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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 25 APRIL 2024

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

Apologies: Councillors Allen

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

The apologies of Councillor Allen were noted.

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

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

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

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

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

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

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

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

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

The Panel discussed a number of points including:

Hospital Discharge

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

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

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

Adult Social Care and Community Wellbeing

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

Transformation

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

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

RESOLVED that:

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

37. **MONITORING SCRUTINY RECOMMENDATIONS**

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

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