

# Health Overview and Scrutiny Panel

Thursday, 7th November, 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

### Contacts

Emily Goodwin  
Democratic Support Officer  
Tel: 023 8083 2302  
Email: [emily.goodwin@southampton.gov.uk](mailto:emily.goodwin@southampton.gov.uk)

Mark Pirnie  
Scrutiny Manager  
Tel: 023 8083 3886  
Email: [mark.pirnie@southampton.gov.uk](mailto:mark.pirnie@southampton.gov.uk)

# **PUBLIC INFORMATION**

## **ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)**

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

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

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

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

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

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

## **PUBLIC REPRESENTATIONS**

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

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

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

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

## **CONDUCT OF MEETING**

### **BUSINESS TO BE DISCUSSED**

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

### **RULES OF PROCEDURE**

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

## **QUORUM**

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

## **DISCLOSURE OF INTERESTS**

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

### **DISCLOSABLE PECUNIARY INTERESTS**

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

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

### **OTHER INTERESTS**

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

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

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

### **PRINCIPLES OF DECISION MAKING**

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

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

In exercising discretion, the decision maker must:

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

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

<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 - 4)

To approve and sign as a correct record the minutes of the meeting held on 5 September 2024 and to deal with any matters arising, attached.

### **7 RENEWING OUR AMBITION** (Pages 5 - 46)

Report of NHS Hampshire and Isle of Wight summarising the NHS plan for the future across Hampshire and the Isle of Wight.

### **8 DENTISTRY IN SOUTHAMPTON** (Pages 47 - 60)

Report of NHS Hampshire and Isle of Wight providing an update and overview of dentistry and dental services across Southampton.

### **9 HAMPSHIRE AND ISLE OF WIGHT HEALTHCARE NHS FOUNDATION TRUST - UPDATE** (Pages 61 - 66)

Report providing an update on the newly formed NHS Hampshire and Isle of Wight

Healthcare NHS Foundation Trust.

**10 MONITORING SCRUTINY RECOMMENDATIONS** (Pages 67 - 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, 30 October 2024

Director – Legal and Governance

---

SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 5 SEPTEMBER 2024

---

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

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

The apologies of Councillor Kenny were noted.

It was noted that following receipt of the temporary resignation of Councillor Kenny from the Panel, the Monitoring Officer acting under delegated powers, had appointed Councillor Blatchford to replace them for the purposes of this meeting.

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

**RESOLVED:** that the minutes for the Panel meeting on 27 June 2024 be approved and signed as a correct record.

10. **SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST - IMPROVEMENT PROGRAMME UPDATE**

The Panel considered the report of the Chief Executive, South Central Ambulance Service (SCAS) NHS Foundation Trust, which updated the Panel on the implementation of the Trust's improvement programme.

Caroline Morris, Director of Transformation SCAS NHS Foundation Trust; and Neil Cook, Head of Operations (Southampton and South West) SCAS, NHS Foundation Trust; were in attendance and, with the consent of the Chair, addressed the meeting.

In discussion the Panel noted that the programme focused on four workstreams: Governance, Safeguarding, Patient Safety and Equality, and Performance.

1. **Governance:** Focused on improving information flow between the board and the floor. The committee structure and performance reports have been redeveloped to ensure the board receives the necessary assurance.
2. **Safeguarding:** This area has seen significant improvements and is no longer under review. Processes for making safeguarding referrals have been streamlined.
3. **Patient Safety and Equality:** Efforts have been made to improve cultural wellbeing, ensuring staff feel confident to speak out. Activities have been carried out to raise awareness about sexual safety.
4. **Performance:** The adoption of the "hear and treat" approach has been successful, allowing telephone operators to help callers self-help or signpost them to other health services. Efforts were also being made to improve the system for rapid handover of patients and reducing the time ambulances spend at hospitals.

The next phase involved embedding the work from the transformation programme into the business as usual.

Also:

- the NHS England national review of ambulance trusts and its recommendations, which included balancing operational and people performance, focusing on leadership and management culture, improving the operational environment, and targeting bullying and harassment.
- the workforce plan and initiatives to increase clinical staffing by creating more paramedics.
- the challenges faced in recruiting and retaining staff as paramedics become more attractive in the community services, leading to competition from GP surgeries

The Panel discussed the impact of these issues on recruitment, the timescales for exiting the NHS Recovery Support Programme, and the challenges limiting SCAS from meeting targets. The item concluded with a discussion on the potential impact of new hospital plans and the importance of improving response times and patient safety. The next phase involves embedding the work from the transformation programme into the business as usual.

The Panel thanked the frontline employees of the ambulance service for their hard work and commitment in often trying circumstances

**RESOLVED** That, to enable the Panel to scrutinise the Trust's improvement trajectory:

- a) The Panel would be provided with the key milestones and timescales associated with South Central Ambulance Service's exit strategy from the NHS Recovery Support Programme.
- b) SCAS return to the HOSP meeting in August / September 2025 to update the Panel on progress.

## 11. **ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION**

The Panel considered the appended presentation which provided the Panel with an overview of the performance of Adult Social Care (ASC) in Southampton and an update on the service transformation programme.

Kate Concannon, Head of Quality, Governance and Professional Development in ASC; Clare Edgar, Executive Director Wellbeing and Housing; and Councillor Finn, Cabinet Member for Adults and Health were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The performance data provided did not cover all of ASC, but key stages and indicators of the service have been highlighted.
- ASC data was hard to report on due to the non-rigid nature of the national Adult Social Care Outcomes Framework.
- There had been significant improvement in performance data collection over the past 20 months.



- The safeguarding service had been restructured, leading to improvements and resolving issues with section 42 enquiries. Safeguarding in ASC must work within the Mental Health Capacity Act, allowing adults to live within their chosen risk. The safeguarding action plan included detailed actions for each workstream.
- Early intervention in Southampton had helped reduce the need for specialist care or full-time care, benefiting residents, families, and the council.
- The number of people requesting support from adult social care had decreased, and full care assessments were more targeted. The conversion rate of care act assessments into full care support plans was now in line with statistical neighbours. Addressing issues at the point of assessment had reduced the need for full care plans. A waiting list tool had been introduced to regularly contact people and monitor deterioration.
- Some local authorities have struggled to meet care act duties since the pandemic, but Southampton has not had to request suspension of these duties.
- Reablement efforts have improved, focusing on independence and effective hospital discharge.
- There was a need to educate staff on direct payments to ensure proper support and information for users. The virtual wallet had been introduced to streamline payments and reduce paperwork.
- DOLS were not fully effective in keeping people safe, and there was national recognition of the need for better risk management.
- Historical reliance on institutional and domiciliary care had raised concerns about restrictions on liberty rights. Preventing unnecessary admissions to care and improving care pathways can reduce demand. Non-urgent placements still take a long time, but improvements had been made
- The value for money and effectiveness of commissioned contract's were being scrutinized, with efforts to increase occupancy and ensure contract efficiency. Southampton's social care market was strong.
- The interim DASS had the capacity to continue driving transformation due to strong leadership and familiarity with the challenges

The Panel thanked Claire Edgar for her work in improving the performance of Southampton City Council's Adult Social Care Service and wished her good luck in her future career.

## **RESOLVED**

- 1) That the outcomes and accompanying action plan from the recent Safeguarding Peer Review would be circulated to the Panel.
- 2) That the service would review the performance dataset that was presented to the Panel to ensure that it enabled members to have an effective oversight of the performance of the service.
- 3) That, to support effective oversight of the Adult Social Care Transformation Programme moving forward, the Panel would be provided with a plan that gives:
  - 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.

12. **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.

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	RENEWING OUR AMBITION
<b>DATE OF DECISION:</b>	7 NOVEMBER 2024
<b>REPORT OF:</b>	NHS HAMPSHIRE AND ISLE OF WIGHT

<b><u>CONTACT DETAILS</u></b>		
<b>Executive Director</b>	<b>Title</b>	Chief Strategy Officer
	<b>Name:</b>	Caroline Morison

<b>STATEMENT OF CONFIDENTIALITY</b>
-------------------------------------

Not applicable

<b>BRIEF SUMMARY</b>
----------------------

The NHS across Hampshire and Isle of Wight has an ambition for the future where local people are better supported to live healthier lives for longer and, when they do become ill, have better access to the right care in the right place at the right time.

NHS Hampshire and Isle of Wight has recently published Our Renewed Ambition. This document summarises the key priorities and the actions NHS partner organisations are taking to achieve our ambition and what will be different when we do.

Our Renewed Ambition comprises our statutory Joint Forward Plan. NHS partners are required to prepare a Joint Forward Plan before the start of each financial year, setting out how they intend to exercise their functions in the next five years.

Our Renewed Ambition has also been shared with the Health and Wellbeing Board chair and with members of the Health and Wellbeing Board.

Our agreed system-wide ‘interim integrated care strategy’ was published in 2023. Our Renewed Ambition builds on our shared work to date and the learning we have gained by working as a system over the last two years. The Integrated Care Strategy is based on the health and wellbeing strategies and the local joint strategic needs assessments from each place. Our Renewed Ambition is not new or a change in direction. It builds on what we have been working together on over time, and significant recent engagement with a number of partners from across our system including local authorities to identify where we can do more together.

