.	The HDRC Management Group will be supported by a Steering Group involving all co-applicants (including academic collaborators), two public contributors, wider stakeholders, plus political support from the four parties represented in Southampton's administration.
17.	A Public Involvement and Community Engagement Group will provide advice and guidance for inclusive public involvement in the HDRC and will support engagement and involvement from across our diverse communities.
18.	To align the work programme and tasks to delivery of HDRC Southampton's objectives, the Business Plan is accompanied by a Gantt chart detailing key milestones for the four work packages. Appendix 2 provides a summary of these milestones.
	Anticipated outcomes
19.	Key to success of the HDRC is alignment with other initiatives across the council including Transformation Programmes, the Health in All Policies approach and the Data Strategy.
20.	The long-term aim of HDRC Southampton is to reduce health inequalities and improve population health and wellbeing. In the short and medium term, the following outcomes are anticipated: • A council whose staff and elected members feel confident in accessing and using research evidence in their work. • A council which evaluates all that it does and learns from those evaluations to inform future decision making. • Increased public trust in council spending as decisions become evidence-informed and this is formally recorded in meeting reports. • Social value such as through the upskilling of staff and of residents (e.g. as peer researchers). • Strengthened action on the building blocks of health through working with our communities to implement the findings of research and evaluation. • Sustainability of the HDRC Southampton approach through the generation of research funding.
21.	An evaluation framework will be developed in the first year of implementation and this will be used to monitor the success of HDRC Southampton. Additionally, six-monthly monitoring reports are required by the funder, NIHR.
22.	What research HDRC Southampton carries out will be decided through a prioritisation process in partnership with our local communities and other stakeholders. However, even before the research priorities are agreed, we can start to form plans based on known evidence gaps in the city. For example, as a council we need to be evaluating major projects so that we can be sure they are having the intended impact and make amendments to them if not. So, one possibility might be to evaluate the impact of the new Outdoor Sports Centre to understand if it is supporting our most inactive residents to move more. Alternatively, we know climate change is a major public health threat so research into vulnerability to heat, and how to best use our limited

	green infrastructure resource to mitigate this, might be something we seek funding to explore.
23.	Additionally, we can look at research already being done by other HDRCs to understand the kind of impact that could happen in Southampton. HDRC Doncaster, for example, have established a birth cohort study called Born and Bred In Doncaster[7]. This involves tracking babies born in the city through their lives by linking their electronic health data to other datasets such as dental, education and social services records. It will enable locally commissioned services to be adapted to better meet the needs of Doncaster's population. HDRC Medway is supporting evaluation of local culture and arts based initiatives to understand how to get the best outcomes in terms of improving health and reducing health inequalities.
RESOURCE IMPLICATIONS	
Capital/Revenue	
24.	The HDRC is funded by a ring-fenced grant from the National Institute of Health and Care Research. This award totals £5m over a five-year period from January 2024.
Property/Other	
25.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
26.	Not applicable
Other Legal Implications:	
27.	None
RISK MANAGEMENT IMPLICATIONS	
28.	Failure to deliver on the HDRC objectives presents risks to the council and continuing health challenges for the city. The governance arrangements outlined in Appendix 1 have been established in part to ensure that risk is managed and objectives are delivered.
POLICY FRAMEWORK IMPLICATIONS	
29.	HDRC Southampton aligns with the aims of Southampton's Health and Wellbeing Strategy, particularly around reducing health inequalities and making the city a healthy place to live and work. Additionally, HDRC Southampton supports the ambitions of the Corporate Plan to make better, more informed decisions.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	

[7] https://www.dbth.nhs.uk/research-and-innovation/bbi/

Appendices	
1.	HDRC Southampton Governance Structure
2.	Key Milestones for HDRC Southampton

