

# Health Overview and Scrutiny Panel

Thursday, 5th December, 2024  
at 6.00 pm

## PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

### Members

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

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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.

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

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

## **PUBLIC REPRESENTATIONS**

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

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

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

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

## **CONDUCT OF MEETING**

### **BUSINESS TO BE DISCUSSED**

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

### **RULES OF PROCEDURE**

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

## **QUORUM**

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

## **DISCLOSURE OF INTERESTS**

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

### **DISCLOSABLE PECUNIARY INTERESTS**

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

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

### **OTHER INTERESTS**

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

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

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

### **PRINCIPLES OF DECISION MAKING**

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

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

In exercising discretion, the decision maker must:

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

### **DATES OF MEETINGS: MUNICIPAL YEAR**

<b>2024</b>	<b>2025</b>
27 June	6 February
5 September	3 April
31 October – moved to 7 November	
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 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

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

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

### **3 DECLARATIONS OF SCRUTINY INTEREST**

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

### **4 DECLARATION OF PARTY POLITICAL WHIP**

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

### **5 STATEMENT FROM THE CHAIR**

### **6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)** (Pages 1 - 6)

To approve and sign as a correct record the minutes of the meeting held on 7 November 2024 and to deal with any matters arising, attached.

### **7 HEALTHWATCH SOUTHAMPTON** (Pages 7 - 36)

Report of Healthwatch Southampton updating the Panel on the current health and social care issues being raised by the public to Healthwatch Southampton.

### **8 COMMUNITY WELLBEING - PERFORMANCE AND TRANSFORMATION** (Pages 37 - 64)

Report of the Scrutiny Manager recommending that the Panel challenge and consider the appended information relating to the performance of Community Wellbeing services, the current financial position of the service and the service transformation programme.

**9 MONITORING SCRUTINY RECOMMENDATIONS** (Pages 65 - 70)

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

Wednesday, 27 November 2024

Director – Legal and Governance

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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 7 NOVEMBER 2024

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Present: Councillors W Payne (Chair), Houghton, Kenny, Noon, Gravatt and Greenhalgh

Apologies: Councillor Renyard

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

The apologies of Councillor Renyard were noted.

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

Councillor Kenny declared that she was an Elected Governor for University Hospital Southampton NHS Foundation Trust and a former Member of Southern Health NHS Foundation Trust.

Councillor Noon declared that he worked in Adult Social Care.

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

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

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

**RESOLVED:** that the minutes for the Panel meeting on 5 September 2024 be approved and signed as a correct record.

16. **RENEWING OUR AMBITION**

The Panel considered the report of NHS Hampshire and Isle of Wight (HIOW) which summarised the NHS plan for the future across Hampshire and the Isle of Wight.

James House, Managing Director, Southampton Place, NHS Hampshire & Isle of Wight; and Joe Hannigan, former Mental Health Professional and member of the Trade Union Council and the Care and Health Integration Panel; were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel noted that NHS HIOW had recently published Our Renewed Ambition which was a statutory document that the organisation was required to produce. The document consolidated several strategies into one comprehensive plan which set out how NHS partners intended to exercise their functions in the next five years. The plan had been shared with partners throughout its development and had been presented to the Health and Wellbeing Board for Southampton. The strategic commitments are:

- To make a shift towards more proactive and preventative care
- To deliver person-centred care led by the needs of the whole person and underpinned by a community-centred approach to wellbeing
- To develop and maximise pathways of care based on clinical outcomes, evidence and data
- To maximise the use of resources in the system building on models of collaboration, partnership and integration.
- To be a learning system using improvement methods, research and innovation to continuously improve.

In discussion the Panel noted the following:

- In the past funds had been directed towards addressing problems rather than solutions. To reduce demand for acute services the emphasis in the plan was on delivering proactive and preventative care, which was recognised as more cost effective and efficient.
- A modelling tool had been developed to pull together data from the various healthcare services, which used algorithms to identify the patients likely to need acute care within six months and the interventions that could be provided now to prevent those patients needing acute care. This has helped to find and utilise quick wins to free up resources from the acute sector to be invested in more preventative care.
- The move toward Integrated Neighbourhood Teams – Locality based health and care practitioners, including doctors, nurses, social workers, working in a co-ordinated way to support the needs of the community.
- It was highlighted that good partnership working already existed in the city.
- The approach to hospital discharge had been revised after the Covid-19 pandemic. The revised approach supported staff in making discharge decisions and optimizing care pathways.
- The financial challenges faced by both the NHS and the Council were acknowledged. These challenges underpinned the need to deliver the objectives outlined in the Hampshire and Isle of Wight NHS strategy.
- The strategy was NHS focussed but had been formed with input from partners who were encouraged to use the plan to hold the NHS to account.

**RESOLVED** that, reflecting the increased focus on neighbourhood working outlined in the strategy, a discussion on Integrated Neighbourhood Teams would be scheduled for a future meeting of the HOSP.

#### 17. **DENTISTRY IN SOUTHAMPTON**

The Panel considered the report of NHS Hampshire and Isle of Wight which provided an update and overview of dentistry and dental services across Southampton.

James Roach, Director of Primary Care, NHS Hampshire & Isle of Wight; Joe Hannigan, member of the Trade Union Council, and the Care and Health Integration Panel; Dr Debbie Chase, Director of Public Health at Southampton City Council and Councillor Finn, Cabinet Member for Adults and Health were in attendance and, with the consent of the Chair, addressed the meeting.



It was noted that the report provided context on how the national dental contract had been organised and delivered in the Southampton area since management of the contract transferred from NHS England to NHS Hampshire and Isle of Wight. It had been widely acknowledged that the national dental contract needed reform.

In discussion the Panel noted the following:

- A financial report had been submitted for a new contract that would increase the Unit of Dental Activity (UDA) rate and aimed to provide more robust data collection requirements.
- Flexible contracting by NHS Hampshire & Isle of Wight proved beneficial when a dental practice ceased operating and replacement services were established within four weeks.
- The improvements made in the collection of local dental data enabled identification of services gaps and evidenced that instead of decline there had been a slight increase in the number of appointments. It had been found that dental need was closely linked to levels of deprivation.
- Getting reliable data on unmet need with regards to dental health in Southampton was challenging.
- The mobile dental unit in Hampshire, provided by the charity Dental Aid, had facilitated 10,000 additional consultations and focussed on people who had long standing dental needs in deprived communities. The mobile dental unit played a crucial role in reducing dental health care inequalities.
- Efforts to improve collaboration with dental service providers faced challenges due to their private independent business nature and discussions with providers had focussed on how collaboration could support their business development goals.
- The provision of a 'golden hello' had helped to address some workforce issues. Other workforce initiatives included the promotion of careers in dentistry.
- A workforce summit had been planned for the Isle of Wight to support closer working, career opportunities and information sharing. The Panel welcomed and supported the proposal for a workforce summit in Southampton on dentistry, akin to the event planned for the Isle of Wight.
- Dental practices had expressed a desire to engage in more prevention work, however their capacity to engage in prevention work was limited by the demand for delivery appointments and dental treatment.
- Oral health promotion activity had engaged 31 early years providers and around 1,300 children in supervised toothbrushing activities
- Oral education in schools had focussed on teaching good brushing techniques and feedback from teachers indicated the need for reinforcement at home which was more challenging to achieve.
- It was acknowledged that it was important to make the most of the full dental team, which included dental nurses and hygienists.

### **RESOLVED**

- 1) That the Panel would be provided with data for Southampton which identified the percentage of patients attending NHS dental practices in the previous two years.
- 2) That an estimate would be provided to the Panel of the level of unmet dental care need in Southampton.
- 3) That, whilst the Panel welcomed the work to improve oral health targeted at under 5's in Southampton, to improve oral health outcomes for children in the

city, the NHS and Council would commit to continue to prioritise support to children in the most disadvantaged areas of the city.

18. **HAMPSHIRE AND ISLE OF WIGHT HEALTHCARE NHS FOUNDATION TRUST - UPDATE**

The Panel considered the report which provided an update on the newly formed Hampshire and Isle of Wight (HIOW) Healthcare NHS Foundation Trust.

Dr Lesley Stevens, Chief Quality and Engagement Officer at Hampshire and Isle of Wight Healthcare NHS Foundation Trust; Joe Hannigan, member of the Trade Union Council and the Care and Health Integration Panel; and Councillor Finn, Cabinet Member for Adults and Health were in attendance and, with the consent of the Chair, addressed the meeting.

It was noted that the formal establishment of the HIOW Healthcare NHS Foundation Trust took place on 1<sup>st</sup> October 2024 following the approval of NHS England and the Secretary of State for Health and Social Care. The new Trust provided the majority of NHS community, mental health and learning disability services for people of all ages across HIOW. The Trusts geography was co-terminus with that of the Integrated Care System and covered multiple local authority areas. With the new organisation formed the focus was now on realising the benefits of the transaction through:

- the provision of full wrap around care
- integration, collaboration and sharing best practice between services and areas
- scaling up services that benefit from a larger footprint
- and making sure residents can access services as close to their home as possible.

The Panel discussed a number of points including:

- Services in Southampton were now delivered by one organisation not two separate bodies which provided a unified pathway to access health services.
- The mental health investment standards had helped to grow and improve service provision strategically, however residential care placements, waiting lists and workforce issues remained a challenge. The newly formed Trust planned to develop communities of practice and new models of care delivery across the whole family of services, with a focus on community support rather than residential care which would help to address these challenges.
- The future of the Highpoint Centre in Southampton was questioned due to the reduction of staff in administrative support functions in the new Trust. The site was still being used by the Trust and no decision had been taken with regards to the future location of the Trust's headquarters at the moment.
- The Trust's consideration and implementation of the recommendations included within the review by the Care Quality Commission of Nottinghamshire Healthcare NHS Foundation Trust following the killings in Nottingham by Valdo Calocane.

The Panel were informed of the engagement session scheduled for 26 November to help shape the Trust's strategy. Panel Members were encouraged to attend if possible.

**RESOLVED** that the Panel would be informed of the Trust's plans for the Highpoint Centre when they became clear.

19. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Scrutiny Manager which enabled the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings. A response from South Central Ambulance Service was being sought for the 5 December meeting of the Panel.

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<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	HEALTHWATCH SOUTHAMPTON
<b>DATE OF DECISION:</b>	5 DECEMBER 2024
<b>REPORT OF:</b>	HEALTHWATCH SOUTHAMPTON

<b><u>CONTACT DETAILS</u></b>		
<b>Author:</b>	<b>Title</b>	Healthwatch Manager
	<b>Name:</b>	Amanda Kelly
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<b>STATEMENT OF CONFIDENTIALITY</b>
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<b>BRIEF SUMMARY</b>
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<p>Healthwatch Southampton is part of a network of over 150 local Healthwatch across the country. Healthwatch Southampton’s role is to provide NHS leaders and council decision makers with local feedback to improve health and care services so that they can improve services as a result.</p>
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<p>To help the Panel understand the issues that are being raised with Healthwatch Southampton, attached to this report are the Healthwatch Southampton Annual Report 2023/24, and the 2024/25 workplan.</p>
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<b>RECOMMENDATIONS:</b>
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	(i)	That the Panel notes the priorities identified by residents of Southampton in the attached appendices.
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<b>REASONS FOR REPORT RECOMMENDATIONS</b>
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1.	To update the Panel on the current health and social care issues being raised by the public to Healthwatch Southampton.
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<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>
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2.	N/A
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<b>DETAIL (Including consultation carried out)</b>
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3.	Annually Healthwatch ask residents in the city to identify their priorities for health and social care.
4.	This year, similar to previous years, the top health and social care priorities identified by Southampton residents have been access to GP services, access to NHS dentistry and mental health services.
5.	The Healthwatch strategic group, along with staff have organised into working groups reflecting the priorities raised.

