

# Health Overview and Scrutiny Panel

Thursday, 10th February, 2022  
at 6.00 pm

**PLEASE NOTE TIME OF MEETING**

## Conference Rooms 3 and 4

### Members

Councillor Prior (Chair)  
Councillor Bogle (Vice-Chair)  
Councillor Guest  
Councillor Stead  
Councillor Professor Margetts

### Contacts

Ed Grimshaw  
Democratic Support Officer  
Tel: 023 8083 2390  
Mobile: 07385 416491  
Email: [ed.grimshaw@southampton.gov.uk](mailto:ed.grimshaw@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 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

## **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 2.

## **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 2019/2020

2021	2022
1 July	10 February
2 September	7 April
21 October	
9 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 9 December 2021 and to deal with any matters arising, attached.

### **7 INTEGRATED CARE SYSTEM DEVELOPMENTS**

(Pages 5 - 12)

Report of the Chief Executive of the Hampshire and Isle of Wight Integrated Care System providing the Panel with an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.

### **8 NHS RESPONSE TO COVID-19**

(Pages 13 - 20)

Report of NHS Hampshire and the Isle of Wight Clinical Commissioning Group providing the Panel with an update on the NHS response to COVID-19 and pressures on the system.

**9 MONITORING SCRUTINY RECOMMENDATIONS**

(Pages 21 - 24)

Report of the Service Director - Legal and Business Operations, enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

**10 ADULT SOCIAL CARE PRESSURES**

(Pages 25 - 34)

Report of the Executive Director – Wellbeing, updating the Panel on the status of the adult care market and operational pressures in Southampton.

Wednesday, 2 February 2022

Service Director – Legal and Business Operations

---

SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 9 DECEMBER 2021

---

Present: Councillors Prior (Chair), Bogle (Vice-Chair), Professor Margetts and J Payne

Apologies: Councillors Guest and Stead

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

It was noted that following receipt of the temporary resignation of Councillor Stead from the Panel, the Service Director - Legal and Business Operations, acting under delegated powers, had appointed Councillor J Payne to replace them for the purposes of this meeting. In addition, the Panel noted the apologies of Councillor Guest.

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

**RESOLVED:** that the minutes for the Panel meeting on 21 October 2021 be approved and signed as a correct record.

18. **STAGE 2 INDEPENDENT INVESTIGATION REPORT: 'RIGHT FIRST TIME' - BACKGROUND AND TRUST RESPONSE**

The Panel considered the report of the Chair requesting that the Panel considers the actions that Southern Health NHS Foundation Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report.

Ron Shields – Chief Executive, Southern Health NHS Foundation Trust was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- How the process of the Stage 2 review would fit alongside the Care Quality Commission (CQC) Inspection process;
- The Panel noted that Southern Health have demonstrated considerable improvement over the years and that the Trust is now rated as good by the CQC;
- How the Carers and Patient Support Hub worked and how it would support any improvements required;
- The Trust's approach to supporting carers;
- The process and pathways relating to the resolution of complaints by the Trust;
- The policy of "getting it right first time" and delivery of the Trust's action Plan; and
- Representation by the Council on the Governing Board of the Trust.

**RESOLVED** that:

- (1) At the April 2022 meeting, the Panel are provided with an update on progress made by the Trust in the delivery of the agreed action plan;

- (2) The lack of a representative from Southampton City Council on the Governing Body of Southern Health NHS Foundation Trust is raised with the Cabinet Member for Health and Adult Social Care.

19. **COVID-19 PLANNING**

The Panel considered the verbal update from the Director of Public Health on Covid-19 planning in Southampton.

Dr Debbie Chase - Director of Public Health was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The current numbers of people testing positive for Covid-19 in the City;
- The current rate of those people vaccinated in the City;
- Step to reach to those areas / communities where the take up of vaccination had been lowest;
- The Omicron variant and its potential to spread; and
- The risk of spreading infection at Council meetings.

The Panel raised concerns about the requirement to hold meetings of the HOSP in person and supported the work being undertaken by the LGA and other bodies in lobbying Government to introduce urgent legislation so that councils can meet in a remote or hybrid setting.

20. **INTEGRATED CARE SYSTEM DEVELOPMENTS**

The Panel considered the report of NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.

Stephanie Ramsey – Managing Director of Southampton Place, Hampshire, Southampton & IOW CCG was in attendance and, with the consent of the Chair, addressed the meeting. Stephanie gave apologies to the Panel from Paul Gray - Executive Director of Strategy, Hampshire, Southampton & IOW CCG and Maggie Maclsaac.

The Panel discussed a number of points including:

- The key developments since the last update at the September meeting
- Whether the post of Integrated Commissioning Director been recruited yet and the timescales for the Managing Director for Southampton post to be filled by;
- The processes to be followed to agree the governance arrangements for the Southampton Partnership Board;
- How engaged are Adult Social Care, Children’s Social Care and Public Health in the developing ICS;
- The level of involvement the political Executive has had in shaping the ICS and ensuring Southampton’s views are represented;
- How the provider collaboratives outlined in the report progressing.