Documents In Members' Rooms

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

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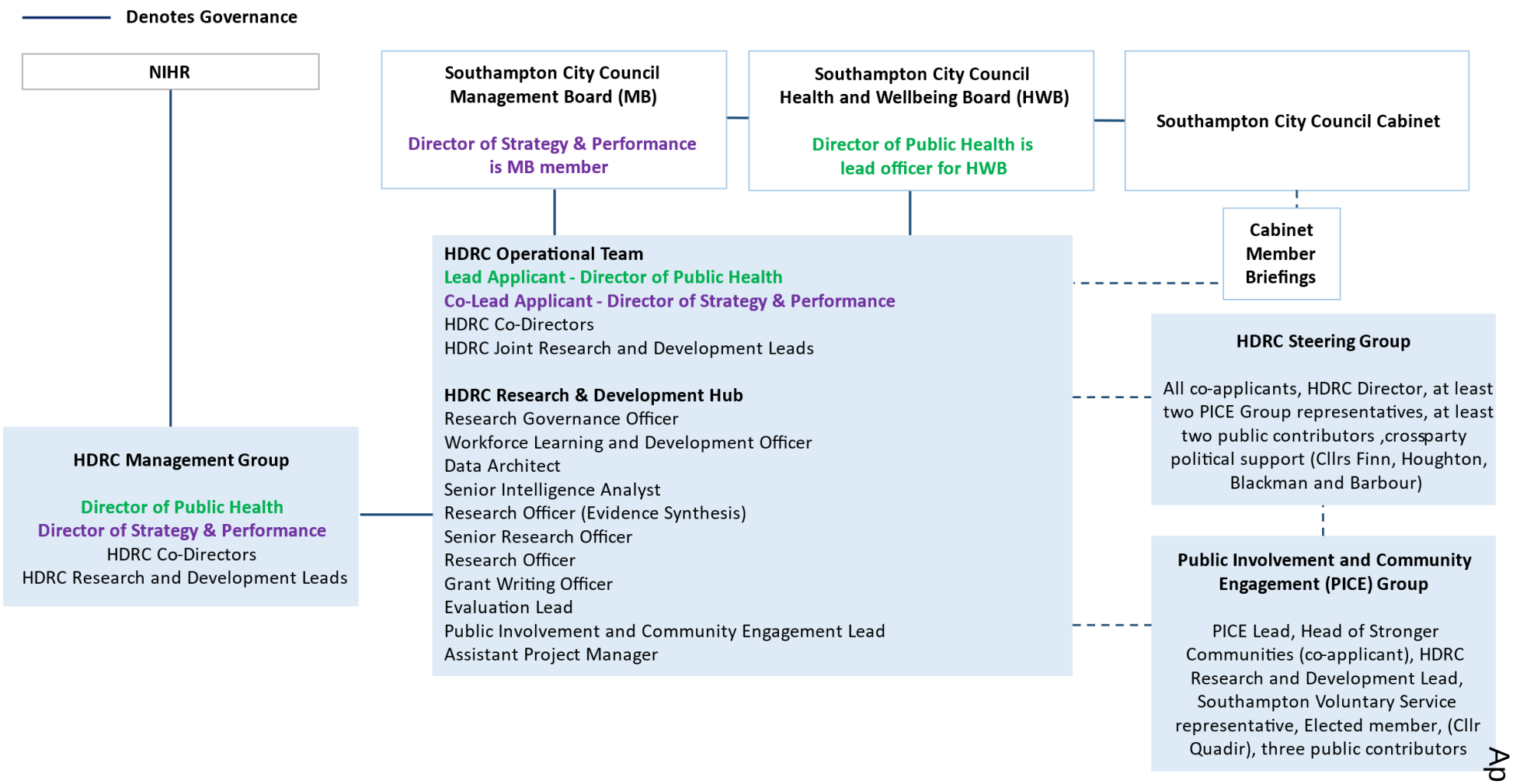
Appendix 1: HDRC Southampton Governance Structure



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Appendix 2: Key milestones for HDRC Southampton

Time Point	HDRC Southampton's Deliverables	Milestone
Year 1	Leadership team and governance arrangements established for HDRC	April
	HDRC funded staff in post (some posts not due to start until later)	May
	Partnership agreements and MoU between key partners*	July (1st)
	PICE Group Established	July
	NIHR progress and finance report*	July & Dec
	Create a research Priority Setting Partnership	September
	HDRC launch event hosted	October
Year 2	Develop the councils existing EDI impact assessment template for use on HDRC	January
	Develop staff and elected member induction on embedding EIDM	January
	Develop a learning assets and needs assessment relating to using evidence	January
	Co-produce an evaluation framework to evaluate the impact of the HDRC	January
	Work with democratic services and cabinet to review decision making processes	January
	Work with legal and governance to develop robust governance processes	April
	Create a Communities of Practice for two research priority areas	June
	Co-produce a community research engagement strategy	July
	Research ethics processes established with the new NIHR PHNSC	July
	Rapid evidence assessment framework to identify/prioritise evidence reviews	July
	NIHR progress and finance reports*	July & Dec
	Work with HR & OD on including EIDM in annual performance reviews	November

Key:
*** National Institute for Health and Care (NIHR) milestone requirement**
PICE: Public Involvement and Community Engagement; EDI: Equality, Diversity and Inclusion;
EIDM: Evidence Informed Decision Making; HR & OD: Human Resources and Organisational Development;
NIHR PHNSC: National Institute for Health and Care Research Public Health National Specialist Centre.