<b>RESOURCE IMPLICATIONS</b>
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<b><u>Capital/Revenue</u></b>
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6.	N/A
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<b><u>Property/Other</u></b>	
7.	N/A
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
8.	N/A
<b><u>Other Legal Implications:</u></b>	
9.	N/A
<b>RISK MANAGEMENT IMPLICATIONS</b>	
10.	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
11.	N/A

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	ALL
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Healthwatch Southampton Annual Report 2023/24
2.	Healthwatch Southampton Work Plan 2024/25
3.	Healthwatch Southampton Update Paper

**Documents In Members' Rooms**

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

# The value of listening

Healthwatch Southampton  
Annual Report 2023 - 2024



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# Message from our Chair

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**Healthwatch Southampton is part of a network of over 150 local Healthwatch across the country and we are your independent and impartial local health and social care champion. Our role is to provide NHS leaders and council decision makers with local feedback to improve health and care services so that they can improve services as a result.**

We are here to listen to issues that really matter to local people and to hear about your experiences of using local health and social care services. Thank you to everyone who has contacted us to share their experiences. This has helped us to facilitate improvements and give policy makers and service providers with some patient perspectives. In the coming year, we would like to improve our profile so that many more people contact us about their views and experiences of the local health and care systems.

On behalf of HWS, I would like to thank Harry Dymond, who chaired the Healthwatch Southampton Strategic Group for many years and retired as Chair in November 2023. Harry has been involved in health and care forums in the city for many years and his contribution is recognised and valued. We will continue to benefit from his expertise as he leads on Place assessments and Quality Accounts for Healthwatch Southampton (HWS).

Decisions about health and care services in the city, including how much is spent in the city are made by Southampton City Council and the Hampshire and IOW Integrated Care Board (ICB). The ICB is the statutory NHS organisation responsible for setting the strategic plan for the NHS and allocating NHS resources. They are responsible for making sure the right health services are being delivered to people across the area. The last year continued to see challenging times for the health and care systems with staff changes, deeper cuts and recruitment difficulties, all of which have an impact on access to services and service delivery.

HWS has focused on the 3 top priorities from our 2023 survey:

- **Dentistry:** Dentistry is a big issue in the city, as it is across the country. We responded to the consultation organised by the Integrated Care Board (ICB) on their draft Dentistry Strategy. We hope to work together with the ICB in the coming year to raise awareness of local issues relating to access, inequalities and better integration of services around patients, in order to drive change and improve services locally.
- **GPs:** Access is key and HWS conducted a mystery shopping exercise on registering as a new patient, details of which are elsewhere in this report.
- **Mental Health:** We have also just published our Dementia Report which was in response to and approach from the Alzheimer's Society, about issues relating to the experience of dementia patients and their carers within the hospital setting. The impact of the recommendations HWS made is

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detailed elsewhere in this report. More generally, we have been very encouraged by the City Council's offer to work with us on social care – we will focus on improvements to accessing mental health services and the improvements that can be made.

Work with other Healthwatch groups in Hampshire: Collaborative and joint working between the Healthwatch groups in Hampshire and the Isle of Wight predates the establishment of the ICB. Hence, this has provided a strong foundation to work with the ICB and health service providers on many issues. In this past year, joint work has included Accessible Information Standards report, liaising with the ICB on their Dentistry Strategy and monitoring the development of the Fusion Project which brings together community, mental health and learning disability services.

Governance: In the last few months we have prioritised changing our membership model to encourage greater participation of local people in the activities of Healthwatch. In the coming months we hope to have a larger Strategic Group with a wider range of skills and experiences. In particular we would like to encourage participation from young people and/or people who work with children and young people. We have recently revamped our website and intend to make more changes so that it is more current and up to date.

We are grateful to Southampton Voluntary Services for their support, for hosting us and for working with us in changing our membership model. Finally I would like to thank Amanda Kelly and her team for their work and their commitment to working with people who find it difficult to participate and give their views. I would also like to thank all members of the Strategic Group for their time and commitment to Healthwatch Southampton.

**Suki Sitaram**



**“On behalf of HWS, I would like to thank Harry Dymond, who chaired the Healthwatch Southampton Strategic Group for many years and retired as Chair in November 2023. Harry has been involved in health and care forums in the city for many years and his contribution is recognised and valued. We will continue to benefit from his expertise as he leads on Place assessments and Quality Accounts for Healthwatch Southampton (HWS)”**

- Suki Sitaram  
Healthwatch Southampton Chair

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# About us

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## Healthwatch Southampton is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve health and care. We can also help you to find reliable and trustworthy information and advice.

### Our vision

A city where everyone can all get the health and care they need, in a timely way.



### Our mission

To make sure people's experiences help make health and care services better.



### Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



### Our aims:

- To support more people who face the worst outcomes to speak up about their health and social care and to access the advice they need.
- To support care decision-makers to act on public feedback and involve communities in decisions that affect them.
- To be a more effective organisation and build a stronger Healthwatch movement

# Year in review

## Reaching out:

**40,570 people**

people visited our website, a 51% increase

**593 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care, a 39% increase

**261 people**

came to us for clear advice and information



## Making a difference to care:

**We published 2 reports**

Some recommendations in our reports resulted in practical and tangible improvements, e.g. better engagement of unpaid carers in plans to discharge patients with dementia at the General Hospital. Following our recommendations on accessibility of GP websites, there has been some action to improve GP websites.



## Health and social care that works for you:

**We are lucky to have 12 volunteers**

We are fortunate to have 12 committed volunteers who gave up their time to make health and care better for our community. We would be delighted to hear from you if you would like to volunteer.

We're funded by our local authority. We received

**£133,259**

in 2023-24 which is the same as last year.

We currently employ

**3 staff**

who help us carry out our work.



# How we've made a difference this year

We raised with Southern Health NHS Trust the impact of the proposed closure of the Beaulieu Ward at the Western Hospital would have on dementia patients and their carers. Southern agreed to cover travel costs for Southampton patients and carers to travel to alternative wards in dementia wards in Gosport and Basingstoke.

Summer

We celebrated 10 years of Healthwatch in Southampton highlighting the outcomes and changes we have been involved with in the city.

HWS supported Southampton City Council preparation work for the Care Quality Commission inspection, by being part of a focus group feeding back residents views on social care.

Autumn

We completed Patient Led Assessments of the Care Environment (PLACE) inspections in different health service settings and trusts. Practical improvements include at the General Hospital, they installed seating due to the length of time needed to walk within the hospital and improved cleaning of windows in the wards.

We were approached by the West Primary Care Network who wanted to improve patient participation. We were able to advise and provide them with our recent best practice guide on patient engagement, written as result of a request from a PPG group on the East of the city.

Winter

HWS attended a Mental Health Awareness event aimed at Black and Minority Ethnic communities organised by the St Denys Activity Group and Southern Health NHS Trust. This was attended by nearly 200 people and helped us to gain feedback from many about health and care services.

The National Institute of Health and Care Research awarded the Healthwatch groups across Hampshire and IOW to do a piece of work on the Accessible information standard. This was focused on people who require accessible information from the NHS. We worked with Southampton Sight to gather user experiences and fed into this wider project. The report has just been published.

We provided comprehensive feedback on the ICB's Dental Strategy and responded to the initiative of a Dental Bus in the city with information on areas where such a service would be most needed. We also provided feedback on the impact on the city of Integrated Care Board's proposals to build a new Hospital in Hampshire. We highlighted that the impacts would be much wider than health and care and extend to transport, traffic, parking, the general environment, particularly air quality. We hope to work with the ICB on both these proposals in the coming year.

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# Your voice heard at a wider level

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**The four Healthwatch in Hampshire and the Isle of Wight (Hampshire, Isle of Wight, Southampton and Portsmouth) have worked collaboratively for many years. This is to ensure the experiences of people in Hampshire and Isle of Wight influence decisions made about services at Hampshire and Isle of Wight Integrated Care System (ICS) level.**

This year we've worked with Healthwatch across Hampshire and Isle of Wight to achieve:



Achievement one: An agreement with, and funding from, the Integrated Care Board (ICB) enables joint working at system level, with the Healthwatch represented on the System Quality Group, Integrated Care partnership, and various Transformation Boards. Patient feedback in the form of statistics, quotes and patient stories are presented to every quarterly System Quality group. Working together we collectively respond to ICB consultations. ICB Directors, the Chief Executive and Chair, have been invited regularly to our monthly meetings where we raise issues of concern. Through this collaboration a strong patient and public voice is heard at Place and System level.

Achievement two: The lack of NHS dentistry has been and remains a huge concern. We didn't need to ask what the problem is – the public tell us! Instead, we worked with the ICB to run a "Dental Conversation", inviting stakeholders to consider how we can improve services locally. From this a series of working groups have been established and the newly approved Dental Strategy reflects the concerns raised and solutions proposed. We will continue to work with the ICB on this major issue.



Achievement three: We applied for and received funding from the National Institute of Health and Care Research (NIHR) to do some work on the Accessible Information Standard. Each Healthwatch engaged with local groups to hear from those with disabilities and hearing and sight loss to gauge awareness of the standard. We asked the extent to which people's information and communications needs were being met. We found some examples of good practice but clearly there is a way to go before everyone's needs are met. A report is being produced, in a range of formats, and the ICB are committed to working with us through 2024/25 to begin to implement recommendations.

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# Listening to your experiences

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Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.



**“Thank you for this information. Having just merged with another practice, we are reviewing our websites to create one site. We have been awaiting the Healthwatch report before starting the project. The information you have provided will assist us in ensuring a clearer patient experience.”**

From healthcare professional following GP Website Audit results (see page 9)

## Improving access to your GP practice

**Last year we asked Southampton people to share with us their priorities in health and social care once again access to GP practices came top of the list.**

59% of all respondents to our survey told us access to GP practices were a priority. People shared their experiences and frustrations about access, availability of appointments, E-consult and inconsistencies between practices. We looked at all the GP practice websites in Southampton using the NHS England benchmarking tool which looks at a range of features including ease of use, accessibility, search tools, and information provided. Key areas of improvement were:

- The main menu and homepage's content
- The text's reading age
- Pharmacy information
- Website search tools
- Physical access information
- Information on the contact page.

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# Hearing from all communities

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**Over the past year, we have worked hard to make sure we hear from everyone within our local area.**

**We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.**

## Examples of how we have reached different communities this year include:

- We have reached out to the Serendipity group, for adults with autism, to hear about their experiences of health and social care
- A visit to the Change Grow Live group support groups and the Volunteer Allotment project, working with people affected by drug or alcohol use, homelessness and the criminal justice system. We have reached out to listen to Busy People a community group for adults with learning disabilities.
- Busy People – a community group for adults with learning disabilities.
- The St Denys Activity Group who organised a Mental Health Awareness event aimed at Black and Minority Ethnic communities.

## Raising transport concerns to decision makers

**It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.**

In the last year we have heard from professionals, community workers and residents regarding the struggles people in the community are experiencing when trying to access appropriate transport to their medical appointments. People have reported struggles acquiring appropriate transport due to their additional needs/specialist requirements aids and equipment.

We also heard from vulnerable patients with additional needs and those digitally excluded with issues using the transport booking system (online & automated telephone system). An example of this was an elderly man with sight and hearing impairments who did not have access to the internet and struggled to use the confusing and lengthy booking system on the phone.

We have shared all the feedback we received with strategic health and care partners and providers of transport services to highlight the transport concerns and issues raised. We have also made recommendations for improvements and change.