In September the government published its report into NHS performance by Lord Darzi. The priorities and commitments outlined in Our Renewed Ambition align well to the findings of the Darzi report. The Darzi report, which we welcome, is available to [read in full here](#). Following this, the government has started a period of engagement with NHS patients and staff to help co-design its new ten year plan. There is a national portal found at [change.nhs.uk](http://change.nhs.uk) where anyone can share their experiences and ideas. The government’s ten year plan is due to be published in Spring 2025.

<b>RECOMMENDATIONS:</b>
-------------------------

- |  |     |  |
|--|-----|--|
|  | (i) | The Panel is asked to note Renewing our Ambition |
|--|-----|--|

<b>REASONS FOR REPORT RECOMMENDATIONS</b>
---

- |    |  |
|----|--|
| 1. | To enable the panel to scrutinise the long-term plan for the NHS locally and to consider the implications for Southampton Place. |
|----|--|

<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	None
<b>DETAIL (Including consultation carried out)</b>	
3.	Identified in the appended documents.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
4.	N/A
<b><u>Property/Other</u></b>	
5.	N/A
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
6.	N/A
<b><u>Other Legal Implications:</u></b>	
7.	N/A
<b>RISK MANAGEMENT IMPLICATIONS</b>	
8.	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
9.	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.	Renewing our Ambition: update
2.	Renewing our Ambition summary document

**Documents In Members' Rooms**

1.	N/A
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	<b>No</b>
<b>Data Protection Impact Assessment</b>	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	<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

This page is intentionally left blank



# Renewing Our Ambition

## Health Overview and Scrutiny Panel

7<sup>th</sup> November 2024

NHS Hampshire and Isle of Wight Integrated Care Board

## 1. Developing Our Renewed Ambition

- 1.1 The NHS across Hampshire and Isle of Wight has an ambition for the future where local people are better supported to live healthier lives for longer and, when they do become ill, have better access to the right care in the right place at the right time.
- 1.2 NHS Hampshire and Isle of Wight has recently published Our Renewed Ambition. This document summarises the key priorities and the actions NHS partner organisations are taking to achieve our ambition and what will be different when we do.
- 1.3 Our Renewed Ambition comprises our statutory Joint Forward Plan. NHS partners are required to prepare a Joint Forward Plan before the start of each financial year, setting out how they intend to exercise their functions in the next five years.
- 1.4 Our Renewed Ambition has also been shared with the Health and Wellbeing Board chair and with members of the Health and Wellbeing Board.
- 1.5 Our agreed system-wide 'interim integrated care strategy' was published in 2023. Our Renewed Ambition builds on our shared work to date and the learning we have gained by working as a system over the last two years. The Integrated Care Strategy is based on the health and wellbeing strategies and the local joint strategic needs assessments from each place.
- 1.6 Our Renewed Ambition is not new or a change in direction. It builds on what we have been working together on over time, and significant recent engagement with a number of partners from across our system including local authorities to identify where we can do more together.

## 2. Realising our Renewed Ambition

- 2.1 One element of Our Renewed Ambition is to more clearly state 'The Difference' that we want to make and how we will come together as a system will fundamentally change things for our communities.
- 2.2 Our engagement with system partners revealed areas where we felt there was more opportunity and need to make a clearer commitment. We have turned these into clear statements. This where we feel that we can enable greater potential and impact for our population.
- 2.3 These strategic commitments are:
  - We will make a **shift towards proactive and preventative care** and support.
  - We will deliver **person-centred care** led by the needs of the whole person and underpinned by a **community-centred approach to wellbeing**.
  - We will develop and maximise our **pathways of care based on clinical outcomes**, evidence and data.



- We will **maximise the use of the resources in our system** building on models of collaboration, partnership and integration.
- We are a **learning system** using improvement methods, research and innovation to continuously improve.

2.4 These commitments are designed to:

- Bring together initiatives and programmes into a more singular vision, describing the real and long-term transformation of our system and ways of working to which we all contribute.
- Make a clear and public commitment to the significant change required to enable the best outcomes for our system and population.
- Help everyone in the system to understand what our strategy means for them and their work and what will be different.
- Empower people working across the system to confidently deliver on our strategic vision and know that they are contributing to our long-term strategic aims.

2.5 These are intended to be the ‘golden threads’ of system working that run through our work together, as they are an important public commitment to our strategic ways of working.

2.6 The recent Darzi Investigation has given a thorough outline of the current challenges in health and care. It will be an important foundation for the upcoming 10-Year Health Plan which is due to launch in the spring. Engagement on this plan has focused on three big shifts in health and care. The government is outlining its intention that health and care should be moving:

from hospital to community care;

from analogue to digital; and

from treating sickness to preventing it.

2.7 We believe that this aligns well with our five statements of difference and should give us confidence that our strategic ambitions are well aligned to the future direction of government policy. We believe that our increased focus on inequalities, clinical evidence, improvement focus and ultimately the impact for patients and staff warrant retaining and building on our five commitments.

### 3 Defining our Renewed Ambition

3.1 Our focus is now on how we can translate the strategic intent in Our Renewed Ambition into agreed, measurable and transformational change across the system.

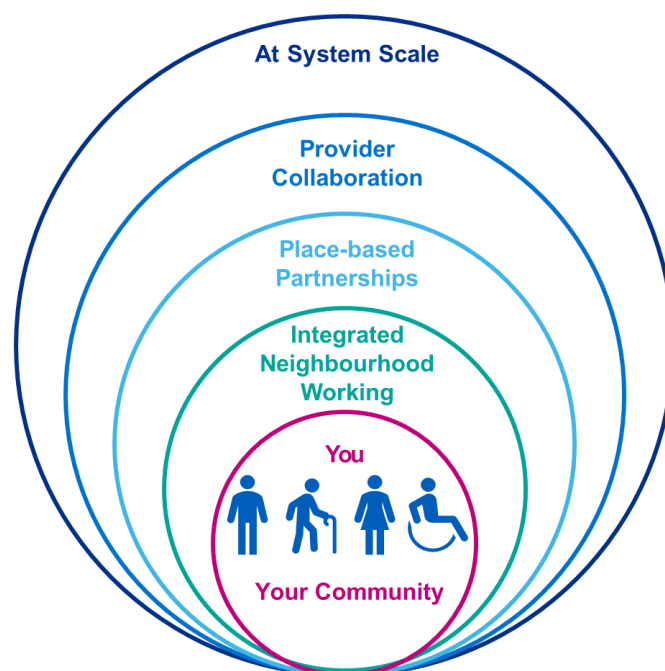
3.2 We plan to use the statements to guide a number of upcoming pieces of work to firmly root our strategy in what we do together as NHS partners working in the system. This could include (but is not limited to):

- A **communication tool**, helping people working in the system to have a common language to describe strategic ambition and understand their part in delivery on our ambition;
- A clear **framework for supporting strategies**, to demonstrate how their work will link into the overall strategy and contribute to our long-term strategic aims;
- A **framework in our planning process for 2025/26** helping us to articulate how our planning for the next year supports a long-term shift in activity and behaviour moving to a process where planning is undertaken throughout the year and firmly rooted in our strategy; and
- As a **way to manage progress and challenge ourselves**, a tool to judge how differently we are operating.

3.3 As important as it is for us to have a clear public strategy, the purpose of this refresh is ultimately to shape what we do together. We recognise that simply stating our intentions is not enough.

#### 4 Our ways of working built around people

4.1 The people and communities of Hampshire and Isle of Wight are at the heart of everything that we do. Our ways of working describes the major parts of our system where health and care organisations work together to transform the way health and care is planned, coordinated and delivered. Each part working together in partnership helps us to deliver the right care, at the right time, in the right place for our population.



4.2 We understand the importance of working at scale and providing equity of care across the system, doing things at scale and delivering care that is value for

money. We recognise the important benefits that can be realised when working at place and in communities in partners. Utilising the networks, partnerships and local knowledge to deliver preventative care, early interventions and timely access to services when required.

- 4.3 This way of working enables better integration of services, use of resources, coordination, planning and decision-making that lead to better joined-up care for local people and better ways of working for our people working across services. It is intended to support, rather than replace or undermine, existing organisational accountabilities.

## 5 Working together

- 5.1 Southampton has a long legacy of effective, integrated working, achieved through close partnership arrangements between the NHS and Southampton City Council. We know that, for our residents, they do not live or sit in in pathways of care – they live in local communities. The value of leading, engaging and delivering at a local level cannot be undervalued or underestimated. NHS Hampshire and Isle of Wight remains committed to strengthening the work at place level, by leading from the centre and driving forward the health improvements we need to deliver.

- 5.2 When our Integrated Care Board was established in July 2022 it became the statutory NHS body responsible for setting the strategic plan for the NHS to deliver its part of the health and care strategy, allocating NHS resources and working through our places and transformation programmes to ensure the right services are delivered to people in our communities.

- 5.3 The benefit of new ways of working mean that there is now a greater platform for strategic commissioning, where retaining a Place-focus on our communities, not least through our existing Section 75 arrangements and the overall management of the Better Care Fund.