Time Point	HDRC Southampton's Deliverables	Milestone
Year 3	Apply for external funds to train local people to become peer researchers	January
	Establish a data linkage warehouse to aid council decision making	January
	Co-develop an evaluation framework for use on SCC policies/programmes	January
	EIDM learning needs identified across Directorates	January
	Co-produced communication and dissemination plan	January
	Create an evidence repository on SCC's Data Observatory	July
	Create a Communities of Practice for three research priority areas	July
	NIHR progress and finance reports*	July & Dec
	Annual HDRC evaluation completed, including our PICE approach	December
Year 4	Apply for external funds to train local people to become peer researchers	January
	Identify funded research opportunities and apply for research funding	January
	HDRC early learning event	January
	Co-produce two peer-reviewed papers on HDRC learning	January
	NIHR progress and finance reports*	July & Dec
	Annual evaluation completed, including our PICE approach	December

Time Point	HDRC Southampton's Deliverables	Milestone
Year 5	Apply for external funds to train local people to become peer researchers	January
	Identify funded research opportunities and apply for funding	January
	NIHR progress and final project report, and finance report*	July & Dec
	Co-produce a sustainability plan for continuation of Southampton's HDRC	December
	HDRC local and national learning events	December
	Two peer-reviewed papers on HDRC learning	December
	Annual HDRC evaluation completed, including our PICE approach	December

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		ARRANGEMENTS FOR ASSESSING SUBSTANTIAL CHANGE IN NHS PROVISION - UPDATE		
DATE OF DECISION:		27 JUNE 2024		
REPORT OF:		SCRUTINY MANAGER		
CONTACT DETAILS				
Executive Director	**Title**	**Executive Director – Enabling Services**		
	Name:	**Mel Creighton**	**Tel:**	**023 8083 3528**
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

On 31 January 2024 new rules were introduced in respect of the aspect of health scrutiny that relates to the reconfiguration of local health services. This has necessitated an update of the arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth local authority areas.

RECOMMENDATIONS:

	(i)	That the Panel considers and approves the revised arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth local authority areas, attached as Appendix 1.

REASONS FOR REPORT RECOMMENDATIONS

1.	To enable the Panel's approach for assessing significant developments or substantial variations in NHS services to reflect recent changes in legislation.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	To not update the arrangements for assessing significant developments or substantial variations in NHS services. This was rejected as the approach would not reflect the new rules that relate to the reconfiguration of local health services.

DETAIL (Including consultation carried out)

3.	NHS bodies are required to consult relevant health scrutiny committees on any proposals for substantial variations or developments of health services. It is the role of the Panel to determine if the proposal represents a substantial variation or development.

4.	To support scrutiny panels, and local NHS providers and commissioners, a joint approach was agreed by the local authorities with health scrutiny functions across Hampshire and the Isle of Wight and arrangements for assessing significant developments or substantial variations in NHS services were established.
5.	The arrangements have been updated on a number of occasions to reflect changes in legislation, NHS structures and guidance.
6.	As of 31 January 2024, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 have been amended to remove a local authority's power to refer contested proposals for major health service changes to the Secretary of State.
7.	Previously, the Secretary of State for Health and Social Care could intervene in reconfigurations of health services upon receiving a local authority referral relating to the adequacy of consultation, or whether the proposal was in the interest of the health service in their area. Following a referral, the Secretary of State had a discretionary power to take certain decisions based on the grounds of the referral.
8.	Schedule 10A to the NHS Act 2006 provides a new call-in power to allow the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that could have been taken by the NHS commissioning body.
9.	Instead of the referral power, health overview and scrutiny committees and other interested parties can write to request (via a call-in request form) that the Secretary of State consider calling in a proposal. Such a request will then be considered as set out in the statutory guidance.
10.	To reflect the changes outlined above, the framework for assessing substantial change in NHS provision agreed by Southampton, Hampshire, Isle of Wight and Portsmouth Scrutiny Committees has been updated. The revised arrangements are attached as Appendix 1.
11.	The Panel are recommended to approve the updated arrangements in line with the legislative changes. It is anticipated that the other health scrutiny committees across the Hampshire and Isle of Wight Integrated Care Board (ICB) footprint will adopt the updated framework in due course.
12.	It should be noted that local authorities' scrutiny responsibilities for service change (and wider scrutiny responsibilities) have not changed. NHS commissioning bodies' duties to involve and consult the Health Overview and Scrutiny Panel and the public remain in place. It remains the case that NHS commissioning bodies and NHS providers should be actively engaged with their Health Scrutiny Committee from the outset and duration of a reconfiguration proposal.
RESOURCE IMPLICATIONS	
Capital/Revenue	
13.	None.
Property/Other	