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## Improving access to dental care

**Change takes time, we often work behind the scenes with services to consistently raise issues and bring about change.**

Making the case for access to NHS dentists has been a priority for us as it has been the main reason people contact us. We have consistently raised concerns about the lack of access. In June 2023 Healthwatch in Hampshire, Portsmouth and Isle of Wight and ourselves worked with the ICB to hold a “big conversation” on Dentistry with a wide range of stakeholders.

The discussion included routine access, urgent access, workforce, prevention and health inequalities. This was the start of the process which resulted in the ICB’s draft Dentistry Strategy for which we have provided comprehensive feedback. We are pleased to see DentAid, the Dental Bus, coming to sites in and around the city of Southampton since March 2024. We are continuing to highlight public concerns in accessing NHS dentists and have raised this at ICB, and to Southampton City Council decision makers

## Supporting those accessing information

**We worked with Southampton Sight on the Accessible Information Standard project to hear first-hand experiences from people with sight loss. They described how vital it was to have information about themselves presented in a way that they can understand.**

As a result of the workshops we ran with Southampton Sight, members of this group are keen to stay involved in this work to create and influence change in the system. We are pleased that this work will continue with a working group to progress the implementation of the AIS standard

## Creating a New NHS Foundation Trust – engaging communities

**Healthwatch Southampton has been able to highlight concerns expressed by residents about the creation of a new NHS Foundation Trust in Hampshire by bringing together 4 existing provider organisations.**

This initiative is called Project Fusion and plans to bring together community, mental health and learning disability services across Hampshire. a new trust has been progressing during the last year.

We highlighted the initial lack of community engagement in drawing up the proposals and have continued to work with Project Fusion alongside our colleagues in Healthwatch Hampshire, Portsmouth and Isle of Wight to highlight the importance of listening to people and communities who will be affected by these changes and by the provider of the services they receive.



# Advice and information

**Healthwatch Southampton is here to provide advice and information on accessing health and care services for people who use health and care services in the city.**

In times of worry, stress or if you do not know where to turn, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it is finding an NHS dentist, making a complaint, or choosing a good GP surgery – you can count on us.

## **This past year we have:**

- Supported people to seek help to improve their finances and living conditions that are impacting their health
- Helped people navigate the local mental health services and access the support they need
- Directed people through the appropriate pathways to get their voice heard
- Helped people to access essential information about themselves such as medical records, in a communication method that they require.

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# Supporting people who cannot find services

One of the top reasons for contacting HWS is mental health – we hear from people who struggle to know where to turn and who can help them. Here are 2 examples of how we have helped individuals (not their real names):

## Assisting Rose

Rose contacted us as she felt let down by mental health services and was feeling particularly vulnerable. Rose has had poor mental health for over 40 years and in recent years has been dismissed, redirected and turned away from services she sought support from. We shared information about mental health support Rose could access immediately, and she also agreed to a safeguarding referral to the City Council's Adult Social Care service to request a mental health assessment. As a result, Rose was appointed a Care Coordinator within the Community Mental Health Team to carry out an assessment.

Rose also needed help regarding her living conditions (large areas of her home were covered with black mould). We made a referral to The Environment Centre, who visited the home to assess the condition and supported Rose to communicate with her Housing Association to address the unacceptable housing situation. We also signposted Rose to the local Basics Bank for food, clothing and household goods, which had been damaged by damp caused by her poor living conditions.

## Helping Charlie

Angela got in touch with us on behalf of her adult son. Her son, Charlie, who has complex additional needs including autism had recently returned home. Although Charlie has carers throughout the day to support him with everyday tasks which meant that his physical needs were being taken care of. However, his emotional needs were not being met. Angela was concerned that her son was isolated, lonely and rarely left the house.

With Charlie's permission, we referred Charlie to the local Community Navigators Team who could support him to find information out what about groups, events and activities that were taking place in his local area that he could join and get involved with. We also signposted Angela to a local charity who provide telephone befriending scheme, with a weekly contact service from a regular volunteer to combat isolation.



**“Thanks a lot for helping and sharing useful links (signposted to dentists taking on NHS patients and details of emergency dental treatment services)”**

- Feedback from the public

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# Volunteering

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**We are supported by a team of committed volunteers who are the heart of what we do Thanks to their efforts in the community we can understand what is working and what needs improving.**

**This year they:**

- Kept us updated on the work of Busy People and the needs of people with learning disabilities accessing health services.
- Helped us progress our Accessible Information Standard work by linking us to meeting groups for people with sight impairments



**“I have been volunteering for over 33 years in total, and with Healthwatch since 2016. Volunteering has enabled me to challenge myself, improve my confidence, increase my independence and social wellbeing and gain new skills, which has helped me secure paid employment.**

**Within Healthwatch, not only am I member of the Strategic group ensuring that the voices of people with learning disabilities are heard, but I also help out in the office and get involved with events raising awareness of the work we do to local residents.**

**I enjoy volunteering greatly as I get to meet different people from all walks of life. I strongly believe there is a volunteering role for all abilities.”**

– Matt

Healthwatch Southampton Strategic Group Member

## Do you feel inspired?



We are always on the lookout for new volunteers, so please get in touch today.

 [www.healthwatchsouthampton.co.uk](http://www.healthwatchsouthampton.co.uk)

 **02380 21018**

 [healthwatch@southamptonvs.org.uk](mailto:healthwatch@southamptonvs.org.uk)

# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

## Our income and expenditure

Income		Expenditure	
Income	£133,259	Central Costs	£24,561
Additional income	£4600	Salaries	£96,264
Advocacy People	£3804	Insurance	£500
		The Advocacy People	£ 3803
		Operational/Other	£ 10,505
<b>Total income</b>	<b>£141,6623</b>	<b>Total expenditure</b>	<b>£ 135,633</b>

### Additional income is broken down by:

- £1,500 for our overarching work with the Integrated Care Board
- £1,500 for our work on the Citizens Panel Integrated Care Board
- £1,600 funding jointly awarded to HIOW HW by National Institute of Health and Care Research

## ICS funding

Healthwatch across Hampshire and the Isle of Wight also receives funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Overarching collaboration and insight	£1500
Citizens Panel work	£1500



## Next steps

**Over the next year, we will keep reaching out local people, especially people living in the most deprived areas, so that decision makers can hear their views and experiences.**

We will also work together with partners, Southampton City Council health and care providers and our integrated care system to contribute to a changing (not just NHS) organisational culture where, at every level, staff strive to listen and learn from patients to improve health and care services.

**Our top three priorities for the next year are:**

1. Access to Primary Care/GP, Adult Mental Health and Dentistry
2. We will further investigate peoples challenges and issues with Transport, starting with a mapping exercise
3. We will continue to engage with communities in the city who are marginalised and least heard.

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# Statutory statements

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ

Southampton Voluntary Services, Voluntary Action Centre, St Marys Street, Southampton, SO14 1NW

Healthwatch Southampton uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## **Involvement of volunteers and lay people in our governance and decision-making**

Our Healthwatch Strategic Group consists of 9 members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24 the Board met 11 times and made decisions on matters such as feeding back on the ICB's Dentistry Strategy, concerns about a new acute Hampshire hospital and changes to A&E Emergency Department services in Hampshire and the impact on Southampton General Hospital, patients and residents of the city. We ensure wider public involvement in deciding our work priorities.

## **Methods and systems used across the year to obtain people's experiences**

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums. We have also made several changes to our website to make it easier for people to give us their feedback and plan to make further improvements in the coming year.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website [include details of anywhere else it will be made available].

## **Responses to recommendations**

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

## **Taking people's experiences to decision-makers**

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to Southampton Health and Well Being Board, Southampton Health and Social Care Partnership Board, Southampton Health Overview Scrutiny Panel, Southampton Carers Partnership Board, Primary Care Operational Group (PCOG) and Southampton Community Engagement Group.

We also take insight and experiences to decision-makers in Hampshire and Isle of Wight Care System, for example, at the Quality Group. We also share our data with Healthwatch England to help address health and care issues at a national level.



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## Healthwatch representatives

Healthwatch Southampton was represented on the Southampton Health and Wellbeing Board by the Chief Executive of Southampton Voluntary Services and now by the Chair of Healthwatch Southampton. During 2023/24 they carried out this role effectively by actively taking part in discussions about local health issues, highlighting inequalities, feeding back concerns, and bringing different perspectives into the debates.

Healthwatch Southampton is represented on Hampshire and Isle of Wight Integrated Care Partnership by the Patient and Public Involvement Manager for Help and Care. Healthwatch is also represented on Southampton Health and Care Partnership Board, the Primary Care Operation Group and both Adult and Children's Safeguarding Boards.

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## 2023 – 2024 Outcomes

Project/activity	Outcomes achieved
Dentistry	Big Conversation, Dental strategy, Dentaaid bus commenced services in the city in March 2024.
GP Access	Awareness raised of patients experiences, GP practices reminded of NHS guidance registering with a GP
GP website Audit	Practices have started using the results to improve the accessibility of their websites to enable patients can more easily access the information they need.
Dementia Work	Alzheimer's Society is now offering support and help to unpaid carers in hospital.
Accessible Information Standard	Ongoing with system leaders to make changes to improve accessibility



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 @ HWSouthampton

 [healthwatchsouthampton](https://www.instagram.com/healthwatchsouthampton)

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# Our plans for the year

2024 – 025



# Our plans for the year

- Continue to hear from and promote the work of Healthwatch Southampton with the public.
- To continue with our community engagement attending events and groups in the city to hear about people's experiences, to gain feedback and promote ways to improve patient and carer voice about services. Sharing the public's experience with services to enable change and improvements to be made.
- To recruit more volunteers to be involved with our work in Southampton.
- Work with our colleagues in Hampshire, Portsmouth and the Isle of Wight to gather views across the area, and feed these back to system leaders.
- To continue our work highlighting the importance of the Accessible Information Standard in partnership with other Healthwatch teams in Hampshire, Portsmouth and the Isle Of Wight.
- To regularly publish a Healthwatch Southampton news updates on the website as a way of engaging and informing the public of work we are involved with as well as services, surveys and new developments.
- To review our Healthwatch Southampton website, making it accessible, and ensuring it provides useful and relevant information for local residents.
- To explore further your top priorities that you told us about in our annual "What Matters Most to You" survey 2024 and take steps to encourage local health and social care services to improve patients' experiences.
- G.P. Services including access, using eConsult and Patient Participation Groups.
- Dentistry, including checking the NHS find a dentist website to ensure the information is timely and updated regularly.
- Mental Health including feeding back peoples experiences of finding, accessing and using Mental Health Services, striving to improve public knowledge about eligibility and pathways to appropriate support.
- Transport including investigating patient options for transport, eligibility for transport support and issues with access to transport related services to help access health services.
- To continue to engage with NHS Leaders, Health Teams, Commissioners, Local Authority and the Voluntary and Community Sector to ensure services are listening and responding to patient and carers experiences.
- To follow up with Southampton General Hospital following our review into patient with dementia and their carers experiences as inpatient at Southampton General Hospital.



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Southampton Voluntary Services

Kingsland Square

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### Priorities

1. Every year Healthwatch ask the people of Southampton to identify their priorities in terms of health and social care. This takes place during February and March. This year priorities included GP surgeries, dentistry, adult mental health and hospital services.
  - 1.1 GP surgeries feedback included issues with access to GP appointments (particularly face-to-face). People reported issues with E-consult and inconsistency of approach between practices.
  - 1.2 Adult Mental health services feedback included comments that services are underfunded with not enough support available. People said they have difficulty in navigating appropriate mental health support. A feeling that there is an increase in people experiencing mental health issues as this was chosen as a priority as respondents shared, they had friends or family in need of support.
  - 1.3 Hospital Services Outpatient & Clinics feedback included positive experiences, along with long waiting times for outpatients' appointments and general concerns about shortage of funding for services.
  - 1.4 Dentistry feedback shared was concern about access to NHS dentists, the costs of treatment both private and NHS dentists and reports of some practices regularly cancelling appointments.
2. Along with the results of the survey we gathered data from our Feedback Centre (on our website), feedback received from attending community outreach and events, and our enquiries to Healthwatch Southampton. The staff team and strategic group examined this data and set up working groups to look at these issues in detail and to see how and where we can affect change.
3. The GP working group has started work on the following
  - 3.1 A survey emailed to practice managers of GP services to ask about their practices policies and procedures with eConsult.