- 5.4 As an Integrated Care Board, we are specifically responsible for the commissioning spend on:

- Acute services
- Mental health services
- Community services
- All Age Continuing Care
- Prescribing
- Primary care services
- Other programmes and our own corporate running costs.

- 5.5 The development of Integrated Care Systems allows for the consideration and creation of system and 'Place'-based plans for improving health and wellbeing outcomes, building on positive work started before by Clinical Commissioning Groups. This brings many opportunities; not least better planning of local services and alignment of spend, and there is much our wider system is and can

learn from Southampton's best practice in this respect. However, we must do this now while also improving an unacceptable NHS financial position created following the pandemic.



# Our Renewed Ambition

## Our NHS plan for the future across Hampshire and the Isle of Wight

Happier, safer, healthier. Together.

# Contents

Our Renewed Ambition . . . . .	3
Why we need a Renewed Ambition . . . . .	6
What we want to achieve . . . . .	10
What will be different . . . . .	26
Next steps to make our Renewed Ambition a reality . . .	30





# Our Renewed Ambition

**The NHS across Hampshire and the Isle of Wight has an ambition for the future where local people are better supported to live healthier lives for longer and, when they do become ill, have better access to the right care, in the right place, at the right time.**

We want to shift towards providing more proactive and preventative care and support for local people that is person and community-centred. We want to focus more on improving outcomes for local people and their whole experience of using services, rather than individual episodes of care. We want organisations and teams to work in a more joined-up way, maximising innovation and research.



To achieve this ambition we are focusing on four key areas we are delivering, strengthening and developing across Hampshire and the Isle of Wight (HIOW) over the coming years.

This document summarises the key actions we are taking to achieve our ambition and what will be different when we do.



**Happier, safer, healthier communities** which will be achieved through the delivery of our partnership priorities.



**Improved NHS services** delivered through our NHS transformation programmes.



**Overarching principles** that act as 'golden threads' running through all our work.



**Ways of working** to support integration, collaboration and partnership working across organisations.



# Why we need a Renewed Ambition

The NHS across Hampshire and the Isle of Wight is facing significant challenges and issues that are impacting how local people receive support, care and treatment. The number of people using services is growing all the time, and the services have not been able to keep up. This has resulted in too many people not always getting the right care in the right place for their needs. People are waiting too long for care too often, people are staying too long in hospital when they would be better cared for elsewhere, and our people working across services are being put under increasing pressure.



There are many reasons for these challenges, including:

**Population factors:**  
We have a growing and ageing population, and more people are living longer in poor health. This means more people are needing support, treatment and care more often from services.

**Imbalance between prevention and cure:**  
A significant amount of NHS funding and staff are currently focused on acute hospital care. More could be done to invest in out-of-hospital care and measures that would prevent ill health or conditions becoming worse, keeping people healthier for longer.

**Complicated system:**  
Local people have frequently said they find the health and care system complicated and not joined-up enough which makes it harder to access the right service at the right time.

**Impact of Covid:**  
Covid had a significant impact on people's health and wellbeing and on services and we are still seeing the impact. This includes a backlog of people waiting for operations, procedures and diagnostics, and more people needing support for mental health.

**Efficiency and affordability of services:**  
Some services are not working as effectively and efficiently as they could be. This means our local NHS costs more money than we have available, meaning we are restricted in what we can invest to make improvements.

**Health inequalities:**  
There are currently unacceptable differences in health and outcomes for our most disadvantaged communities and individuals. This includes for people living in areas of deprivation, people with mental health vulnerability and some of our ethnic minority communities.



## A lot of work has taken place over the last few years to address the issues and challenges we face and progress has been made.

Following the agreement of our system-wide 'integrated care strategy' in 2022 with our wider system partners, we have programmes of work to progress our partnership priorities for achieving long-term improvement to the health of our population. These focus on the wider determinants of health, beyond NHS service delivery, and can only be achieved with partners across our whole system working together.

We have established and progressed our agreed transformation programmes across NHS partners that aim to address the significant challenges we face and improve services both in the short and long-term. These are key to the delivery of our plans to recover our current challenged financial situation across NHS partners as part of the national Recovery Support Programme.

Over the last year we have also made progress with our three strategic programmes that are supporting healthcare on the Isle of Wight to be more sustainable, integrating mental health and community services, and improving long-term hospital services in Hampshire.

We carried out a review of the progress we have made across our priorities and programmes and, despite the large amount of work that has taken place, the issues and challenges we face remain significant and in some areas have grown and are becoming more severe.

Across the local NHS, it is clear we need to go further and faster in making the changes and improvements needed so we have renewed our focus, commitment and energy to make it happen.



# What we want to achieve

# Our Renewed Ambition focuses on four areas we are aiming to deliver, strengthen and develop across Hampshire and the Isle of Wight (HIOW):

Page 25



**Happier, safer, healthier communities** which will be achieved through the delivery of our partnership priorities.



**Improved NHS services** delivered through our NHS transformation programmes.



**Overarching principles** that act as 'golden threads' running through all our work.



**Ways of working** to support integration, collaboration and partnership working across organisations.

# Happier, safer, healthier communities

We are supporting people to live longer and more fulfilled lives in good health through the delivery of our partnership priorities. These focus on five key areas we want to achieve:

## Children and young people

We want all children to have the best possible start in life, regardless of where they are born, and have positive physical, emotional and mental wellbeing. We are focusing on the first 1,001 days of life, to secure the best possible outcomes for children as they approach early years.

## Good health and proactive care

We are working with partners to improve the health of our population by addressing some of the wider determinants of health. We are giving particular focus to improving social connectedness and we want to improve outcomes and the management of cardiovascular disease, focusing on increasing healthy life expectancy, narrowing the gap in health inequalities, reducing unwarranted geographical variation and identifying those at risk earlier.

## Mental wellbeing

We are promoting positive mental wellbeing across all partners, with the aim of reducing death by suicide, addressing inequalities in access and outcomes for people seeking support with mental health issues, and developing trauma informed approaches across services.

## Our people

We are working with partners to attract, recruit and retain people across the wider system. We are focusing on the health and wellbeing of our people and expanding our workforce to include those communities which may not have considered working within the public sector.

## Digital and data

We are improving how we share information between organisations, removing the digital, data and technology boundaries that exists and unlock the potential of more joined-up working across services and teams.



# Improved NHS services

We are improving and transforming NHS services to give people the right care, in the right place, at the right time now and in the future. We are achieving this through the delivery of our NHS transformation programmes across local care, urgent and emergency care, planned care, discharge, mental health and workforce. The key aims and actions we are taking across these areas are outlined on the following pages.

Page 27



## Local care

Our local care transformation programme aims to support people to stay healthier and independent for longer. We will offer more person-centred, preventative, proactive and joined-up care as close to home as possible. A key part of this is the development of integrated neighbourhood working. This will be a new model of out-of-hospital care delivered through providers across primary care, community and mental health and social care. This will involve working in an integrated way and in partnership with the voluntary sector, other partners and the local communities they serve.



## What we will achieve over the long-term:

- Reduction of unplanned hospital admissions for our frail populations and those who frequently use services.
- Expand virtual wards to enable more people to receive acute level care at home.
- Improve management of hypertension and reduce the risk of heart problems for our population.
- Improve same-day access in primary care.
- Reduce deterioration of patients following crisis or hospital admission through increased therapy care and early interventions.

## The key actions we are taking in 2024-25 are:

- Development of integrated neighbourhood teams focusing on our frail population.
- Expansion of virtual care and virtual wards.
- Delivery of a new model for community integrated rehabilitation and reablement.
- Delivery of the primary care access recovery plan that will allow people to get more appointments.
- Improve access to care in areas with high use of emergency departments.

## Urgent and emergency care

Our urgent and emergency care transformation programme is focusing on significantly reducing the amount of people needing to use urgent and emergency care services and, when they do need care, ensuring they receive it in the quickest and best possible way. We want to do this by maximising and improving measures and services outside of hospital that will prevent people needing urgent care in acute hospitals and improve the flow of patients through hospitals to ensure emergency departments do not become overcrowded.

### What we will achieve over the long-term:

- Increase the number of unplanned attendances receiving same day emergency care.
- Improve the co-ordination of joined-up care.
- Reduction in the number of people going to the emergency department.
- Decrease emergency department admission rates in line with the national average.

### The key actions we are taking in 2024-25 are:

- Extending opening hours of our same-day emergency care services to increase short stay admissions.
- Implement same day emergency care services for acute frailty patients to reduce admissions.
- Piloting improved decision-making to reduce ambulance conveyance to emergency departments.
- Increase the number of Urgent Treatment Centres to reduce attendance and admission through emergency departments.



## Planned care

Our planned care transformation programme is focusing on reducing the backlog of people waiting for elective procedures, ensuring patients and their carers get the best possible outcomes and experience. It also aims to ensure that we are getting the most out of the capacity and funding available, and that we are meeting national operating targets. We are aiming to transform models of care that improves our use of digital and outpatients and expands patient choice.