14.	None.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
15.	The powers relating to health scrutiny and substantial variations can be found in Part 12, s244 of the NHS Act 2006, and more explicitly in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.	
16.	Schedule 10A to the NHS Act 2006 provides a new call-in power to allow the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that could have been taken by the NHS commissioning body.	
Other Legal Implications:		
17.	None	
RISK MANAGEMENT IMPLICATIONS		
18.	None.	
POLICY FRAMEWORK IMPLICATIONS		
19.	None	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision (revised June 2024)	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No	
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No	
Other Background Documents - Equality Impact Assessment and Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

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Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision (revised June 2024)

Purpose and Summary

1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth (area covered by Hampshire & IoW Integrated Care Board)) Local Authority areas.

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

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

4) This framework was amended in 2013 following the publication of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'[1] which were amended in January 2024.[2] These regulations followed from changes made to local authority health scrutiny in the Health and Social Care Act 2012. Subsequent guidance has been produced by NHS England[3] and the Department of Health[4] on health scrutiny, and this framework has been consequentially updated.

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

- NHS England
- Integrated Care Boards
- NHS Trusts and NHS Foundation Trusts
- Private bodies contracted by the ICB to provide services to the NHS

[1] http://www.legislation.gov.uk/uksi/2013/218/contents/made
[2] https://www.legislation.gov.uk/uksi/2024/16/contents/made
[3] NHS England » Planning, assuring and delivering service change for patients
[4] Local authority health scrutiny - GOV.UK (www.gov.uk)

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

7) Section 242 of the NHS Act 2006 places a duty on the NHS to engage and involve the public and service users in:
   - Planning the provision of services
   - The development and consideration of proposals to change the provision of those services
   - Decisions affecting the operation of services.

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

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

10) Significant development and substantial variation are not defined in the legislation, but guidance published by the Department of Health & Social Care and the Centre for Governance and Scrutiny on health scrutiny make it clear that the body responsible for the proposal should initiate early dialogue with relevant local authority health scrutineers to determine:

    1. If the health scrutiny committee consider that the change constitutes a significant development or substantial variation in service; and if so
    2. The timing and content of the consultation process.

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

    - Engaged and involved stakeholders in relation to changes; and,
    - Evidenced that the changes proposed are in the interest of the population served.

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

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

12) The development of the framework has taken into account the additional key tests for service reconfiguration set out in the Government Mandate to NHS England. Where it is agreed that the proposal does constitute a substantial change, the response of a health scrutiny committee to the subsequent consultation process will be shaped by the following considerations:

- Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service? This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
- For provider led changes, the extent to which commissioners have informed and support the change.
- The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
- How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.

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

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

15) The framework is not a ‘blueprint’ that all proposals for changing services from the NHS / relevant health service provider are expected to comply with. The diversity of the health economy across the Southampton, Hampshire, Isle of Wight and Portsmouth area and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework is designed for use independently by organisations in the early stages of developing a proposal, or to provide a basis for discussion with health scrutineers regarding the scope and timing of any formal consultation required.

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

17) Any request to reduce the length of formal consultation with a health scrutiny committee will need to be underpinned by robust evidence that the NHS body or relevant health service provider responsible for the proposal has engaged, or intends to engage local people in accordance with its Section 242 responsibilities. These require the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:

    1. Not just when a major change is proposed, but in the on-going planning of services
    2. Not just when considering a proposal, but in the development of that proposal, and
    3. In decisions that may affect the operation of services.

18) All proposals shared with health scrutiny committees by the NHS body or relevant health service provider – regardless of whether they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.

19) Individual health scrutiny committees will come to their own view about the nature of change proposed by an NHS body or relevant health service provider. Where a proposal is judged to be substantial and affects service users across local authority boundaries the health scrutiny committees concerned are required by the 2013 regulations to make arrangements to work together to consider the matter via a Joint Health Overview & Scrutiny Committee.