- 3.2 A survey for members of the public in Southampton asking about their views on ease of access to their own GP practice.
- 3.3 Data analysis for Southampton completed by Hampshire & Isle of Wight Integrated Commissioning Board from the annual Ipsos GP patient survey.
- 3.4 The next step for this workstream is to invite the commissioner to come to the HWS strategic group to understand the variation in patient experience across different practices in the city.
- 3.5 In addition, the group are also working on mapping Patient Participation Group (PPG) activity at each GP practice in the city as this is a mechanism for patient voice and feedback to be heard. The aim is to support PPG's by sharing good practice, training and resources to support these groups.
4. The dentistry working group has provided feedback on the HIOW dental strategy.
  - 4.1 They have mapped all practices in the city and will publish on the Healthwatch website for information
  - 4.2 The group are regularly assessing how up to date the NHS Find a Dentist website is to ensure that practices are updating this regularly to enable the public to find an NHS dentist.
  - 4.3 HW Southampton continues to work with colleagues in Healthwatch Hampshire Isle of Wight and Portsmouth to improve access to NHS dentists.
5. The transport working group are planning work to gain further views on the issues people face moving around and across the city for health and social care services. This will include working with providers, voluntary sector and gaining views from the public.
  - 5.1 the group have also been working with colleagues at the UHS to gain a better understanding of transport and access to outpatients and services at the hospital.
  - 5.2 Healthwatch are promoting the Non-Emergency Patient Transport Survey currently underway by NHS HIOW and keen to see the results when available.
6. Mental health work has included a report on the East Community Mental health team and the feedback received from users of the service. Healthwatch has started work with this team to write up changes made to the service in response to patient/user feedback.
  - 6.1 Dementia report, this was published and is available on our website.



- 6.2 We are involved in the re-established Dementia Network led by Southampton Voluntary Services in partnership with Unpaid Carers Support and Carraway that brings together Dementia Services in the Voluntary and Statutory Sector
- 6.3 Work with SCC adult social care is in early stages to look at Places of Safety in the city. Healthwatch Southampton have also provided initial feedback on the Adult Social Care Strategy.

## **Consultations**

Supporting Southampton City Council, we have carried out 2 pieces of consultation work so far this year.

1. Early Help and Prevention Healthwatch Southampton we gathered anonymous feedback from residents about several Early Help & Prevention Services including Citizens Advice Bureau, So:Linked, Spectrum Independent Living, No Limits, Rose Road Association, Age UK Southampton, S.A.R.C, The Environment Centre, Communicare, CLEAR Project, Southampton Living Well & Unpaid Carers Service. The report was completed at the end of August and most of the feedback for all services was positive. Feedback from participants of on how useful these services were (1-5 one the least useful and five the most) the overall rating was 4.7 out of 5. The results were shared with commissioners as well as the individual service providers.
2. In October Healthwatch supported people that use the city's home care service providers to complete a survey conducted by Southampton City Council. This enabled people the option to complete the survey with Healthwatch over the phone to gather their views on their home care services they receive. The team spoke to people about their experience of home care services, and of health and social care services, many of whom were isolated and housebound. The report is being compiled by commissioners and will be shared on completion.

**Amanda Kelly**

**Healthwatch Manager**

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# Agenda Item 8

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	COMMUNITY WELLBEING - PERFORMANCE AND TRANSFORMATION
<b>DATE OF DECISION:</b>	5 DECEMBER 2024
<b>REPORT OF:</b>	SCRUTINY MANAGER

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

<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY</b>	
At the request of the Chair, the Director of Adult Social Care has provided the Panel with an update on the performance of Southampton City Council’s Community Wellbeing Services and the service transformation programme. This information is attached as Appendix 1.	
<b>RECOMMENDATIONS:</b>	
	(i) That the Panel consider and challenge the appended information provided by the Director of Adult Social Care.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	To enable the Panel to scrutinise the performance of Southampton City Council’s Community Wellbeing services and the transformation programmes led by the service.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	No alternative options have been considered.
<b>DETAIL (Including consultation carried out)</b>	
3.	Attached as Appendix 1 is a presentation providing the Panel with details relating to: <ul style="list-style-type: none"> <li>• The performance of Community Wellbeing Services</li> <li>• The service transformation programme</li> </ul>
4.	The Panel are requested to use the appended information to scrutinise the Cabinet Member for Adults and Health and the invited officers who will be in attendance.
<b>RESOURCE IMPLICATIONS</b>	

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

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Community Wellbeing update for Health Overview and Scrutiny Panel

**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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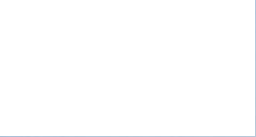
**Data Protection Impact Assessment**

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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**Other Background Documents**

**Other Background documents available for inspection at:**

<b>Title of Background Paper(s)</b>	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	SCC Adult Social Care Strategy 2024-2029 - <a href="#">Appendix 1 - Adult Social Care Strategy.pdf</a>



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# Community Wellbeing update for Health Overview & Scrutiny Panel

Agenda Item 8  
Appendix 1

# Overview

December 2024

The purpose of this presentation is to provide an **overview of the Service performance**, focusing on the ongoing transformation programmes. This includes an examination of the workstreams within each programme, detailing their **objectives, progress, and expected** impact, as well as the **target financial savings** associated with each workstream, and the **key milestones** driving progress. The discussion will explore how individual workstreams influence the broader performance dataset, ensuring alignment between strategic goals and measurable outcomes.

## Agenda:

### 1. Performance Measure Summary

1. [Corporate KPI Dashboard - November - Power BI](#)
2. Approach Overview
3. KPI Scorecard

Page 40

### 2. Transformation Workstream Overviews

1. Approach to delivering Key Opportunities
2. Living and Ageing Well
3. Whole Life Pathway
4. Service Productivity and Redesign
5. Commissioning
6. Progress against our plans

### 3. Safeguarding Peer Review

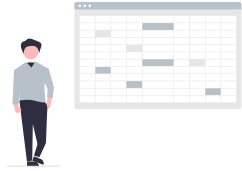
1. Progress against peer review actions

### 4. Winter planning



# Performance Measure Summary

Suite of management information to provide a high-level summary of performance for each area of the service.



## Performance Summary

A new **suite of metrics** has been proposed.

This dataset provides an **overview of key operational measures** to support the service in understanding the **key trends** amongst our supported residents.

This dataset will **supplement** the benchmarking datasets that are produced nationally. The ambition is to use benchmarking data to **improve target setting** for the metrics over the coming months.

This data set is used within the monthly **Performance Board**.

It is in working draft within the Authority, with proposals required for additional qualitative datapoints.



## Transformation-Specific Tracking

For each workstream of the ongoing Transformation programme, we have identified the **key operational metrics** that will be used to **measure the impact of changes** to the service.

These metrics will be tracked both through BAU mechanisms, alongside a new **Benefits Realisation Board** that has been setup as part of the Transformation programme.

Each key operational measure is linked to a financial impact.

**Transformation Collaboration** groups meet Bi-Weekly to review these KPIs and actions to drive the pace of improvement.



## Operational Metrics

Managers and teams will be enabled to use a **suite of dashboards and operational reporting** to support informed decision-making relating to day-to-day activities.

This includes existing PowerBI reporting, additional reports to be built in the coming months, and workflow information provided by the CareDirector Case Management System. Currently, use of reporting may differ by teams.

Many of the day-to-day KPIs used by our teams will be a key feature within the transformation activities and are therefore reviewed, scrutinised, and reported on regularly.

# Performance Measure Summary

Below demonstrates the new DRAFT performance measures that will be reviewed on a regular basis

Currently measures are improving with a focus required on the new cost of starting packages

Metric	Description	Trend Actual	Purpose
<b>Spend Summary</b>			<b>Spend Summary</b>
1.1	Total planned cost for the month for all services recorded on CareDirector		Review of trending overall cost of planned care packages
<b>Placement Summary</b>			<b>Placement Summary</b>
2.1	Total number with a current authorised long-term service		Review of trending number of supported residents to determine whether this is a key driver in overall spending trends
2.2	Number newly receiving a long-term service in the month		Reviewing specifically the number of residents who are new to the service in the last month
2.3	Number changing long-term service type in the month		Reviewing the number of residents who have received a different type of support in the last month
<b>Placement Distribution</b>			<b>Placement Distribution</b>
3.1	Percentage of total number with a current authorised long-term service who are in a residential or nursing placement		Reviewing the current % of our supported residents who have had to be supported through residential and nursing placements
3.2	Percentage of number newly receiving an authorised long-term service who are in a residential or nursing placement		Reviewing this figure for the new starts in this month, ideally this figure will be a leading measure for the above figure
3.3	Percentage of number changing authorised long-term service type to a residential or nursing placement		Reviewing this as a % of residents who have changed support level in the last month.
<b>Average Spend</b>			<b>Average Spend</b>
4.1	Average planned weekly cost of all long-term services for those receiving a long-term service at the end of the month		Reviewing the average weekly spend per supported resident to determine whether this is a key driver in overall spending trends
4.2	Average planned weekly cost of all long-term services for those newly receiving a long-term service as at the end of the month		Reviewing 4.1 but only for those receiving new to the service. This will be a leading measure to the above figure
4.3	Average planned weekly cost of all long-term services for those whose primary long-term service has changed in the month as at the end of the month		Reviewing 4.1 but only for those receiving new to the service. This will be a leading measure to the 4.1
<b>Home Care Provision</b>			<b>Home Care Provision</b>
5.1	Average planned weekly Home Care hours for those receiving a long-term Home Care service as at the end of the month		Reviewing Average number of provisioned homecare hours per resident weekly. To understand whether cost increases have been driven by increasing support levels of unit costs
5.2	Average planned weekly Home Care hours for those newly receiving a long-term Home Care service as at the end of the month		Reviewing 5.2 but only for new starting residents. This will be a leading measure to 5.1
5.3	Average planned weekly Home Care hours for those whose primary service type has changed to Home Care as at the end of the month		Reviewing 5.2 but only for residents starting a new homecare package from a previous package. This will be a leading measure to 5.1

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# Narrative



**Choose Area:** Community Wellbeing (DASS) (Are...  
**Corporate Plan | Cost ...:** All  
**Direction of Travel:** All  
**Update Frequency:** All  
**Updated This Month:** All  
[Clear Filters](#)

**Selected KPIs:** 9  
**RAG Key:** More than 10% (Red), On or better (Green), Within 10% (Yellow)  
*Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right*  
**Target:** 3 (Red), 3 (Yellow), 2 (Green)  
**National (England):** 2 (Red), 6 (Yellow)  
**Peer (Statistical Neighbours):** 2 (Red), 6 (Yellow)

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
% of contacts with an outcome of request for telecare or housing adaptations or reablement intervention required	October 2024	14.81	▲ 0.63	!	●	●	The value for this KPI is at 14.81, and has increased by 0.63 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 15.00 and has a RAG rating of AMBER.	We have seen a slight improvement in our performance, bringing us closer to our target.  When we compare our performance to this time last year, we see a significant improvement.  Plus, for context: There is a transformation workstream for reablement; this work is underway and has 3 aims: 1) increase the number of people who access the service 2) improve outcomes through each person having clear goals 3) clear goals also reducing the length of stay supporting efficiencies across the service.  Additionally, there is a Tech workstream. A "Tech Champion" has been appointed to provide expertise, advice and guidance that will support social work teams when considering use of Tech. Additional kit has been purchased to support learning and create examples of how tech can support individuals to

Choose Area: Community Wellbeing (DASS) (Are... ▾ | Corporate Plan | Cost ...: All ▾ | Direction of Travel: All ▾ | Update Frequency: All ▾ | Updated This Month: All ▾

[Clear Filters](#)

Selected KPIs  
9

**RAG Key**

- More than 10% ⊖
- On or better ✓
- Within 10% !

Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target	National (England)	Peer (Statistical Neighbours)
<span>⊖</span> 3 <span>!</span> 3 <span>✓</span> 2	<span>⊖</span> 2 <span>!</span> 6	<span>⊖</span> 2 <span>!</span> 6

- [Select data](#) →
- [Select data](#) →
- [Select data](#) →

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Cumulative number of older adults (aged 65 and over) whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 population	October 2024	329.03	▲ 23.09	!	!	!	The value for this KPI is at 329.03, and has increased by 23.09 over the last period. Good performance for this measure is a lower figure. The national benchmark for the year is 560.77. The target based on how far we are into the period for this measure is 327.13 and therefore the the RAG rating is AMBER.	This is a cumulative figure and therefore we expect to see an increase each month. We remain below the target trajectory for year end result. (This is a positive).  Solution circles are enabling earlier collaboration between professionals to explore community options that support people live in the community wherever possible.
Cumulative number of younger adults (aged 18-64) whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 population	October 2024	11.89	▲ 2.38	⊖	⊖	⊖	The value for this KPI is at 11.89, and has increased by 2.38 over the last period. Good performance for this measure is a lower figure. The national benchmark for the year is 14.63. The target based on how far we are into the period for this measure is 8.52 and therefore the the RAG rating is RED.	We are still currently predicted to exceed our target, i.e. the nr of placements is higher than we want. We are closing the gap to the trajectory figure.  We have analysed the nr of new placements made since April 2024 and are confident that 58% of those placements made were to the most appropriate setting to meet individuals needs. Of the remaining 42% some key themes are highlighted that need further focused work in the areas

Choose Area

Corporate Plan | Co...

Direction of Travel

Update Frequency

Updated This Month

Community Wellbeing (DASS) (Are... ▾

All ▾

All ▾

All ▾

All ▾

Clear Filters

Selected KPIs

9

RAG Key

More than 10%  
-

On or better  
✓

Within 10%  
!

Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target

National (England)

Peer (Statistical Neighbours)



Select data →

Select data →

Select data →

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Number of contacts created by or received by ASC Connect team (including those created by Contact Centre team)	October 2024	318.00	▼ -41.00	●	●	●	The value for this KPI is at 318.00, and has decreased by 41.00 over the last period. Good performance for this measure is a lower figure.	public funds. A further reduction in the number of contacts is demonstrating a sustained improvement in this area. A member of the Connect Team is working alongside the Service Centre to improve quality and consistency in response to the contacts received.  This will also be picked up as part of the "Front Door" transformation work.
Number of New Care Act Assessments completed (excluding terminated assessments, unplanned reviews and planned reviews)	October 2024	123.00	▲ 24.00	●	●	●	The value for this KPI is at 123.00, and has increased by 24.00 over the last period. Good performance for this measure is a lower figure.	We would expect some fluctuation in the number of Care Act Assessments completed and this figure is within the expected range.  We do need to undertake a "target setting" exercise for each service area as some service areas would expect to increase the number of the assessments (Reablement for example) while some teams might target to complete less assessments and more reviews). An important qualitative indicator not captured on this scorecard is the nr of days taken to complete each Care Act assessment.

Choose Area

Community Wellbeing (DASS) (Are... ▾

Corporate Plan | Cost ...

All ▾

Direction of Travel

All ▾

Update Frequency

All ▾

Updated This Month

All ▾

Clear Filters

Selected KPIs

9

RAG Key

More than 10%



On or better



Within 10%



Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target



National (England)



Peer (Statistical Neighbours)



Select data →

Select data →

Select data →

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Percentage of people with eligible needs supported to live independently (LD Opa)	October 2024	78.79	▲ 0.13	!	●	●	The value for this KPI is at 78.79, and has increased by 0.13 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 80.50 and has a RAG rating of AMBER.	This figure shows marginal improvement, but is below our target. We anticipate that our Whole Life Pathway transformation workstream will support an improvement before year end.
Proportion of completed safeguarding enquiries where the Adult at Risk achieved their desired outcomes	October 2024	47.83	▲ 14.49	✓	●	●	The value for this KPI is at 47.83, and has increased by 14.49 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 44.60 and has a RAG rating of GREEN.	This figure has improved significantly and is a reflection of the training that we have undertaken with staff to improve our recording of outcomes met.
Proportion of people and carers with eligible long term services reviewed during the past 12 months	October 2024	45.52	▼ -1.29	−	●	●	The value for this KPI is at 45.52, and has decreased by 1.29 over the last period. Good performance for this measure is a higher figure. The current target for this	We are seeing a drop in performance for reviews completed. This is a "whole" figure that needs to be separated out to reflect performance in carer reviews and reviews in social care teams. Commissioners are working with Unpaid Carers who have a performance improvement plan.

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Choose Area

Community Wellbeing (DASS) (Are... ▾

Corporate Plan | Cost ...

All ▾

Direction of Travel

Improving ▾

Update Frequency

All ▾

Updated This Month

All ▾

Clear Filters

Selected KPIs

5

RAG Key

More than 10%



On or better



Within 10%



Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target



National (England)



Peer (Statistical Neighbours)



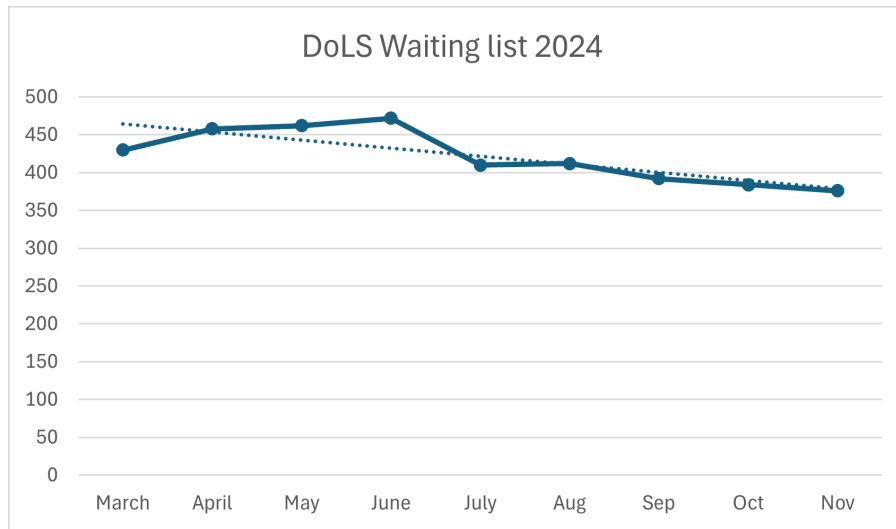
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KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Proportion of completed safeguarding enquiries where the Adult at Risk achieved their desired outcomes	October 2024	47.83	▲ 14.49	✓	●	●	<p>measure is a higher figure. The current target for this measure is 80.50 and has a RAG rating of AMBER.</p> <p>The value for this KPI is at 47.83, and has increased by 14.49 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 44.60 and has a RAG rating of GREEN.</p>	This figure has improved significantly and is a reflection of the training that we have undertaken with staff to improve our recording of outcomes met.
Proportion of people who use services who receive direct payments	October 2024	12.62	▲ 0.14	✗	✗	✗	<p>The value for this KPI is at 12.62, and has increased by 0.14 over the last period. Good performance for this measure is a higher figure. This is below the national benchmark of 26.19. The current target for this measure is 18.00 and has a RAG rating of RED.</p>	We have a project underway to change our DP tools and to simplify processes for staff. The objectives of this work are to 1) increase the uptake of DPs 2) have greater transparency of DP accounts. A new and knowledgeable Information Advice and Guidance officer is now in post bringing specialist expertise. They are supporting both staff and individuals/carers. This project is targeted to complete in December. Future phases will be required to develop the PA market and increase services available via DP.

# DoLS waiting list update



- Those on waiting list reviewed regularly using the latest ADASS DoLS priority tool [adass-dols-priority-tool-final-2.docx \(live.com\)](#)
- Quarterly data cleanse with all outstanding referral and reviews
- Regular reviews with providers around individual service needs
- Working closely with Quality & Safeguarding in the ICU
- Attending provider forum
- Meeting with UHS every 6 weeks improving practice and quality of information
- Close working with Care Placements Team
- New Best Interest Assessors trained across ASC
- Mental Capacity & DoLS
- Closer monitoring of allocated work
- Two new DoLS authorisers trained in November 2024 and two booked in for December 2024



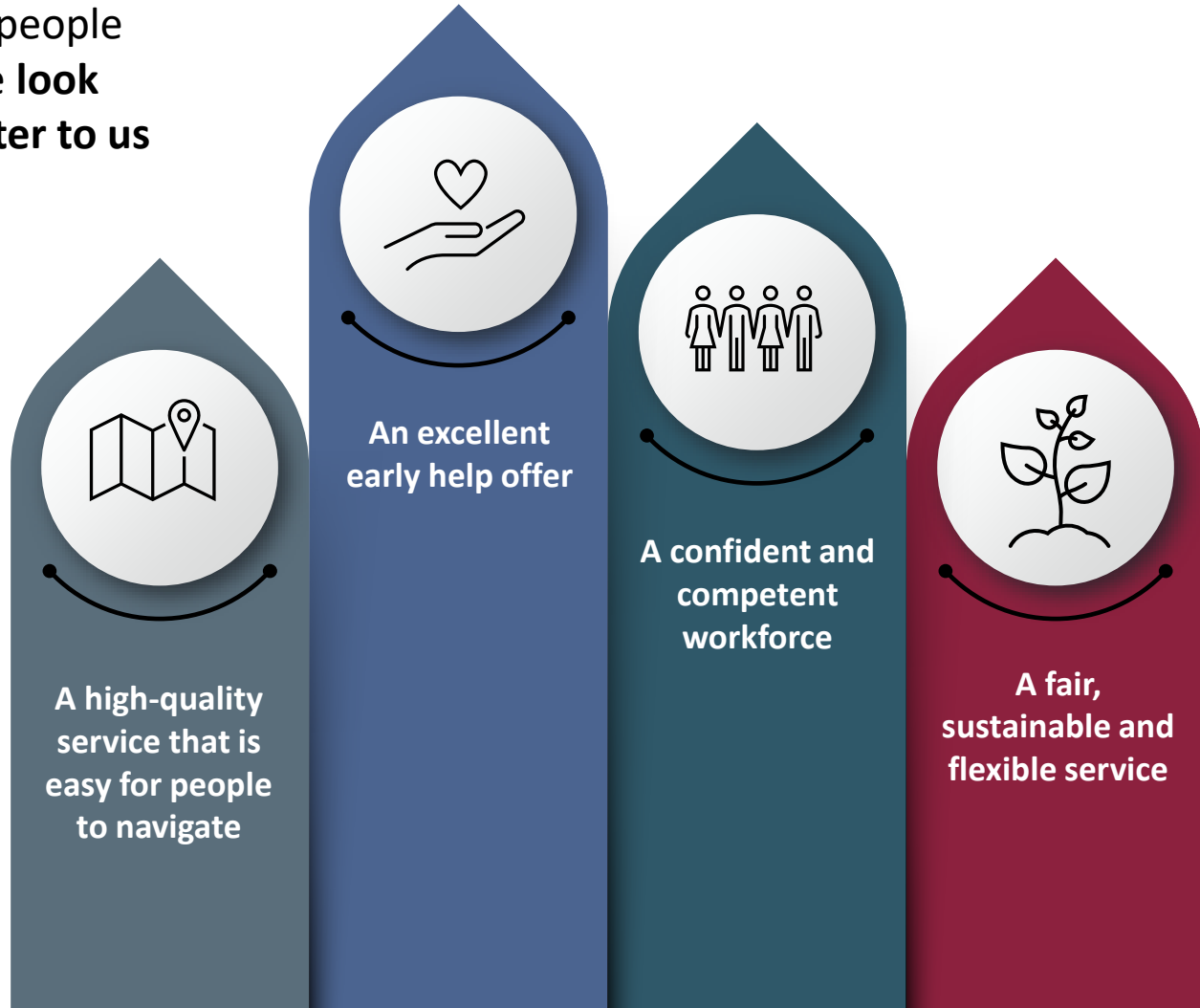
# Transformation Workstream Overview



# Our Vision and Strategic Aims

We share the **#SocialCareFuture** vision to enable us **all** to live in the place we call **home**, with the people and things we **love**, in communities where we **look out for each other**, doing the things that **matter to us**