- The Panel expressed a concern that they had not had the opportunity to scrutinise developments with Maggie Maclsasac, Guy Van Dichele and Cllr White, especially with the new body formally operating from April 2022.

**RESOLVED** that the proposed governance and decision making arrangements for the ICS are circulated to the Health Overview and Scrutiny Panel as soon as they are available.

21. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Service Director, Legal and Business Operations, updating the Panel on the responses received to recommendations from previous meetings.

This page is intentionally left blank

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	INTEGRATED CARE SYSTEM DEVELOPMENTS
<b>DATE OF DECISION:</b>	10 FEBRUARY 2022
<b>REPORT OF:</b>	HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM

<b><u>CONTACT DETAILS</u></b>		
<b>Executive Director</b>	<b>Title</b>	CHIEF EXECUTIVE, HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM
	<b>Name</b>	MAGGIE MACISAAC
<b>Author:</b>	<b>Title</b>	EXECUTIVE DIRECTOR OF STRATEGY, HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM
	<b>Name</b>	PAUL GRAY

<b>STATEMENT OF CONFIDENTIALITY</b>	
N/A	
<b>BRIEF SUMMARY</b>	
This paper provides an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.	
<b>RECOMMENDATIONS:</b>	
	(i) That the Panel discusses and notes the development of the Hampshire and Isle of Wight Integrated Care System (ICS) and the development of local arrangements for Southampton.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	The legislative process to put ICSs on a statutory footing is underway and, if approved by Parliament, we anticipate ICSs to become statutory organisations from July 2022 rather than the earlier expected date of April 2022. This provides further time for the Panel to discuss the proposals.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	N/A
<b>DETAIL (Including consultation carried out)</b>	
3.	<p>The Panel has been provided with regular updates on the development of Integrated Care Systems. The attached paper is intended to provide a concise update, following the previous reports to the Panel in Autumn 2021. The previous reports, which provide more background information, can be found here:</p> <ul style="list-style-type: none"> <li>• <b>Report to HOSP, 2 September 2021 (item 10):</b>  <a href="https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?Cld=477&amp;MId=6615&amp;Ver=4">https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?Cld=477&amp;MId=6615&amp;Ver=4</a> </li> </ul>

	<ul style="list-style-type: none"> <li>Report to HOSP, 9 December 2021 (item 9):  <a href="https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&amp;MId=6617&amp;Ver=4">https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&amp;MId=6617&amp;Ver=4</a></li> </ul>
4.	<p>The Health and Care Bill is currently making its way through Parliament. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:</p> <ul style="list-style-type: none"> <li>An Integrated Care Partnership (ICP): A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. It is our intention that the Integrated Care Partnership will be a joint committee of five statutory and equal partners: Southampton City Council, Portsmouth City Council, Isle of Wight Council, Hampshire County Council and the Hampshire and Isle of Wight Integrated Care Board (ICB). The programme in place to establish the ICP is led by the Chief Executive Officers for each statutory organisation.</li> <li>An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).</li> </ul>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
5.	N/A
<b><u>Property/Other</u></b>	
6.	N/A
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
7.	The proposals in the report are subject to legislation being approved by Parliament.
<b><u>Other Legal Implications:</u></b>	
8.	N/A
<b>RISK MANAGEMENT IMPLICATIONS</b>	
9.	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
10.	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.	Development of the Hampshire and Isle of Wight Integrated Care System (January 2022) – Briefing paper
<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?	<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

### Updates on ICS development in Southampton

1. The COVID-19 pandemic has proved how greater collaboration across organisations and communities can drive improvements and quicker solutions to our challenges in health and care. This has been demonstrated locally and we are excited by the prospect of adopting the advantages new legislation creates for us. At the heart of the new legislation is putting Integrated Care Systems (ICSs) on a statutory footing.

2. Integrated Care Systems were established to bring together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population.

The core purpose of an Integrated Care System is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

As it stands Integrated Care Systems are voluntary groups of partners. The new legislation will make these statutory for its members.

3. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:

- An Integrated Care Partnership (ICP): A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.
- An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).

4. The Health and Care Bill is currently making its way through Parliament and we anticipate the changes outlined in this paper will come into effect from July 2022. On 24 December 2021, the initial date of April 2022 was put back to allow Parliament to have more time to consider the legislation. It is expected that shadow ICP committees will be in place from the original April date.

5. It is our intention for the Integrated Care Partnership to be a joint committee of five statutory and equal partners: Southampton City Council, Portsmouth City Council, Isle of Wight Council, Hampshire County Council and the Hampshire and Isle of Wight Integrated Care Board (ICB). The programme in place to

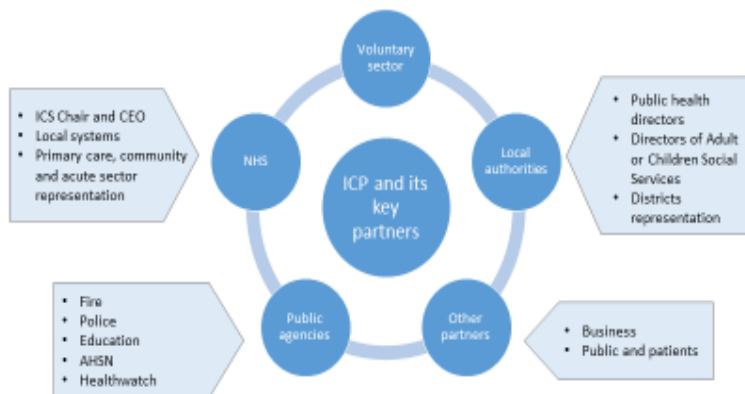
establish the ICP is led by the Chief Executive Officers for each statutory organisation.