## What we will achieve over the long-term:

- Zero patients waiting over 52 weeks for surgery.
- All patients to start consultant-led treatment within 18 weeks.
- Reduce unnecessary outpatient attendances, empowering people to initiate care as needed.
- Patients to have minimum of five choices on average at point of referral.
- Reduce unwarranted variation in access, experience and outcomes.
- 95% diagnostic tests in six weeks.

## The key actions we are taking in 2024-25 are:

- Implement our agreed actions to stop people waiting 104, 78 and 65 weeks for treatment, including better use of available capacity and better management of waiting lists.
- Ensure effective arrangements are in place to improve patient choice at point of referral and throughout someone's care.
- Ensuring waiting times for children and young people keep pace with adults, with a particular focus on Paediatric Cardiology, Orthopaedics and Ear, Nose and Throat.
- Delivery of an elective hub in Winchester in line with plans.

## Discharge from hospital

Our discharge transformation programme is focused on enabling people to leave hospital as soon as they are medically ready to do so. This means they can continue their recovery and future care in the best possible way and we can care for other people who most need it. We are improving discharge processes and supporting more people to safely return home with appropriate care to meet their individual needs. We are giving particular focus to those who are medically fit for discharge ('no criteria to reside') and those requiring permanent care home placements.

### What we will achieve over the long-term:

- Reduce the number of general and acute beds occupied by 'no criteria to reside' patients.
- Reduce the numbers of patients waiting 7,14 and 21 days after they have been declared as having 'no criteria to reside'.
- Not using escalation beds outside of winter.
- Speed up discharges for those medically fit to leave hospital.
- Reduce the length of time people spend in community beds.
- Reduce the number of people who have 'no criteria to reside' in community and mental health providers.

### The key actions we are taking in 2024-25 are:

- Developing a system capacity control centre to provide better visibility of available bed capacity across providers.
- Implement actions using the analysis from the work to understand 'demand and capacity'.
- Improvement to processes to reduce the amount of time people spend in acute hospitals.

## Mental health

Our mental health transformation programme aims to improve the access to, and transition between, services for people with mental health issues. We are working to ensure there is parity of esteem, where people with complex mental health needs have the same support and care as people with physical health needs. We want to ensure people with mental health needs are being cared for in the most appropriate setting. In particular we want to reduce the number of people in crisis being cared for in acute hospitals and reduce the length of hospital stay for mental health patients awaiting crisis intervention.



## What we will achieve over the long-term:

- No patients waiting more than four hours in Emergency Departments or waiting over 24 hours in the community for mental health admission.
- No patients waiting over 72 hours for discharge once deemed “clinically ready for discharge” in mental health wards.
- Reduction in time taken to complete an assessment in places of safety to two hours (currently 14-16 hours).
- A reduction in occupancy within adult and older people’s mental health inpatient wards.
- Ensuring every person under section 136 receives immediate crisis support following assessment.

## The key actions we are taking in 2024-25 are:

- Integrate services across paediatric liaison and adult/older people’s mental health liaison services.
- Implement new escalation processes for those in mental health crisis.
- Increase therapeutic support to mental health patients in acute settings to reduce the need for enhanced observations.

## Workforce

Our workforce transformation programme aims to ensure we are getting the most from the expertise, knowledge and commitment of our people. In the short-term we need to right-size our workforce in some areas to be more affordable following the significant growth in numbers seen during the pandemic. We need to do this by working more efficiently and reducing duplication of work where it exists across different providers.

Over the longer-term, we want to get the best out of the workforce we have by improving their development, building new skills and expertise, and supporting them to do the best job possible. We also want to make the NHS a more attractive place to work, with improved career pathways, recruitment processes and a 'one workforce' approach to education and training to create a pipeline of future professionals across our system.

### What we will achieve over the long-term:

- Reducing duplication and improving efficiency across our workforce.
- Reducing the dependency on temporary staffing.
- Clear system plan to fill long-standing vacancies.

### The key actions we are taking in 2024-25 are:

- Bringing together some corporate services across providers where it makes sense to do so to reduce duplication and improve efficiency.
- Start of a system agreed rightsizing workforce scheme.
- Reducing agency rates.
- Better oversight of recruitment processes.
- Targeted recruitment plan for mental health vacancies that usually attract high-cost agency spend.

# Overarching principles

To support the successful delivery of our partnership priorities and transformation programmes we have overarching principles that act as 'golden threads' running through everything we do. These are improving outcomes, tackling inequalities, taking a community-centred approach, enhancing productivity and value for money, and supporting broader social and economic development.





## Improving outcomes in population health and healthcare

We want to shift our focus from individual services towards the outcomes we want to achieve for local people through:

- **Commissioning for outcomes:** We will shift from historical ways of commissioning individual services towards commissioning for outcomes, based on population health need.
- **Continuous improvement and learning:** We are working towards becoming a high performing health and care system, using improvement approaches, research and innovation.

## Tackling health inequalities in outcomes, experience and access

One of the key aims of our system is to reduce the inequalities in outcomes, experience and access that currently exist for local people, particularly those who are most disadvantaged. We are using the national Core20PLUS5 approach to inform our work. This focuses on improving equality and equity for the most deprived 20% of our population, those who need greater support and focus locally ("Plus groups"), and the five clinical areas requiring accelerated improvement.

## Taking a community-centred approach to wellbeing

We aim to shift towards more community and person-centred care through taking a:

- **Strength-based approach:** We are focusing on what is strong, not just what is wrong, across our communities and will improve services by building on the strengths and assets that already exist.
- **Community involvement approach:** We are continuing to strengthen our community involvement approach to ensure we understand and listen to local people and can make improvement driven by insight of what matters to them.

## Enhancing efficiency and value for money

We are doing more to get the most out of the resources we have available. Progress has been made to stabilise our system financial position and we are building on this through:

- **Short/medium term focus on improving efficiency and financial sustainability:** We aim to leave the national Recovery Support Programme during 2024-2025 which will allow us to have more flexibility in how we use our finances and invest in long-term improvements. This will require us to achieve a break-even 'run rate' position across NHS partners, meaning we are no longer spending more money than is available. This will be achieved through making efficiencies from our transformation programmes and having greater control over system finances.
- **Long-term rebalance towards proactive and preventative care:** Over the long-term we will be rebalancing our total investment in health to increase the proportion invested in out-of-hospital preventative and proactive care, which will produce better outcomes for our populations and the health and care system.

## Supporting broader social and economic development

We are working with wider partners in local authorities and research to ensure we are acting as 'anchor' institutions and driving the positive health impacts of employment. This includes enabling people to return to work after a period of unemployment or due to long-term sickness. It also involves taking action to employ a more diverse workforce, recruiting from across our local areas, supporting our workforce to stay in local employment, and ensuring our workforce are healthy and well.



# Ways of working to support integration

To deliver the improvement and transformation we want to make across services we need to create the system infrastructure that will allow organisations and teams to work in a more joined-up and effective way. We have a system 'operating model' that we are strengthening that involves organisations working closer together.

Page 37



## Integrated neighbourhood working and Place-based Partnerships

- **Integrated neighbourhood working will enable local people to access more equitable, joined-up preventative, proactive and reactive person-centred care and support. This will be delivered closer to where people live by Integrated Neighbourhood Teams made up of providers across primary care, community care, mental health and social care. They will work in partnership with the voluntary sector, other partners and the local communities they serve to help people live in better health and reduce health inequalities.**
- **NHS partners are active members of the Place-based Partnerships, which are aligned to the Health and Wellbeing Boards and local authorities across Hampshire, Isle of Wight, Portsmouth and Southampton. This enables collaboration across local organisations, including health and care providers, local authorities and other partners such as community and voluntary sector organisations to deliver priorities locally.**

## NHS provider collaboration

We will be strengthening our collaboration and working arrangements across NHS providers. This includes finalising the integration of mental health and community care with the formation of a single new organisation and further developing our established Acute Provider Collaborative to allow our three acute hospital Trusts to work closer together and lead and deliver transformation and system-wide pieces of work related to our acute services.