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[Link to full strategy](#)



# Our aims are to deliver positive impact on outcomes, positive impact on spend

In each Portfolio we aim to build on the great work achieved within the Building for Brilliance and Ambitious Futures programmes, pursuing a range of improvement initiatives which support the savings targets of adapt | grow | thrive whilst creating people services with exceptional quality and value for money. Our target is to achieve:

**1500**

Older adults accessing a more effective reablement service each year

**20%**

More productive workforce to minimise wait times and ensure a sustainable staffing model in Southampton

**25%**

Fewer older adults placed into residential/nursing homes each year

**337**

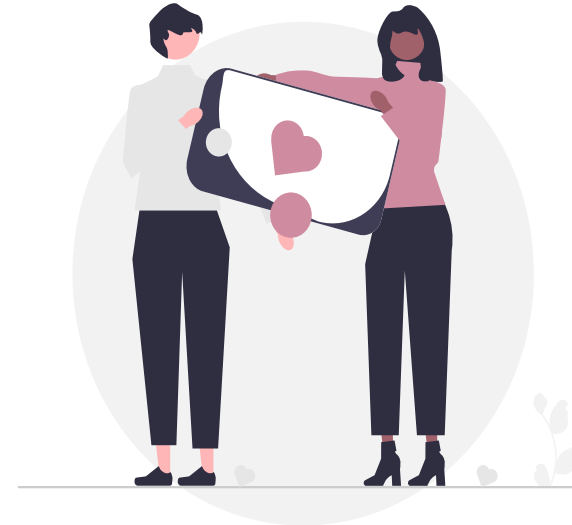
Adults with a learning disability, physical disability or mental health condition supported to live more independently

**£12.45m**

Annual cost of care reduction by supporting our Older Adults and Younger Adults with Whole Life Disabilities to live independent lives

**£4.8m**

Annual reduction in establishment and commissioning spend



# Approach to Delivering Key Opportunities

Each opportunity has a bespoke delivery plan, most have the following features:

## Establishing Operational Grip and Performance Visibility

- Digital visibility of whole-system performance
- Performance meetings, at various levels of detail, which drive rapid data-based decisions
- Increase caseload visibility, including case-level prioritisation and clear identification of blockers



## Rapid Adoption of Known Solutions

- Gather known solutions to the problems identified, including from previous Newton programmes
- Execute adoption plans across process redesign, digital tool build, staff training and coaching



## Design Cycles in Collaboration Groups

### Pinpoint Challenge

- Use system performance visibility to identify root



### Solution Design

- Build on problem definition with SMEs in group



### Trial, Iterate, Scale

- Trial and tweak best ideas at small scale, scale what works



## Embedding New Ways of Working

- Operational performance sustained at target levels
- Digital tools directly connected to data sources, automated and maintained by SCC
- New policies and processes formalised in documentation
- New behaviours and beliefs embedded in frontline staff



**Knowledge & Skills Transfer:** blended SCC/Newton team delivery throughout, change capability training programme delivered, robust documentation

**Staff, Partner & Resident Engagement:** communication, co-production and feedback activities conducted with relevant stakeholder groups throughout



# Adult's & Health Portfolio: Workstreams

In Adult's Social Care, we have built on the great work achieved so far within Ambitious Futures, pursuing a range of improvement initiatives which support the savings targets of adapt | grow | thrive whilst creating people services with exceptional quality and value for money.

Core Business Cases

## Living and Ageing Well

**Aiming to...** maximise the independence of our residents. **By...** increasing the utilisation and effectiveness of our Reablement Service, improving decision making and collaboration around the planning of a resident's support and looking at preventing demand

**Saving... £8.85m per year.**

## Whole Life Pathway

**Aiming to...** provide working age adults with the right level of care to support their independence. **By...** facilitating individual moves to less restrictive settings and reduced care hours, where appropriate.

**Saving... £3.6m per year.**

## Commissioning

**Aiming to...** reduce size of uplifts. **By...** creating a tailored approach to negotiation of rate increases with providers, avoidance of automatic uplifts.

**Saving... £1.5m per year.**

## Service Productivity and Redesign

**Aiming to...** resize and adjust skill mix of teams to fit the new operating model and reflect the efficiencies delivered in other projects. **By...** using a data-led approach to redesign teams.

**Saving... £3.1m per year.**

Enabling

- **Increased use of TEC (Care TEC)** - Development of a TEC first approach and equipment library to support this.
- **Social Care System Procurement** - The procurement phase of the programme of work to replace the current Case Management System – Care Director. Contract award targeted May 25.
- **CHC, DFG, and other funding** - ensure funding packages are appropriate for service users with healthcare needs. Practically mobilising multi-disciplinary teams to utilise national and local arrangements to propose funding streams.
- **FAB** - Ensure our financial assessment processes support system wide efficiencies

# Living & Ageing Well Programme Summary

In Adult's Social Care, we have built on the great work achieved so far within Ambitious Futures, pursuing a range of improvement initiatives which support the savings targets of adapt | grow | thrive whilst creating people services with exceptional quality and value for money.

<p><b>Prevention</b></p> <p><b>Aiming to...</b> prevent individuals from requiring Adult's Social Care involvement</p> <p><b>Saving...</b> £1.4m per year.</p>	<p><b>Practically...</b> improving ways of working and processes between Social Work and Front Door teams/contact the service.</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li># of contacts made to the ASC Front Door Teams</li> <li># of new Care Act Assessments Required</li> </ul>	<p><b>Long Term Care Starts</b></p> <p><b>Aiming to...</b> make timely decisions to meet residents' needs that promote independence</p> <p><b>Saving...</b> £2.85m per year.</p>	<p><b>Practically...</b> increasing collaboration and strengths-based practise during support planning</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li># of starts into nursing placements</li> <li># of starts into residential placements.</li> <li># of starting homecare hours.</li> </ul>	<p><b>Reablement</b></p> <p><b>Aiming to...</b> maximise the value of the reablement service and reduce home care hours commissioned</p> <p><b>Saving...</b> £3.8m per year.</p>	<p><b>Practically...</b> increasing awareness of the reablement pathway for community teams &amp; embedding new toolsets to support workers</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li># of successful periods of reablement</li> <li>#Reduced starting homecare hours (effectiveness)</li> <li>Length of stay</li> </ul>
<p>When successful we will see... Increased independence for residents with 20%, 15% and 10% preventing, reducing, and delaying the needs for at the front door to the service for the first time. <b>Reduce the overall number of supported residents and overall expenditure on Care Packages</b></p>		<p>When successful we will see... <b>30+ fewer residents from being supported in a Nursing setting or Residential Home</b>, vastly increasing their independence, and in turn supporting them in a more cost-effective setting for the council. <b>This aims to reduce the %residents supported in Resi/Nursing and Decrease average cost per resident</b></p>		<p>When successful we will see... A "re-abling" culture within the service, with 299 more service users annually (aged 18-64 and 65+) successfully completing reablement, and all 1203 service users' care needs more consistently reduced. <b>In turn reduce the average starting homecare hours, overall supported residents and average cost per resident</b></p>	
<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li><b>November 2024:</b> Confirmation of workstream timescales</li> <li><b>December 2024:</b> Starting activities confirmed with staff training plan, tools/process changes defined</li> <li><b>January 2025:</b> Interim data visibility built</li> <li><b>July 2025:</b> KPIs at "Run Rate"</li> <li><b>August 2025:</b> Processes and Tools in sustainable format, fully owned by SCC Staff with learnings embedded</li> <li><b>March 2026:</b> £0.4m in year Sustainable Savings Achieved</li> <li><b>March 2027:</b> £1.4m in year Sustainable Savings Achieved</li> </ul>		<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li><b>November 2024:</b> Starting Solutions Implemented with regular performance governance running</li> <li><b>December 2024:</b> Additional activities confirmed with staff training plan, tools/process changes defined</li> <li><b>March 2025:</b> KPIs at "Run Rate"</li> <li><b>August 2025:</b> Processes and Tools in sustainable format, fully owned by SCC Staff with learnings embedded</li> <li><b>March 2026:</b> £2.3m in year Sustainable Savings Achieved</li> <li><b>March 2027:</b> £2.85m in year Sustainable Savings Achieved</li> </ul>		<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li><b>November 2024:</b> Starting Solutions Implemented with regular performance governance running</li> <li><b>December 2024:</b> SMART Goals Interim Tool live and rolled out to all coordinators and carers, feedback for further iterations collected</li> <li><b>March 2025:</b> KPIs at "Run Rate"</li> <li><b>August 2025:</b> Processes and Tools in sustainable format, fully owned by SCC Staff with learnings embedded</li> <li><b>March 2026:</b> £3.8m Sustainable Savings Achieved</li> </ul>	

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# Whole Life Pathway Programme Summary

Building on the work achieved so far within Ambitious Futures, in Whole Life Pathway, we are focused on supporting service users to access more independent provisions and achieve an improved quality of life.

