

Meeting Minutes

Southampton Health & Care Partnership Board – Public meeting

The meeting was held on Thursday 25 January 2024, 09:30 - 11:30

Conference Room 3, Civic Centre Southampton

| Present: | | INITIAL | TITLE | ORG |
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| | Councillor Marie Finn | Cllr Finn | Cabinet Member – Health & Adults | Southampton City Council (SCC) |
| | Dr Debbie Chase | DC | Director of Public Health | SCC |
| | Martin DeSouza | MDS | Chief Operating Officer | University Hospitals Southampton |
| | Claire Edgar | CE | Executive Director of Wellbeing & Housing (DASS) | SCC |
| | Cllr Lorna Fielker | Cllr Fielker | Leader of the Council | SCC |
| | Dr Pauline Grant | PG | GP and Clinical Director | ICB |
| | Rob Henderson | RH | Executive Director Wellbeing (Children and Learning) | SCC |
| | James House | JH | Southampton Place Director | ICB |
| | Dr Karen Malone | KM | GP and Clinical Director | ICB |
| | Suki Sitaram | SS | Chair | Healthwatch Southampton |
| | Dr Sarah Young | SY | Clinical Director | ICB |
| In attendance: | Paula Anderson | PA | Deputy Chief Executive | Southern Health Foundation Trust |
| | Terry Clark | TC | Director of Commissioning – Integrated Health & Care | ICB/SCC |
| | Emily Goodwin | EG | Democratic Services Officer | SCC |
| | Joe Jenness (as a substitute) | JJ | Senior Manager (Operations & Programmes) | Southampton Voluntary Services |

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| | Natalie Johnson | NJ | Board Manager – Health, wellbeing & Place | ICB/SCC |
| | Wendy Rees (as a substitute) | WR | Director of Operations | Southern Health Foundation Trust |
| | Matthew Richardson | MR | Deputy Director of Quality & Nursing (Southampton) | ICB |
| | Isobel Wroe | IW | Transformation Director | ICB |
| Apologies: | Mel Creighton | MC | Executive Director, Corporate services | SCC |
| | Eugene Jones | EJ | Chief Operating Officer | Southern Health NHS Foundation Trust |
| | Rob Kurn | RK | Chief Executive Officer | Southampton Voluntary Services |
| | Jo Pinhorne | JP | Deputy Chief Operating Officer | Solent NHS Trust |
| | Councillor Alexander Winning | Cllr Winning | Cabinet Member for Children and Learning | SCC |
| | | | | Action: |
| 1. | Welcome and Apologies | | | |
| | Members were welcomed to the meeting. The Board noted that Rob Kurn had nominated Joe Jenness to attend as a substitute, and Eugene Jones and Jo Pinhorne had nominated Wendy Rees to attend as a substitute. | | | |
| 2. | Declarations of Interest | | | |
| | <p>A conflict of interest occurs where an individual’s ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship</p> <p>No declarations were made above those already on the Conflict-of-Interest register.</p> | | | |
| 3. | Minutes of the previous (Public) meeting | | | |
| | <p>The Board reviewed the minutes from the previous meeting dated 19 October 2023 were agreed as an accurate reflection of the meeting.</p> <p>Matters Arising</p> <p>There were no matters arising.</p> | | | |

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| 4. | Annual Health & Care Quality Update | |
| | <p>Matthew Richardson attended via Teams to provide the Annual Health and Care quality update. Please see the report and presentation as part of the papers for this meeting.</p> <p>Discussion points were:</p> <p>SS noted that although it was really positive that no providers in Southampton are rated inadequate, there are also none rated outstanding. SS queried what makes a provider rate as outstanding from good, and asked whether there is any work underway to support good providers to become outstanding. MR explained that the categorisation of outstanding can be subjective and is usually based on a high level of personalised care, and going above and beyond the normal duties that a care home would have, such as more integration with other services including voluntary services. Around 4% of care homes nationally are rated outstanding and it is difficult to achieve this rating. The focus at present is to support providers to become good, as this assures a good level of service for all residents, and the other aim is to ensure that providers who are under pressure are supported. The aspiration is that the city would have outstanding care homes, but the greater priority is giving Southampton residents a good level of care in the first instance.</p> <p>KM asked what is being done to address recruitment problems, and what the crux of the problem is. MR explained that competition with other sectors, including better pay, draws people away. The priority is to get the right culture to try and retain staff, however there are a lot of economic and social factors involved.</p> <p>Cllr Fielker asked that it was noted that in regard to the home that closed, this was managed exceptionally well by all those involved, in difficult circumstances for the residents and staff involved.</p> <p>Cllr Finn queried what the response would be if a provider was in need of intensive support. MR explained that the Quality & Safeguarding team (predominantly made up of Social Workers), would conduct client assessments and address any safeguarding issues. They would also address any training and education needs around clinical skills. The All Age Continuing Care Team are clinicians and very familiar with patient assessment would also be involved, as would the Medicines Management Team. The Infection, Prevention and Control team would also visit.</p> <p>PG raised the fact that there is no longer an Enhanced Health Care Team and asked what this team would usually do and what the impact of longer having them has been. MR explained that this team had left as part of 'natural wastage' (members of staff either retire or move on from their role). Because of the financial position of the ICB these posts have not been recruited to until the direction of travel is clear. MR explained that generally those people would support Quality and</p> | |