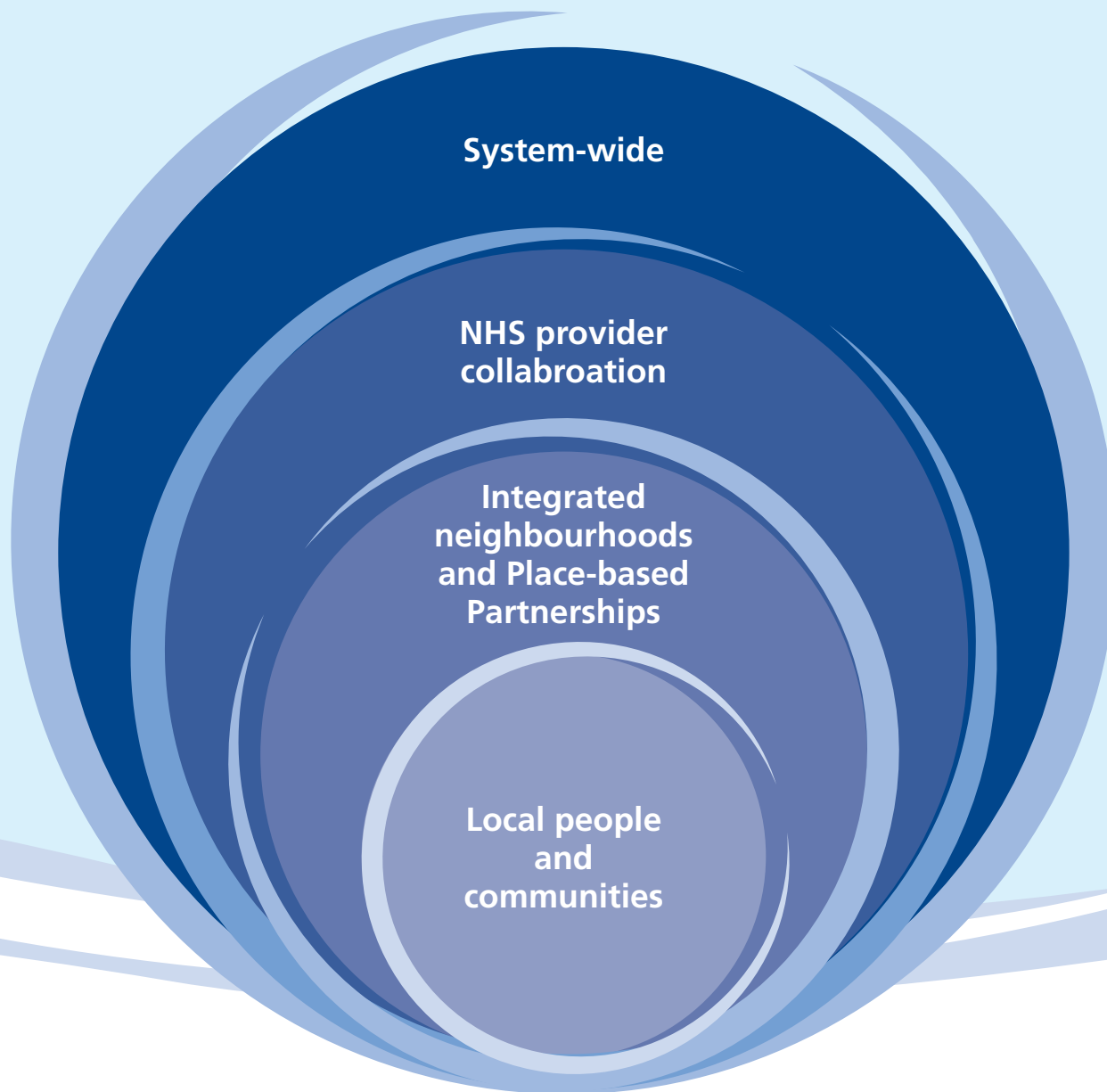
## System-wide working

We will continue to strengthen and evolve how we work across the whole of Hampshire and the Isle of Wight, through our two existing system-wide statutory entities:

- **NHS Hampshire and Isle of Wight: The statutory NHS body leading and overseeing the improvement, performance, delivery and resource allocation across the local NHS.**
- **Integrated Care Partnership: The statutory committee made up of wider system partners overseeing the delivery of our partnership priorities.**

## Our ways of working

This way of working enables better integration of services, use of resources, co-ordination, planning and decision-making that lead to better joined-up care for local people and better ways of working for our people working across services. It is intended to support, rather than replace or undermine, existing organisational accountabilities.





# What will be different

## Differences to the future health system

Achieving our Renewed Ambition will require changes to how the current health system works. Over the next five years the key differences to system working will be:

- **A shift more towards proactive and preventative care and support. We will rebalance funding towards prevention and will be gradually increasing resources to the delivery of outcomes and away from processes.**
- **We will have more person-centred care led by the needs of the person and supported by a community-centred approach to wellbeing. We will have Integrated Neighbourhood Teams responding to the growing and changing needs of our communities and will target care and support to those in most need.**
- **We will have care based on clinical outcomes, evidence and data. We will redesign our services to ensure they are working in the most efficient and effective way for our population.**
- **We will have stronger collaboration, partnership and integration across NHS and system partners to enable transformation and reduce duplication.**
- **We will be a learning system, using research and innovation methods to plan work, deliver services and understand impact.**



## Benefits for local people

Delivering our ambition will help address the challenges we face as the local NHS and improve how organisations and services work. In doing so, we will be able to improve the services, care and outcomes of local people. Every individual will benefit in different ways but the common themes that will be improved for everyone are:



Benefits to people's outcomes:

- **Better support to live and stay independent for longer in good health.**
- **Better support for our children to make the best possible start and to fulfil their potential.**
- **Reducing the inequalities in health experienced by our most disadvantaged communities and individuals.**
- **Preventing more people from becoming ill and, when they do need support and care, helping them to have access to better services that best meet their needs as quickly as possible and give them the best experience and outcomes.**
- **Better support for people working across our services to work in the best possible way that gets the most out of their skills, experience and expertise.**
- **Fewer people living with and suffering from the complications of preventable disease.**



Positive difference people will experience when using services:

- **Reducing the reliance on services and, when people do require care, ensuring people have the best possible care in the right place at the right time and in the most timely way.**
- **More people receiving proactive care in or close to their home environment.**
- **More people having better access to same-day services for urgent health problems.**
- **More people having better access to high-quality, efficient and effective diagnostics and treatment when needed.**
- **Helping people to return home from hospital swiftly, with the appropriate support at home.**
- **Improving the experience of people using services through more seamless care.**
- **More people receiving more seamless care and only needing to 'tell their story' once.**
- **Reducing unnecessary differences in care and treatment.**
- **Offering meaningful choice at point of referral and during care.**
- **Getting the best out of our people working in services by supporting them to work more efficiently and productively.**
- **Helping more local people and carers to have the confidence and information to manage their own health.**
- **Getting the most out of the limited funding we have available to ensure services are more affordable and sustainable for the future so we can invest in new services.**



# Next steps to make our Renewed Ambition a reality

**Our NHS operating plan for 2024-25 outlines what we will deliver in year one of our Renewed Ambition through our transformation programmes. This has been developed and agreed across NHS partners, in-line with the national planning guidance, and aims to further improve our financial position as a system through transformation, maintain safe services in the here and now, and continue the progress made for longer-term improvement.**

The delivery of the operating plan is being done in a programme management way, with progress regularly reported through formal governance processes.

Key milestones and measurables of our progress of delivering longer-term improvement and transformation beyond year one are currently being developed and will be finalised later in 2024.

[www.hantsiow.icb.nhs.uk](http://www.hantsiow.icb.nhs.uk)

Decorative wavy lines in shades of blue and green at the bottom of the page.

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	DENTISTRY IN SOUTHAMPTON
<b>DATE OF DECISION:</b>	7 NOVEMBER 2024
<b>REPORT OF:</b>	NHS HAMPSHIRE AND ISLE OF WIGHT

<b><u>CONTACT DETAILS</u></b>		
<b>Executive Director</b>	<b>Title</b>	Director of Primary Care
	<b>Name</b>	James Roach

<b>STATEMENT OF CONFIDENTIALITY</b>
-------------------------------------

N/A
-----

<b>BRIEF SUMMARY</b>
----------------------

This paper is to provide an update and overview of dentistry and dental services across Southampton for the Health and Overview Scrutiny Panel. Due to the nature of dentistry as explained in previous updates, much of the information and context around challenges facing NHS dental care is similar across Hampshire and the Isle of Wight and in some cases, more difficult than elsewhere in the country.

The paper covers the challenges, the current national contract and the steps taken by NHS Hampshire and Isle of Wight to work with providers and try to improve access to NHS dental care in Southampton.

<b>RECOMMENDATIONS:</b>
-------------------------

- |  |     |                                  |
|--|-----|----------------------------------|
|  | (i) | That the Panel notes the report. |
|--|-----|----------------------------------|

<b>REASONS FOR REPORT RECOMMENDATIONS</b>
---

- |    |  |
|----|--|
| 1. | To update the Panel on the current circumstances of dentistry locally. |
|----|--|

<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>
--

- |    |     |
|----|-----|
| 2. | N/A |
|----|-----|

<b>DETAIL (Including consultation carried out)</b>
--

- |    |   |
|----|---|
| 3. | We know there are issues in Southampton regarding patients accessing dentistry via the NHS and addressing this is the primary focus of the ICB around dentistry. This report outlines the context and background of dentistry within the city and further afield as well as the current situation and next steps to improve access. |
| 4. | The ICB took over delegated responsibility for dentistry in July 2022 and since then, we have been working with our communities and partners to address the needs of patients. Currently, there is a national workforce issue which is being felt at a local level across Hampshire and Isle of Wight.                              |
| 5. | The ICB however has found ways to commission further NHS dentistry activity within Southampton and the wider county. Additional funding has recently been approved looking forward to further short-term projects that will also improve  |

	access for patients within the city, while looking at a more long-term solution to workforce.
6.	We need to continue working as one system together with our local authority partners to ensure these positive steps continue, while being clear with the challenges that ICB is facing, including at a national contract level.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
7.	N/A
<b><u>Property/Other</u></b>	
8.	N/A
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
9.	N/A
<b><u>Other Legal Implications:</u></b>	
10.	N/A
<b>RISK MANAGEMENT IMPLICATIONS</b>	
11.	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
12.	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.	Dentistry in Southampton update paper
2.	Public Health Oral Health Update
<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 Assessment (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>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

This page is intentionally left blank



## Dentistry update paper for Southampton HOSP

November 2024

### Introduction:

This paper is to provide an update and overview of dentistry and dental services across Southampton for the Health and Overview Scrutiny Panel. Due to the nature of dentistry as explained in previous updates, much of the information and context around challenges facing NHS dental care is similar across Hampshire and the Isle of Wight and in some cases, more difficult than elsewhere in the country.