20) Regulation 30 requires local authorities to appoint joint committees where relevant NHS body or health service providers consult more than one local authority's health scrutiny function about substantial reconfiguration proposals (referred to below as a mandatory joint health scrutiny committee). In such circumstances, Regulation 30 sets out the following requirements:

    - Only the joint committee may respond to the consultation (rather than each individual local authority responding separately). Best practice would be for all affected scrutiny committees to be consulted before a joint committee response.
    - Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.

- Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before them to answer questions in connection with the consultation.

21) Although each issue will need to be considered on its merits, the following information will help shape the views of health scrutiny committees regarding the proposal:

1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
2. The extent to which service users, the public and other key stakeholders, including GP commissioners, have contributed to developing the proposal. Regard must be given to the involvement of 'hard to reach groups' where this is appropriate, including the need for any impact assessment for vulnerable groups.
3. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.
4. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
5. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider.

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

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

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

25) If the health scrutiny committee affected by a proposal are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists to request that the matter be reviewed by the Secretary of State. Requests for a review by the Secretary of State are not made lightly and are required to be submitted via the linked form below:

Call-in request form - reconfiguration of NHS services

Guiding Principles

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

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

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

29) Some service reconfiguration will be controversial and it will be important that health scrutiny committee members are able to put aside personal or political considerations in order to ensure that the scrutiny process is credible and influential. When scrutinising a matter, the approach adopted by health scrutiny committees will be:

    1. Challenging but not confrontational
    2. Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
    3. Based on evidence and not opinion or anecdote
    4. Focused on the improvements to be achieved in delivering services to the population affected
    5. Consistent and proportionate to the issue to be addressed.

30) It is acknowledged that consultation with local people and health scrutiny committees may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS bodies. In these circumstances it is expected that the responsible NHS body or relevant health service providers will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.

31) If the health scrutiny committee is not satisfied that the implementation of the proposal is in the interests of the health service in its area, the committee have the option to request that the matter be reviewed by the Secretary of State.

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

Appendix One – Framework for Assessing Change

Key questions to be addressed

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

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

Name of Responsible (lead) NHS or relevant health service provider:
Brief description of the proposal:

Why is this change being proposed?

Description of Population affected:

Date by which final decision is expected to be taken:

Confirmation of health scrutiny committee contacted:

Name of key stakeholders supporting the Proposal:

Date:

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

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

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

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

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

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

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:		27 JUNE 2024		
REPORT OF:		SCRUTINY MANAGER		
CONTACT DETAILS				
Executive Director	**Title**	**Executive Director – Enabling Services**		
	Name:	**Mel Creighton**	**Tel:**	**023 8083 3528**
	E-mail	**Mel.creighton@southampton.gov.uk**		
Author:	**Title**	**Scrutiny Manager**		
	Name:	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail	**Mark.pirnie@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

RECOMMENDATIONS:

	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.

REASONS FOR REPORT RECOMMENDATIONS

1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	None.

DETAIL (Including consultation carried out)

3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.

RESOURCE IMPLICATIONS

Capital/Revenue

5.	None.	
Property/Other		
6.	None.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
8.	None	
RISK MANAGEMENT IMPLICATIONS		
9.	None.	
POLICY FRAMEWORK IMPLICATIONS		
10.	None	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Monitoring Scrutiny Recommendations – 27 June 2024	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No	
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No	
Other Background Documents **Equality Impact Assessment and Other Background documents available for inspection at:**		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 27 June 2024

Date	Title	Action proposed	Action Taken	Progress Status
25/04/24	Community Wellbeing – Performance & Transformation	1) That the Panel encourages close and regular communication between the city council and ICB regarding non-criteria to reside (formerly known as delayed discharges from hospital) to ensure this issue is addressed and cases are reduced.	A report detailing the non-criteria to reside patients currently in hospital, including the broad reason for delay, and the length of time they have been delayed, is shared with key ICB, City Council, and NHS providers on a daily basis. A more detailed report is shared weekly and is discussed between partners (including City Council) at a weekly escalation meeting.	
		2) The Panel requests that DOLS statistics are added to the data sets presented when adult care performance is scrutinised at future meetings.	DASS (Director of Adult Social Services) will provide these at the August 2024 meeting.	
		3) The Panel requests that it receives early sight of budget savings and efficiencies in the transformation programme that are not going to be delivered or are falling behind schedule to enable the reasons to be scrutinised effectively.	DASS will bring saving proposals and budget monitoring to HOSP on a regular basis and if escalation is required they will bring sooner. This is likely to be agreed via the corporate transformation board chaired by the Chief Executive.	

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