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| | <p>Safeguarding Team with quality elements of assessments and running projects such as recognising physical deterioration, falls prevention, etc. Although there is no longer a centralised, dedicated resource there are other resources/experience in the system that they can all on (although it is not always easy to cover the gap in terms of continuity). In answer to the query of whether this has become a reactive approach MR explained that it is both reactive and proactive in that the work of the Quality and Safeguarding team is both and they aim to pick up any problems early.</p> | |
| <p>5.</p> | <p>Project Fusion Update</p> | |
| | <p>Paula Anderson presented this item and explained that there has been a lot of work to bring together the community, mental health and learning disability services for Hampshire and Isle of Wight into one organisation, starting on 'day 1', 1 April 2024. Please see paper pack for Project Fusion Update Report and 2 accompanying appendices.</p> <p>Discussion points were:</p> <p>Cllr Finn asked for more information about the matrix of clinical leadership and how this will work. PA explained that more information will be available after the Clinical Leadership team meet next week to discuss this in detail.</p> <p>PA explained that leadership and locations for Solent NHS Trust and Southern Health Foundation Trust will remain the same on 'day 1' (1 April 2024). JH emphasised that it is important to communicate this message clearly.</p> <p>Leadership will be addressed once TUPE transfers (Transfer of Undertakings Protection of Employment rights) are complete. Child and Adolescent Mental Health Services (CAMHS) will transfer on day 1 and any learning from this will be transferred to when all other staff transfer.</p> <p>PG asked how access to support for people will be improved as a result of Fusion. PA explained that teams currently working separately on the same jobs for different populations will be streamlined. There will also be a focus around quality improvement, and services will be shaped with people with lived experience as well as learned experience that the staff team bring. PG felt that problems with demand are being felt across the board, and the risk is that a lesser service is offered to everybody. PA responded that this not the desired effect of Fusion as it only grows demand for the future, PA felt that there is no easy answer but the key is to achieve the best for every pound spent. SY agreed that there are access challenges across the system and the best way forward is to work together differently and in a more integrated way. The benefit of Fusion is that for the first time the health services for Southampton will be in one organisation (except acute).</p> <p>SS was pleased to see staff development and leadership featured in the document. However SS stressed that while there are benefits to</p> | |

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| | <p>scaling up, it is crucial not lose resources for the city . SS felt that transparency in reporting is important: make it clear what the spend had been before Fusion, and what it is for example 3 months later, 1 year later, and this to be shown against outcomes. SS would like to see the same with the ICB spend in the city in regular reports. PA said that they will know more after 1 April and she would be keen to return to a future meeting with an update.</p> | |
| | <p>Action: NJ to schedule Fusion update at future meeting. JH suggested this takes place quarterly.</p> | <p>NJ/PA</p> |
| | <p>DC challenged that there is a tension in creating a larger organisation but not losing sight of smaller services, delivered at local place level, such as sexual health services. PA would like to work with DC to give assurance of this. There is already joined-up working underway, and PA meets quarterly with the Director of Public Health for Hampshire to look at opportunities for 0-19 service transformation.</p> <p>Cllr Fielker emphasised that this is the first major change since the development of the Integrated Care System (ICS), and asked how Fusion has worked with the Health & Wellbeing Board, Integrated Care Partnership and Scrutiny Panels, and asked for example of how this has helped developed the work. PA explained that consultation and involvement of partners started 2 years ago with a large review and partners have in effect been round the table for the whole journey.</p> <p>SS felt that what had been missing is a ‘consultation loop’, where after consultation a response comes back to explain what has been taken on board and what hasn’t been possible to take on board and why. Otherwise, this feedback can get lost over the period when the project is being developed. PA accepted this and added that Fusion is coming back to Scrutiny Panel in June 2024 and that Ron Shields, Chief Executive of Fusion, has attended Scrutiny on several occasions.</p> <p>Cllr Fielker responded that at present it was difficult to see how conversations in other panels had directly influenced anything in strategy presented today and felt that if working in partnership this is still missing. PA acknowledged this as a fair comment and felt that how we work together from now on is crucial. JH raised that engagement is still a work in progress and there is an engagement event next week at Oakley Road for Solent, Southern and LA. Cllr Fielker emphasised that Local Authorities are politically led, and political input should be included in engagement.</p> <p>CE was concerned that there is no reference to Local Authority (LA) Adult Social Care (ASC) in the document. There are significant financial pressures for the LA which are not referenced. CE queried where the impact assessment had taken place because this had not been done with the LA in a timely way to enable the LA to influence the document. ASC may have made decisions that will impact their ability to deliver what is in the plans for Fusion, for example Mental Health</p> | |

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| | <p>Social Workers are coming back to the LA – this also applies to learning disabilities in terms of finance and quality.</p> <p>CE also raised that in creating this wider organisation it is important to recognise the uniqueness of Southampton. The city has a young population, as opposed to an ageing population. Some of its biggest challenges are in delivering services to people of working age, for example around substance misuse. CE does not want these issues to get lost, and PA assured she will take this back.</p> <p>SS supported this and said that as a lay person that the document needs to reflect that some services are provided both by the LA and the NHS, not purely the NHS. PA to take this back.</p> <p>Cllr Finn asked Board Members to consider future agenda items and email them to Natalie Johnson.</p> <p>SS queried the Terms of Reference for the Board and why they had not been formally approved since the previous year. NJ and TC explained that there had been some minor changes; EG clarified that any changes need to be approved informally by the Board and formally by Cabinet. The ToR will come to the next meeting for informal approval.</p> | |
| <p>6.</p> | <p>Date of Next Meeting</p> | |
| | <p>14 March 2023 – briefing</p> | |