The paper covers the challenges, the current national contract and the steps taken by NHS Hampshire and Isle of Wight to work with providers and try to improve access to NHS dental care in Southampton.

### Background:

Primary dental care is commissioned as UDAs, with a number of UDAs allocated to each course of treatment, dependent upon the treatment delivered. A UDA is a unit of payment given to providers to reimburse them for the treatment provided. More complex dental treatments use more UDAs than simpler treatments. For example, an examination is one UDA whereas dentures equate to 12 UDAs. The number of UDAs a patient will need in a year will depend upon their oral health.

NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, patients who live in more deprived areas have a higher dental need due to increased health inequalities they may experience which makes gum disease more likely. However, these groups are less likely to access a dentist, which further impacts their dental fitness. When patients do access a dentist they often use more UDAs a year, as they may require more complex treatment and have shorter recall period, resulting in frequent check-ups all of which utilise more UDAs compared to patients who live in a less deprived area.

The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement, which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment provided during a 12-month test period in 2004/5. This period, now almost twenty years ago, was during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is

limited to their contracted activity and new NHS practices can only be established after an open procurement process.

GDS contracts exist in perpetuity unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches. Currently a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.

### **Current circumstances:**

Dental services are commissioned through a variety of contracts depending on the services provided. High street dental practices are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005.

These dental practices are independent contractors who receive predefined funding each month from the NHS in line with contractual obligations. Practices who provide NHS services can also deliver private dental care from the same location. Due to different types of contracts being offered to Providers back in 2005 when the contract was introduced, some practices provide NHS services to all groups of patients, some are for children and charge exempt patients only and some may see children only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices; Band 1= 1 UDA, Band 2= 3 UDAs and Band 3= 12 UDAs.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. Currently the charges for treatments are defined as:

- Band 1 charge is £26.80
- Band 2 charge is £73.50
- Band 3 charge is £319.10

The link below provides more details of which treatment is within which band:

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

**Patients are not registered with dental practices as they are with a GP practice and a dentist has no obligation to see a patient in the same way a GP does.** Patients are however encouraged to attend at regular intervals (recall) with the regularity of attendance based upon their assessed oral health needs which can be from every three months to two years. It is not necessary to see a dentist every six months unless this recall period has been identified by a dentist. Details of practices providing NHS dental care in Hampshire can be found on: <https://www.nhs.uk/service-search/find-a-dentist>

In addition to the services delivered in primary care there are other NHS dental services. They are:

- **Unscheduled Dental Care (UDC)** – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- **Orthodontics** - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- **Special Care Dentistry and Paediatrics** (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- **Hospital services** – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in Southampton for the 2024/25 financial year. Portsmouth and the Isle of Wight has been included for comparison.

**Primary Care services:**

Local Authority	No. of Contracts	Units of Activity (UDAs)
Southampton	24	463,231
Portsmouth	23	359,480
IOW	12	179,876

Currently, a total of 185,810.60 UDAs have been delivered as of September, which is the latest possible figure. This represents a delivery of 40 per cent, five months into the financial year. This compares to nearly 32 per cent in Portsmouth for context.

**Onward referral services:**

Service	Provider	Area covered
Orthodontics	19 Providers	Entirety of Southampton, as well as elsewhere in Hampshire, Portsmouth and Isle of Wight apart from Gosport
Oral Surgery (complex extractions)	6 Providers	Entirety of Southampton as well as parts of Hampshire

Community Dental Services	Solent NHS Trust	Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

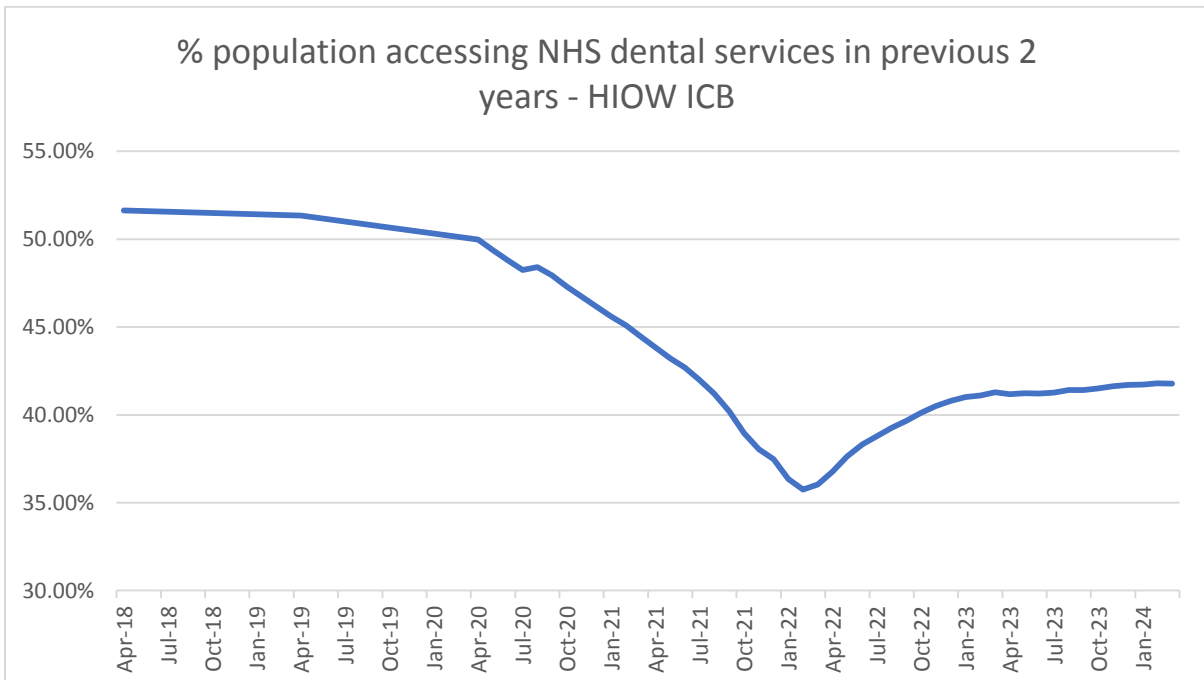
**Access:**

In April 2018, 938,883 people (51.64 per cent of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34 per cent of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Southampton as well as Portsmouth and Hampshire.

However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to **35.74 per cent in February 2022**. Access has however started to improve with **41.21 per cent** of the population (754,33 people) attending by June 2023.

This trend has continued to rise, with 41.8 per cent of the population in Hampshire seeing a dentist on a regular basis as of February 2024, which can be seen via the chart below.

The latest figure for access over the past two years will be shared in the meeting itself.



## Challenges faced:

While access continues to improve, much of the difficulty around increasing this capacity surrounds workforce and the national dental contract, formed in 2006. These issues feed each other, causing long waiting times and difficulties in finding a dentist who accepts NHS patients.

Dental practices are independent businesses, with those who choose to, commissioned to undertake NHS activity for patients. However, many choose to operate privately as it may suit their business model, work balance and finances.

Under the terms of the contract, if a patient needs a filling correction, root canal treatment and a crown under their treatment plan, the dentist will be paid for the crown only as this is the highest level of activity. It is also only what the patient will be charged for.

However a private dentist can choose to charge for all the work under the treatment plan. These complexities can make NHS work less appealing for dental practices, with anecdotal evidence informing us of this. Having a shortage of workforce willing to take on NHS work means that there is less availability for the general public. The previous government's dental recovery plan from February cites that coastal communities face further workforce challenges due to geography, meaning that Hampshire and Isle of Wight is a particularly challenged area to commission NHS activity for dental services, with the Isle of Wight specifically facing difficulties.

The current Labour government is committed to reforming the national contract, which NHS Hampshire and Isle of Wight would support, which is a message we regularly share at a national level with MPs.

Recruiting and retaining dentists, as is the case with other healthcare professions, is difficult. Even where it has been possible to procure additional services, we can find that providers take dental professionals from existing NHS practices especially where they are in close proximity. The differential in UDA rate allows providers to use differing pay rates, which is why NHS Hampshire and Isle of Wight is seeking to intervene to create equity and, we hope, improve access to services for local people. Fortunately the key responsibility that has come to Integrated Care Boards is the ability to impact the UDA rate locally. This helps us to make local interventions and ensure we create equity across dental providers in our area, which may help to mitigate the workforce challenges we face.

This is evidenced by the swift re-procurement of the contract held by Astradent. In the summer, Astradent entered into administration and meant that multiple Southampton practices closed at short notice. NHS Hampshire and Isle of Wight was able to work with local NHS providers to ensure the practices were back open within two months under Damira Dental Studios, minimising patient disruption and treatment.