<p><b>Optimised Packages of Care</b>  <b>Aiming to...</b> provide working-age adults with the right level of care, that supports their independence</p> <p><b>Saving...</b> £3.6m per year</p>	<p><b>Practically...</b> supporting residents to progress and step-down or move to less restrictive care provisions, with reduced care hours, where appropriate.</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li># of moves and step-downs completed per month</li> <li># of service users on long term care packages</li> <li>average package cost</li> </ul>	<p><b>CHC, DFG, and other funding</b>  <b>Aiming to...</b> ensure funding packages are appropriate for service users with healthcare needs</p> <p><b>This is a savings enabler.</b></p>	<p><b>Practically...</b> multi-disciplinary teams mobilised to utilise national and local arrangements to propose appropriate funding streams.</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li># of service users on long term care packages</li> <li># successful adjustments in funding split (success rate)</li> <li>average package cost</li> <li>DFG utilisation</li> </ul>	<p><b>Transitions and Starts</b>  <b>Aiming to...</b> encourage anticipatory care plans to maximise independence for working age adults.</p> <p><b>This is a savings enabler.</b></p>	<p><b>Practically...</b> alignment with Children’s Services and the Front Door to manage starts transition pathways into adulthood effectively.</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li># young adult starts on long-term care packages</li> <li>average post-18 package cost</li> </ul>
<p>When successful... we will impact <b>190+ residents</b> aged 18-64 with Learning Disability, Mental Health, and Physical Disability support needs, ensuring they receive care that <b>supports their strengths-based goals</b>.</p> <p>This will <b>reduce the total cost of care</b> by ensuring independence-led placements, lower weekly care hours, and reduced reliance on care provision over time.</p>		<p>When successful... this work is an enabler to ensure <b>accurate funding splits</b> with Health, ensuring the best support for each individual with health-related PSRs, while generating savings for the council.</p> <p><b>Utilisation of the DFG</b> will provide appropriate adaptations, leveraging the grant to help individuals remain in independent settings, such as their homes.</p>		<p>When successful... this work is an enabler to <b>support young adults in achieving more independent outcomes</b> as they transition from CSC to ASC, improving their quality of life, supporting their progress, and fostering independence.</p> <p>It will also reduce the average cost of post-18 support packages, ensuring more efficient use of placements and care hours while delivering budget savings.</p>	
<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li><b>October 2024:</b> Cases triaged. Plan and dedicated resource in place.</li> <li><b>November 2024:</b> Performance governance and interim data visibility in place. Engagement with SUs starts.</li> <li><b>December 2024:</b> First moves and step-downs completed. Longer term process and staff upskilling designed.</li> <li><b>January 2025:</b> Implementation of longer-term process.</li> <li><b>March 2026:</b> £2.5m saved</li> <li><b>March 2027:</b> £3.6m saved</li> </ul>		<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li><b>November 2024:</b> Design of structure, approach, and resourcing.</li> <li><b>December 2024:</b> Set up and onboarding of relevant teams, and alignment on cross-directorate dependencies.</li> <li><b>January 2025+:</b> Launch of agreed process, and monitoring of impact on care package costs.</li> </ul>		<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li><b>November 2024:</b> Data visibility built relating to starts across service areas.</li> <li><b>December 2024:</b> Design and launch of solutions at ‘starts’, including MDTs.</li> <li><b>January 2025:</b> Design of long-term process at interface between CSC and ASC, and integration of enablement service offering.</li> <li><b>March 2025+:</b> Implementation of longer-term process, and monitoring of impact on care package costs.</li> </ul>	

# Service Productivity and Redesign Summary

In Service Productivity and Redesign, we are focusing on creating a sustainable, high-performing Adult Social Care service working to processes that deliver ideal outcomes for our residents in an efficient cost envelope.

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<p><b>Phases 1 and 2a</b>  <b>Aiming to...</b> Implement a new operating model that optimises team size and skills mix to deliver service efficiencies.</p> <p><b>Saving...</b> £0.9m per year.</p>	<p><b>Practically...</b> Redesign of the operating model based on current productivity and capacity.</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li>ASC establishment spend per annum.</li> </ul>
<p>We have successfully <b>redesigned teams</b> to align capacity and skills with service needs, ensuring we maintain the same <b>high-quality delivery at a reduced cost</b>. This approach focuses on <b>strategically managing vacancies</b> to <b>optimise team structure</b> and sustain current productivity levels.</p>	
<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li>Phase 1 &amp; 2a Complete</li> </ul>	

<p><b>Phase 2b</b>  <b>Aiming to...</b> build on the efficiencies unlocked through earlier phases, enhancing service effectiveness and outcomes for service users through moving towards goal-based work with a focus on Reablement and Day Services.</p> <p><b>Saving...</b> £2.1m per year.</p>	<p><b>Practically...</b> Providing performance management visibility, supported by instilling a culture of using data to drive high performance, enabling team members to maximise productivity. Review of the service offerings, eligibility criteria, and operating hours and changes to the establishment to reflect efficiencies delivered. Reducing the size of the establishment to contribute to the saving target.</p> <p><b>With KPIs -</b></p> <ul style="list-style-type: none"> <li>ASC establishment spend per annum.</li> </ul>
<p><b>If successful, KPI visibility, process redesign, and blocker removals</b> will drive service efficiency and effectiveness, enabling establishment reduction in line with the productivity gains. Underpinning this is a <b>cultural shift</b> towards using data and performance information to enable effective performance management. A revised service offering, centering around effective services, prevention and earlier intervention drive better outcomes for residents, including more individuals able to regain previous levels of independence through Reablement, able to remain independent at home through the use of technology-enabled care, or able to manage their care via direct payments.</p>	
<p><b>Milestone Summary</b></p> <ul style="list-style-type: none"> <li><b>October 2024:</b> Resource agreed, and delivery team onboarded.</li> <li><b>November 2024:</b> KPIs and plan agreed, opportunity refined.</li> <li><b>December 2024:</b> Targeted redesign activity and ongoing productivity improvements.</li> <li><b>June 2025:</b> Staffing changes made.</li> </ul>	





# Progress against our plans

# Adult's & Health Portfolio: Highlights & Challenges

## Highlights from September and October 2024



**Management of Waitlists:** Connect and City Wellbeing waitlists have reduced from their peaks since September 2024.



**Moves and Step-Downs:** 37 step-downs have been completed in long-term care packages in Learning Disabilities, with further individuals identified as suitable for moves and step-downs across MH, LD, and PD so far.



**Performance and System-Level Visibility:** dashboards allowing for targeted conversations and data-led decision making - including 2 dashboards in Reablement, and 1 on long-term care across the entirety of ASC.



**Culture and Upskilling:** Training across multiple teams to support wider initiatives. SMART goals training to all (23) reablement coordinators to improve effectiveness of reablement periods, and Difficult Conversations training to moves and step-downs teams (5) to support conversations with residents through moves work. Driving a cultural change, and a strengths- and independence-focused service.



**Significant increase in Referrals and Starts into Reablement:** The refined Connect to Reablement pathway is enabling more people to benefit from the reablement process and reducing number of a cost of ongoing long term care packages. Compared to baseline of April 24, we've seen:

- ~25% increase in referrals
- ~17% increase in starts since launch

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## Challenge Areas



**Data Availability, Systems and Digital Literacy:** formats and systems have changed over time. Staff input information into systems in different ways. Some individuals struggle to interact with new technology. This means there are many variables to consider when building data visibility.

**Mitigation:** Supporting digital training and upskilling to support staff through rollout where needed, alongside data cleaning and supplementary manual data collection.



**Staff Capacity and Change Fatigue:** Staff have experienced significant levels of change over the last few months. Change fatigue may drive lower levels of engagement and potentially higher turnover, meaning it will be difficult to drive transformation progress at pace. A number of key management roles are not in post.

**Mitigation:** Appropriate change management and engagement plans in place, to provide clarity over changes. Resource is also pivoted to support in areas of strain, such as waitlists, to help manage arising pressures.



**Placement Availability:** A lack of capacity across placement types and competitive market for care beds inhibits the ability to place individuals in what would be their 'ideal' care setting, as well as causing delays when attempting to source care for an individual. This is a live conversation across Housing, Commissioning and Placements.

**Mitigation:** Inclusive Lives framework live to support with Supported Living placements. Extra Care dependencies quantified and communicated to Housing colleagues.



**Health Dependencies:** There are various areas of interface and resulting dependencies on the Health Care services, such as funding decisions and data visibility. These contribute to risks around delivering savings in agreed timeframes.

**Mitigation:** Working with colleagues in Health to improve Hospital Discharge processes, also developing a plan to work through CHC funding more effectively.



# Focus - Grip over Waitlists

Across the service we are focussed on reducing waitlist and waiting times for our residents.

Work in this area has focused on two primary areas, **reducing the # of incoming** referrals, and **increasing the # of outgoing** cases:

## Reducing incoming referrals:

- New **ways of working between the Service Centre and Connect team** have been established, including regular learning meetings & contact routes.
- A **new online referral form** has been published with a significant reduction in online referrals already seen.
- The City Wellbeing Team email inbox has been closed with signposting towards online forms/resources and the Service Centre in replacement.

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## Increasing outgoing cases:

- New **planned and unplanned reviews processes** are currently being designed with City Wellbeing Team (CWT). This is aimed at streamlining these pieces of work to increase outflow of cases from the wait list.
- Waitlist **prioritisation tool training** delivered to senior practitioners.

## Next steps:

- Establish sustainable **visibility of incoming requests** to the service.
- **Service centre colleagues to join 'solution circle' meetings** with Connect team for learning and development opportunities.

## Next steps:

- Establish **sustainable visibility of waitlist sizes** and wait times for ongoing reporting and management.
- Work with teams to establish **consistent waitlist formats** and management processes.

# Focus Areas for Upcoming Weeks

## Living and Ageing Well

- Within Reablement we expect the **Go-Live of the new SMART Goals Application** and the new case progression meetings to be embedded, seeing a **reduction in length of stay** and increased focus on effectiveness of reablement
- Further **expansion of Solution Circles** across all teams, expanding benefit, and improving the way we support people to live independently.
- Progress in improving hospital discharge processes, increasing focus on working closer with health partners through the UHS 'Discharge focus week' to improve journey for residents out of hospital.

## Whole Life Pathway

- Expect further **activity** for long-term care packages, focussing on meeting the strengths-based goals of our residents
- Additional focus on **new packages of care**, including **transitions**, including **annual reviews**, to ensure the strengths-based and independence-led ways of working.
- Embedding of **performance data visibility**, enabling data-informed decision making.

## Service Productivity & Redesign

- Completion of the **team design** for Day Services and Reablement
- Programme Board **approval of the timeline** including key milestones and target decision dates

## Case Management System

- Key sections of the Invitation to tender (ITT) shared with providers for **initial feedback** to mitigate risk of a failed tender
- **Board and Executive Director sign off**
- **Formal issue of the ITT**

# Safeguarding Peer Review. Recommendations & Actions – page 1 of 2

CQC Theme	Criteria	Description	Action
<b>Working with People</b>	12.2	Provide examples and tips for the ASC Safeguarding Adults Form to ensure clarity and succinct analysis of key events.	New forms with guidance are in place. Detailed practice guidance is being developed to improve consistency.
	12.3	Understand and assess the risk of safeguarding cases on the waiting list.	Prioritisation practice guidance has been co-produced with staff. The new safeguarding (SG) Hub aims to have no waiting list for safeguarding referrals. New tool rolling out Nov 2024.
	12.4	Consider a multiagency audit of the Multi Agency Risk Management (MARM) process.	MARAM webinar created Jan 2024. MARM process to be reviewed as part of the Quality Assurance sub-group in early 2025. Previously audited "Making Safeguarding Personal". Currently auditing referrals.
<b>Providing Support</b>	12.5	Ensure referrers are aware their referrals have been considered and actions taken.	SG Hub staff include new Resource Coordinator to enable feedback to referrers. Quality Assurance sub-group currently review referrals. Level 1 SG training has been made available to more partners.
	12.6	Review Advocacy arrangements to protect people's rights.	Advocacy contract is closely monitored and compliance and timeliness has improved.
<b>Ensuring Safety in the System</b>	12.7	Develop an evidence-based approach to safeguarding and ensure the voice of the person is clear.	Training for wider service on recording is being developed and will be rolled out in early 2025. This has already been rolled out to New Qualified Social Workers as part of first year practice programme.
	12.8	Provide clear rationale for case closure or onward referral.	Forms developed to cover this detail. Managers' training started in October 2024 will also cover quality assurance checks
	12.9	Monitor the timeliness of the safeguarding pathway.	Dashboard allows oversight of ALL safeguarding activity. Safeguarding audits will start in December 2024
	12.10	Enable higher-level data analysis to identify areas for improvement.	Improved data available in PowerBi. Strategic Performance Lead appointed Oct 24.
	12.11	Audit and review policies and procedures for staff.	Head of Service will work with the Quality Practice and Assurance Team to ensure policies are up to date and embedded across the service.
	12.12	Ensure mental capacity assessments are evidence-based.	DoLS Team have MCA advice line. MCA forum started Aug 24.
	12.13	Clarify when to initiate a Section 7 assessment.	More emphasis will be on this in the new practice guidance
	12.14	Ensure robust governance and oversight of work by Southern Health NHS Foundation Trust.	S75 has ended, therefore all statutory safeguarding activity is undertaken in SCC.
	12.15	Consider management of Quality and Safeguarding work areas.	Closer working across Hub and safeguarding in commissioning. This will also be considered as part of service productivity and re-design.