## Actions and next steps:

### **Hampshire and Isle of Wight Dental Strategy and Dental Implementation Plan 2024/25**

The dental strategy was approved at the Primary Care Committee on 17 January 2024, increasing the momentum to deliver on the following strategic priorities: Access, Oral Health Promotion and Stabilisation all of which will start to build a stable foundation to increase

dental capacity in the system, increasing education opportunities and access for patients. The priorities will be focused on the following groups initially: children including Looked After Children, pregnant and post-natal people, care home residents and those with dementia and patients experiencing Health Inequalities.

### **Requesting reform of the national dental contract**

NHS Hampshire and Isle of Wight would welcome national dental contract reform and we continue to try to support these efforts wherever possible. Recently we have had support from MPs to raise this at a national level, including in parliament around UDA rates for coastal communities.

This builds on previous work where we attended the Health and Social Care Select Committee in parliament last year, making a number of recommendations which formed part of the previous committee's [findings and recommendations on 14 July 2023](#).

The current Labour government has pledged to reform the national contract and we will continue working with our MPs to support this.

### **Mobile dental units**

In February 2024, NHS Hampshire and Isle of Wight launched a partnership with dental charity, DentaId, to deliver dental care via the NHS to communities who are experiencing health inequalities. Patients including families experiencing poverty, people at risk of homelessness, children, and new and expectant mothers in areas at highest risk of poor dental health can make appointments to see the dentist on a mobile dental unit. Emergency appointments are also available for eligible patients who are suffering acute pain and have no other access to dental care.

Since launching, it has visited multiple sites within Southampton, treating patients with these health inequalities, including those who haven't seen a dentist in years. It will continue to do so for the foreseeable future, with multiple mobile units operating across Hampshire and Isle of Wight at the same time. Across the entire area, it has performed more than 12,000 treatments, making a significant impact.

DentaId's mobile dental units work with partner organisations such as family hubs, community centres, public buildings and sports facilities, with patients then invited to make appointments to see the dentist onboard who will provide check-ups, oral cancer screening, oral health advice and a full course of treatment if required. Emergency care is also including extractions and fillings via referral from 111. All treatment is free of charge, with the service commissioned and paid for by NHS Hampshire and Isle of Wight.

### **Working with local NHS dental providers**

NHS Hampshire and Isle of Wight works closely with Southampton dental providers in the NHS, and those further afield, which has meant that we have been able to react quickly where needed.

Astradent and its Southampton practices in Shirley and Brunswick Place closed in July with the NHS being given a very short notice period. They had delivered 10,000 UDAs of their

contract before entering administration. Within two months, having worked with local providers, the practices reopened with Damira Dental Studios.

Patients who had been undergoing an existing course of treatment were allocated for, alongside a further 38,000 UDAs being commissioned for Damira to undertake NHS treatment from the practices in Southampton, Portsmouth and further afield.

This positive outcome was a result of working quickly for a local solution that ultimately led to minimal disruption for patients.

### **Targeted support**

While mainly benefitting practices on the Isle of Wight, targeted support has been commissioned on the island with NHS Hampshire and Isle of Wight temporarily increasing the UDA rate. It is likely that patients on the Isle of Wight travel over to the mainland to receive dental care on the NHS. Therefore by increasing capacity on the island, it will free up capacity in Hampshire.

In addition, NHS Hampshire and Isle of Wight has been undertaking local rapid commissioning processes in Havant, Portsmouth and Isle of Wight. As patients can access treatment at any dental practice, regardless of distance from their address, this rapid commissioning will further support the NHS Dental system.

### **Commissioning additional activity**

Since April 2023, several dental practices have been undertaking temporary additional activity, which will continue until October 2026, giving each dental practice that is involved, assurances for stability to employ staff on a longer-term contract. The temporary activity provides access and supports providers whilst the Mandatory Dental Services full procurement process is undertaken. The additional UDAs commissioned via temporary additional activity is 115,852 UDAs at a cost of £3,636,597.42.

### **Enabling additional capacity**

NHS Hampshire and Isle of Wight implemented a Flexible Commissioning arrangements in 2023/24 whereby practices can convert up to ten per cent of their contract value from delivery activity targets to increase access for patients.

This page is intentionally left blank



### Dental update for HOSP - 7 November 2024

#### Southampton City Council Public Health Team, NHSE Workforce Training and Education, and NHSE Dental Public Health

##### Dental Inequalities

The association between poor health, including poor oral health, and inequalities is well-known. It is an NHSE and system priority to shift from treatment to prevention and support everyone to live healthier lives. Good oral care habits, including healthy diet and toothbrushing, when young can reduce the risk of pain, sleepless nights, speech development and socialisation. This will also reduce the need for treatment, whether in primary care or hospital admission for general anaesthesia extractions which may result in loss of school days and children achieving their full potential.

Southampton City Council works with various partners to integrate oral health into wider health improvement programmes. Some of these are highlighted below.

##### Local initiatives for children and young people

Southampton City Council commissions an Oral Health Promotion Service to improve oral health and reduce the rates of dental decay in children. The service focusses on children under 5 years living in the most disadvantaged areas of the city.

The Oral Health Promotion service coordinates, facilitates, supports and provides a range of evidence-based interventions, following the principles of [Delivering Better Oral Health](#) to improve the oral health and reduce oral health inequalities in the target population. This includes supervised toothbrushing and parental information, to increase the use of fluoride toothpaste, and through leading the delivery of the Oral Health strand of the [Healthy Early Years Award](#) (HEYA).

HEYA offers early years settings the opportunity to work towards a quality assured programme, helping to improve health and wellbeing for young children. The Oral Health strand of HEYA dovetails with the Healthy Eating strand, so once early years settings have achieved their Healthy Eating bronze award, they can choose to move onto the Silver Healthy Mouth award. This reinforces healthy eating policies, encourages the identification of oral health champions and provides information to establish a supervised toothbrushing scheme.

The Oral Health Promotion service also supports the wider health and social care workforce (Health Visitors, Early Help Practitioners, Public Health Nursing and Family Nurse Practitioners) through providing training to embed the principles of good oral health within existing services.

In spring 2024, Southampton City Council facilitated a collaboration between Saints Foundation and the NHS England Workforce Training and Education (NHSE WT&E) Dental Directorate. The Dental Directorate facilitated Hampshire based dentists undertaking their foundation training to contribute to Saints Foundation's outreach into schools. The foundation dentists provided education sessions promoting good oral health alongside the Saints Foundation's Champions. The sessions were designed to tie into the Saints Foundation Healthy Lifestyles Programme and engaged 8 schools targeting areas where school absence had been linked to toothache, with a total of 58 young people taking part. It was supported by providing the Champions with information and resources including which

NHS Dental practices were currently accepting dental patients so that they could give advice to the wider school community as well as the young people they supported.

The foundation dentists gained insight into difficulties with behaviour change for this group and how to get the best outcomes by focusing on simple messaging and making content engaging. One reflected:

*'Moreover, this experience deepened my understanding of the broader societal impact of preventive dental care. By reaching out to young students and instilling good oral hygiene habits early on, we have the opportunity to positively influence their lifelong dental health. This perspective shift underscores the importance of community outreach initiatives and the role of dentists as educators beyond the confines of the clinic. Moving forward, I am committed to applying the lessons learned from this experience in my practice. I will strive to enhance my communication skills to better serve and educate individuals about oral health.'*

### **Dental workforce training and development**

NHSE WT&E is responsible for educating and training the health workforce in England. This includes developing a multi-professional primary dental care workforce able to meet the needs of current and future service requirements. NHSE WT&E Dental Directorate are committed to providing training opportunities and career development. Oral health improvement is important and developing a workforce to deliver programmes is vital. The oral health practitioner apprenticeship has been developed for dental nurses wishing to enhance their skills and gain a formal qualification in oral health education and promotion. This gives valuable career progression which aids retention. It is designed to support dental practices in delivering enhanced oral health promotion in the community they serve e.g. to early years groups, ante-natal groups, care home staff. This apprenticeship also provides an opportunity for skills in health screening. NHSE WT&E Dental Directorate are currently in talks with Hampshire College Group about highlighting careers in oral health, signposting to their dental nurse apprenticeship and developing the oral health apprenticeship.

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	HAMPSHIRE AND ISLE OF WIGHT HEALTHCARE NHS FOUNDATION TRUST - UPDATE
<b>DATE OF DECISION:</b>	7 NOVEMBER 2024
<b>REPORT OF:</b>	HAMPSHIRE AND ISLE OF WIGHT HEALTHCARE NHS FOUNDATION TRUST

<b><u>CONTACT DETAILS</u></b>		
<b>Executive Director</b>	<b>Title</b>	Chief Executive
	<b>Name:</b>	Ron Shields

<b>STATEMENT OF CONFIDENTIALITY</b>		
Not applicable		
<b>BRIEF SUMMARY</b>		
<p>The formal establishment of Hampshire and Isle of Wight Healthcare NHS Foundation Trust took place on 1 October 2024, following the approval of NHS England and the Secretary of State for Health and Social Care. The new Trust provides the majority of NHS community, mental health and learning disability services for people of all ages across Hampshire and the Isle of Wight.</p> <p>Attached as Appendix 1 is a briefing paper providing the Panel with an update on the new Trust.</p>		
<b>RECOMMENDATIONS:</b>		
	(i)	The Panel is asked to note the update on Hampshire and Isle of Wight Healthcare NHS Foundation Trust attached as Appendix 1 and the engagement scheduled as the Trust develops its new strategy.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>		
1.	To enable the panel to scrutinise the Trust and to shape the strategic priorities for the new organisation by participating in local conversations.	
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>		
2.	None	
<b>DETAIL (Including consultation carried out)</b>		
3.	Identified in the appended briefing paper.	
<b>RESOURCE IMPLICATIONS</b>		
<b><u>Capital/Revenue</u></b>		
4.	N/A	
<b><u>Property/Other</u></b>		
5.	N/A	
<b>LEGAL IMPLICATIONS</b>		

<b><u>Statutory power to undertake proposals in the report:</u></b>	
6.	N/A
<b><u>Other Legal Implications:</u></b>	
7.	N/A
<b>RISK MANAGEMENT IMPLICATIONS</b>	
8.	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
9.	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.	Hampshire and Isle of Wight Healthcare – Briefing paper

**Documents In Members' Rooms**

1.	N/A
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	<b>No</b>
<b>Data Protection Impact Assessment</b>	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	<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

## **Update on Hampshire and Isle of Wight Healthcare Report for Southampton HOSP November 2024**

The formal establishment of Hampshire and Isle of Wight Healthcare NHS Foundation Trust took place on 1 October 2024, following the approval of NHS England and the Secretary of State for Health and Social Care. The new Trust provides the majority of NHS community, mental health and learning disability services for people of all ages across Hampshire and the Isle of Wight.

The ambition of bringing these services into a single organisation is to enable more consistent care with reduced unwarranted variation, more equitable access to services irrespective of postcode, and a more sustainable workforce and services. The new organisation will be large yet will operate locally to ensure services can best meet the needs of different communities.

The successful transaction to form the Trust was the culmination of over two years of development and engagement with a wide array of patients, partners, staff and communities, closely supported by the Integrated Care Board and NHS England. The Trust expresses its thanks to Southampton City Council colleagues, including at previous meetings of this Panel, for their support and contribution to this process.

The focus of delivering the transaction has been on maintaining safe, effective services and ensuring compliance with statutory requirements. Delivery of care has not been impacted by the formation of the Trust, and patients continue to access and receive care and treatment in the same way. Work is ongoing to complete the integration of systems, processes and practice and these will be completed over varying timescales. Staff have already been working closely for many months to explore opportunities for closer working and there have been good early successes. With the new organisation formed, the focus is now upon fully realising the benefits to patients, staff and communities.

### **About the new Trust**

Hampshire and Isle of Wight Healthcare serves a population of approximately two million people, has a total workforce of over 13,000 people, and annual funding of £800m to deliver care. The Trust delivers a diverse range of services in people's homes, GP practices, local health centres, community hospitals and mental health inpatient units. The Trust's geography is co-terminus with that of the Integrated Care System and it covers multiple local authority areas. Working closely with health and care partners, the Trust is well placed to help drive the shift towards prevention and earlier intervention; tackling health inequalities, reducing the pressure on acute

hospital services, and enabling more people to live happily, healthily and independently for longer.

More information about the Trust can be found on the [Trust website](#).

### **Clinical operating model**

Further to previous reports, a clinical operating model has been determined following wide engagement over an 18 month period. The model describes how clinical services will work together to deliver many of the intended benefits of being a single organisation. The model is one of the means by which the Trust will deliver locally-focussed services whilst at the same time making the most of its scale and breadth, to improve standards and consistency of access, experience and outcomes for patients.

The model identifies four integrated, geographical divisions providing local community and mental health services. Three Trust-Wide Divisions will deliver services that benefit from a larger scale. The services within these divisions will collaborate closely with services in the geographically based divisions. Communities of Practice for each clinical specialism will be responsible for holding divisions to account for ensuring a framework of standards are consistently met, driving forwards clinical transformation, and driving out unwarranted variation. Each Community of Practice will establish clinical networks comprising leaders of specific specialist services or groups of clinical services, and including our partners and people with lived experience. These networks will share learning, innovative practice and ensure each Community of Practice has an improvement delivery plan that has been coproduced.

### **Senior leadership appointments**

The Trust Board is fully established and consists of leaders from the predecessor Trusts and colleagues appointed externally. The Trust has recently completed a consultation with next-in-line senior leaders and appointments will take place in the coming months to establish the leadership to deliver the changes and implement the clinical and corporate operating models.

### **Culture and strategy**

New Trust values have been co-developed with staff and people with lived experience. These are: Compassion, Accountability, Respect and Excellence (CARE). A cultural development programme including a behavioural framework, leadership development, and wide-ranging awareness campaign to bring the values to life, are all ongoing. These aim to bring together the positive ways of working from predecessor organisations and ensure our leaders and staff have the support, development and qualities to deliver the very best care, aligned to the Trust values.

Initial strategy development took place as part of the Full Business Case for the new Trust and this included a high level clinical strategy, setting out principles for the development of clinical services. In October 2024, the Trust embarked on a programme to develop a new strategy for the new organisation for 2025-2030. This consists of a number of workstreams, including an extensive engagement and co-production approach, a thorough analysis of data and evidence, and review of existing local and national strategies to ensure alignment. It is expected that the new strategy will be published in March 2025. In parallel, delivery plans are being produced to describe the specific actions needed across different clinical and corporate areas to deliver the strategic priorities.

The engagement phase of developing the Trust strategy is running until the end of the year and includes community conversations, a short survey, and a series of face-to-face co-design workshops happening across the geographies we serve. Engagement is centred on asking people 'what matters most' to them. Following this the strategy itself will be co-produced, published and communicated widely in a variety of formats.

### **Focus on developments in Southampton**

Fundamentally, having a single operational and clinical structure and model will improve service delivery through better communication, joined up working and simpler governance.

Even prior to forming the new Trust, teams in the city have been working closely for many months to identify some of the benefits that being one team will bring for the population of Southampton.

On the Western Community Hospital site we have already started to share expertise across wards. For example, from October 2024 a consultant geriatrician who leads the physical health inpatient rehab wards will work directly with the consultant psychiatrist on Primrose ward for older people with mental health needs to provide a more holistic multi-professional clinical model.

In University Hospitals Southampton, community team members (previously from Solent) are working directly with the clinical team in the emergency department to support people home where possible instead of hospital admission. Clinical team members from the wider South West Hampshire area (previously from Southern Health) are joining this team to increase the support available across Southampton and South-west Hampshire. The in-reach discharge team will become one, supporting patients to inpatient rehab settings across over 100 physical health beds with a shared criteria and multidisciplinary team model. Access to these beds will not be restricted by post-code.

Community mental health and physical health teams will have shared forums for learning with expert leadership to support across portfolios. The ability for patients to seamlessly move from team to team depending on the needs at the time will increase. The virtual ward offer for patients with frailty will be shared across a wider area, enabling resource to move around depending on need, totalling around 70

hospital at home beds. Primary Care Network and city borders will no longer be a barrier to deploying staff depending on patient need; workforce in the South-west Hampshire and Southampton areas will work as one team further strengthen the workforce in the city, which can be challenging, by sharing resources more evenly.

Hampshire and Isle of Wight Healthcare looks forward to developing ever closer partnerships with Southampton City Council and Public Health colleagues as we work together for the benefit of the communities we serve.

**There is further information about Hampshire and Isle of Wight Healthcare on the website: [www.hiowhealthcare.nhs.uk](http://www.hiowhealthcare.nhs.uk)**

**Colleagues can get involved in shaping the strategic priorities for the new organisation by participating in local conversations (contact [getintouch@hiowhealthcare.nhs.uk](mailto:getintouch@hiowhealthcare.nhs.uk) for details) or visiting: [hiowhealthcare.nhs.uk/about-us/trust/our-strategy](http://hiowhealthcare.nhs.uk/about-us/trust/our-strategy) to learn more or complete the short survey.**



<b>DECISION-MAKER:</b>		HEALTH OVERVIEW AND SCRUTINY PANEL	
<b>SUBJECT:</b>		MONITORING SCRUTINY RECOMMENDATIONS	
<b>DATE OF DECISION:</b>		7 NOVEMBER 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 – 7 November 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 – 7 November 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>		
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.	In progress
		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.	Revised Dataset working draft currently being trialled and is under review
		3) That, to support effective oversight of the Adult Social Care Transformation Programme moving forward, the Panel are provided with a plan that gives: <ul style="list-style-type: none"> <li>a) An overview of the workstreams that form part of each of the transformation programmes</li> <li>b) The target savings attached to each workstream</li> <li>c) Key milestones for the workstream</li> <li>d) An understanding of what success will look like if the workstream is effective</li> <li>e) An explanation as to how the workstream will impact on the performance dataset.</li> </ul>	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.  Key performance indicators aligned to target achievements for each transformation workstream are reflected in the performance dataset (outlined above).	In progress

This page is intentionally left blank