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# Safeguarding Peer Review. Recommendations & Actions – page 2 of 2

CQC Theme	Criteria	Description	Action
Leadership	12.16	Ensure the current structure supports effective safeguarding service delivery.	New Safeguarding Hub in place.
	12.17	Review governance processes and terms of reference for all groups.	In progress with Practice Guidance
	12.18	Evaluate the new Quality audit for effectiveness.	Safeguarding Hub to undertake audit regime, Quality Practice & Assurance Team to support roll out of lessons learnt.
	12.19	Rebuild strategic interest in the responsibility for Safeguarding.	Safeguarding Partnership and associated sub-groups in place.
	12.20	Highlight the role of Occupational Therapists (OT) in safeguarding work.	Principal OT and OT Team are included in SG Training and Practice Development. OT Team are co-located with SG Hub.
	12.21	Ensure appropriate data and case audit details are available for continuous learning.	Auditing work is a priority for the Quality Practice and Assurance Team. New Audit forms and regime will be ready for end of November 2024
	12.22	Consider how the safeguarding service is delivered and how vacant and frozen posts can be utilised to ensure a compliment of a variety of staff so that qualified staff are utilised for the most challenging and dependent casework.	Head of Quality Assurance oversees SG Hub. Review of SG Hub is due end of November 2024 and is already underway.

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The council has worked with NHS Hampshire & Isle of Wight Integrated Care Board to develop a Southampton Place Winter Plan, as is usual practice.



Our Plan continues to build on the transformation work the council has undertaken over the past year and previous winter plans, including access to Bridging Support Care, and dedicated Care Home Beds.



It should be noted at the time of writing there has been no announcement of additional winter funding for the Local Authority, unlike previous years.

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<b>DECISION-MAKER:</b>		HEALTH OVERVIEW AND SCRUTINY PANEL	
<b>SUBJECT:</b>		MONITORING SCRUTINY RECOMMENDATIONS	
<b>DATE OF DECISION:</b>		5 DECEMBER 2024	
<b>REPORT OF:</b>		SCRUTINY MANAGER	
<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director – Enabling Services</b>	
	<b>Name:</b>	<b>Mel Creighton</b>	<b>Tel:</b> 023 8083 3528
	<b>E-mail</b>	<b>Mel.creighton@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Scrutiny Manager</b>	
	<b>Name:</b>	<b>Mark Pirnie</b>	<b>Tel:</b> 023 8083 3886
	<b>E-mail</b>	<b>Mark.pirnie@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None.		
<b>DETAIL (Including consultation carried out)</b>			
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.		
<b>RESOURCE IMPLICATIONS</b>			
<b><u>Capital/Revenue</u></b>			

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

Date	Title	Action proposed	Action Taken	Progress Status
05/09/24	South Central Ambulance Service (SCAS) – Improvement Programme Update	1) That, to enable the Panel to scrutinise the Trust’s improvement trajectory: <ul style="list-style-type: none"> <li>a) The Panel are provided with the key milestones and timescales associated with South Central Ambulance Service’s exit strategy from the NHS Recovery Support Programme.</li> <li>b) SCAS return to the HOSP in August / September 2025 to update the Panel on progress.</li> </ul>	South Central Ambulance Service are updating their plan for exiting the Recovery Support Programme. Details will be provided to the Panel in December.	In progress
05/09/24	Adult Social Care Performance & Transformation	1) That the outcomes and accompanying action plan from the recent Safeguarding Peer Review are circulated to the Panel.	The actions identified during the Safeguarding Peer Review are incorporated into an action improvement plan. Progress against these actions will be presented to the Panel at the 5 December meeting of the Panel.  <b>Update 26/11</b> – Requested information is included within the presentation attached as Appendix 1 of the performance and transformation report to be considered at 5 <sup>th</sup> December HOSP meeting.	Completed
		2) That the service reviews the performance dataset that is presented to the Panel to ensure that it enables members to have an effective oversight of the performance of the service.	A revised performance dashboard is currently in working draft. The Strategic Performance Lead started on 1 <sup>st</sup> October 2024 to support our review of this dataset to ensure its effectiveness for both operational and strategic oversight.  <b>Update 26/11</b> – Draft dataset is included within the presentation attached as Appendix 1 of the performance and transformation report to be considered at 5 <sup>th</sup> December HOSP meeting.	Completed
		3) That, to support effective oversight of the Adult Social Care Transformation Programme moving forward, the Panel are provided with a plan that gives:	To provide appropriate context to the Adult Social Care transformation programme a full presentation will be provided to the HOSP at the December 2024 meeting of the Panel.	Completed

Date	Title	Action proposed	Action Taken	Progress Status
		a) An overview of the workstreams that form part of each of the transformation programmes b) The target savings attached to each workstream c) Key milestones for the workstream d) An understanding of what success will look like if the workstream is effective e) An explanation as to how the workstream will impact on the performance dataset.	Key performance indicators aligned to target achievements for each transformation workstream are reflected in the performance dataset (outlined above).  <b>Update 26/11</b> – Requested information is included within the presentation attached as Appendix 1 of the performance and transformation report to be considered at 5 <sup>th</sup> December HOSP meeting.	
07/11/24	Dentistry in Southampton	1) That the Panel are provided with data for Southampton identifying the percentage of patients attending NHS dental practices in the previous 2 years.	This is simpler to report as a one-year data set: <ul style="list-style-type: none"> <li>• As of October 2024, the number of adults living in Southampton having accessed NHS dentistry in the previous year was 58,164. This represents a 5.2% increase (2,863 adults) since October 2023.</li> <li>• As of October 2024, the number of children living in Southampton accessing NHS dentistry in the previous year was 27,713. This represents a 7.2% increase (1,873 children) since October 2023.</li> </ul>	Completed
		2) That an estimate is provided to the Panel of the level of unmet need in Southampton as it relates to dental care.	Data that helps indicate the level of unmet need in the city include the following: <ul style="list-style-type: none"> <li>• <a href="#">NHSE data</a> on the numbers seen by a dentist in the past 24 months for adults and 12 months for children – in Southampton for 2022/23 this was 74,466 adults (37%) and 24,650 (48%) children. Each patient is counted only once even if they have received several episodes of care over the period.</li> <li>• In terms of locally collected data for children, the <a href="#">BeeWell survey</a> conducted in 2023 is available for localities in the city and is shown in the table below. Across Hampshire and the IOW, Southampton's Central locality</li> </ul>	Completed

Date	Title	Action proposed	Action Taken	Progress Status																												
			<p>has the lowest proportion of children visiting a dentist in the last 12 months (69.3% compared with 87.7% average for HIOW).</p> <table border="1" data-bbox="1263 292 1888 616"> <thead> <tr> <th data-bbox="1263 292 1397 405">Locality</th> <th data-bbox="1397 292 1568 405">Visited dentist in last 12 months (%)</th> <th data-bbox="1568 292 1738 405">Teeth or mouth pain in the last 3 months (%)</th> <th data-bbox="1738 292 1888 405">How often you brush your teeth (%)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1263 405 1397 432">Central</td> <td data-bbox="1397 405 1568 432">69.3</td> <td data-bbox="1568 405 1738 432">17.4</td> <td data-bbox="1738 405 1888 432">82.6</td> </tr> <tr> <td data-bbox="1263 432 1397 459">East</td> <td data-bbox="1397 432 1568 459">88.7</td> <td data-bbox="1568 432 1738 459">20.1</td> <td data-bbox="1738 432 1888 459">81.5</td> </tr> <tr> <td data-bbox="1263 459 1397 486">North</td> <td data-bbox="1397 459 1568 486">87.3</td> <td data-bbox="1568 459 1738 486">17.9</td> <td data-bbox="1738 459 1888 486">77.6</td> </tr> <tr> <td data-bbox="1263 486 1397 513">South</td> <td data-bbox="1397 486 1568 513">86.5</td> <td data-bbox="1568 486 1738 513">19.5</td> <td data-bbox="1738 486 1888 513">80.6</td> </tr> <tr> <td data-bbox="1263 513 1397 541">West</td> <td data-bbox="1397 513 1568 541">84.4</td> <td data-bbox="1568 513 1738 541">17.9</td> <td data-bbox="1738 513 1888 541">83.7</td> </tr> <tr> <td data-bbox="1263 541 1397 616"><b>HIOW average</b></td> <td data-bbox="1397 541 1568 616"><b>87.7</b></td> <td data-bbox="1568 541 1738 616"><b>17.3</b></td> <td data-bbox="1738 541 1888 616"><b>84.2</b></td> </tr> </tbody> </table> <ul data-bbox="1263 659 1888 927" style="list-style-type: none"> <li>• Data from the <a href="#">NHS Business Authority</a> indicates that in 2022/23 in Southampton 43.6% of children aged 0-17 were seen by an NHS general dentist and 33.3% received Band 1 treatment (typically check-ups which focus on diagnosis and prevention e.g. clinical examinations, x-rays, minor repairs, fluoride varnish, and advice).</li> </ul> <p data-bbox="1263 948 1888 1350">Note: It is not possible to measure unmet need in terms of the number of people not ‘registered’ with a dentist as under the current system there is no such thing as being formally “registered” or “de-registered”; this is explained further by the <a href="#">Kings Fund</a>. Essentially, dental practices are able to provide treatment to patients if they have the capacity within the activity commissioned from them to do so. Additionally, many people choose not to regularly attend a dentist instead preferring access on an ad hoc basis or when they need treatment.</p>	Locality	Visited dentist in last 12 months (%)	Teeth or mouth pain in the last 3 months (%)	How often you brush your teeth (%)	Central	69.3	17.4	82.6	East	88.7	20.1	81.5	North	87.3	17.9	77.6	South	86.5	19.5	80.6	West	84.4	17.9	83.7	<b>HIOW average</b>	<b>87.7</b>	<b>17.3</b>	<b>84.2</b>	
Locality	Visited dentist in last 12 months (%)	Teeth or mouth pain in the last 3 months (%)	How often you brush your teeth (%)																													
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South	86.5	19.5	80.6																													
West	84.4	17.9	83.7																													
<b>HIOW average</b>	<b>87.7</b>	<b>17.3</b>	<b>84.2</b>																													
		3) That, whilst the Panel welcomes the work to improve oral health targeted at under 5’s in Southampton, to improve oral health outcomes for children in the city,	HIOW NHS will continue to keep the Panel updated on progress.																													

Date	Title	Action proposed	Action Taken	Progress Status
		the NHS and Council commit to continue to prioritise support to children in the most disadvantaged areas of the city.		
07/11/24	Renewing Our Ambition	1) That, reflecting the increased focus on neighbourhood working outlined in the strategy, a discussion on Integrated Neighbourhood Teams is scheduled for a future meeting of the HOSP.	Integrated Neighbourhood Teams discussion provisionally scheduled for 6 February 2025 meeting of the Panel – Scrutiny Manager	
07/11/24	HIOW NHS Foundation Trust - Update	1) That the Panel are informed of the Trust's plans for the Highpoint Centre when they become clear.	The Trust will keep the Panel informed of any emerging plans relating to our use of the building.	Completed