6. The arrangements for the Integrated Care Board and its associated governance will be finalised in time for July 2022, and will evolve over time.
7. In Southampton, we are developing governance arrangements for a Southampton-level board, which will have health providers and voluntary sector members in addition to the ICB and Southampton City Council. This board will take on functions currently undertaken by the Joint Commissioning Board (JCB) but with this wider membership. This new group will start to function in shadow form from March 2022. The terms of reference will remain the same as they do for the existing JCB arrangements until legislation is confirmed, and at such a time would require approval through the proposed ICB and council governance processes. We will update the Panel as and when this takes place.
8. As we plan for the new arrangements, the Southampton leadership team has been strengthened with a number of new appointments, as follows:
  - Terry Clark has been appointed as Director of Commissioning for Integrated Health and Care. This is a joint post between the NHS and Southampton City Council, leading the city's Integrated Commissioning Unit. Terry has vast experience in local government and health commissioning, and will join us in mid-April.
  - Josie Teather-Lovejoy has been appointed as Deputy Director of Primary Care. Josie has worked in Southampton over many years and has effectively deputised for the previous lead for over two years, providing further continuity and building stronger relationships with our primary care providers and Primary Care Networks (known as PCNs).
  - Emma Lewis has been appointed as Deputy Director of Planned and Acute Care. This role works across both Southampton and South West Hampshire, serving the footprint of University Hospital Southampton NHS Foundation Trust.
  - A new managing director for Southampton has been appointed due to Stephanie Ramsey's retirement in March 2022. The appointment will be announced shortly.
9. We are aiming for as seamless a transfer as possible. From the start of July, subject to legislation being approved, assets and liabilities of the CCG will transfer to the new ICB. This means, in effect, the day-to-day business and staff of the CCG will transfer to the ICB, and all existing functions and ways of working will subsequently move across.
10. Please find below a simplified explanation of proposed Integrated Care Partnerships and Integrated Care Boards.



# Integrated Care Partnership

The Integrated Care Partnership (ICP) will be a joint committee between the proposed Integrated Care Boards (ICBs), Hampshire County Council and the upper tier authorities they cover.



## Purpose

Create a genuine multi-agency partnership forum for establishing a culture and function based on joint working

- a. Set the strategic intent and approve the long term strategy of the Integrated Care System
- b. Bring together the Health and Wellbeing strategies of our geographies
- c. Help the public sector as a whole improve the health of the population, deliver taxpayer value and contribute to economic and social improvement

# Integrated Care Board

The Integrated Care Board (ICB) is the statutory organisation that allocates NHS resources, leads integration in the NHS, and has oversight of NHS delivery in the area it covers. Assets and liabilities of the CCGs will transfer to the ICB.

The proposed minimum requirements of ICB structures include:

- A chair
- A chief executive
- Non-executive directors
- Executive Directors, including the core roles of Chief Finance Officer, Chief Medical Officer, Chief Nursing Officer. The Chief Executive and Chair have flexibility to add further roles.
- Partner members from local authorities
- Partner members from NHS providers and organisations, including primary care sector
- Clinical representation

This page is intentionally left blank

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	NHS RESPONSE TO COVID-19
<b>DATE OF DECISION:</b>	10 FEBRUARY 2022
<b>REPORT OF:</b>	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

<b><u>CONTACT DETAILS</u></b>		
<b>Executive Director &amp; Author:</b>	<b>Name</b>	Stephanie Ramsey
	<b>Title</b>	Managing Director, Southampton

**STATEMENT OF CONFIDENTIALITY**

N/A

**BRIEF SUMMARY**

This paper provides an update on the NHS response to COVID-19 and pressures on the system.

**RECOMMENDATIONS:**

- |  |     |   |
|--|-----|---|
|  | (i) | That the Panel discusses and notes the details outlined in the paper. |
|--|-----|---|

**REASONS FOR REPORT RECOMMENDATIONS**

- |    |   |
|----|---|
| 1. | The latest wave of Omicron is having a significant impact on NHS services but, at the time of writing, there are now promising signs that pressures directly caused by COVID-19 are now starting to ease. |
|----|---|

**ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

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

**DETAIL (Including consultation carried out)**

- |    |   |
|----|---|
| 3. | <p>Across the area we have seen a marked increase in non-COVID-19 related demand for care. At present:</p> <ul style="list-style-type: none"> <li>• NHS 111 and 999 calls with query COVID-19 symptoms remain comparatively low compared to peak activity during waves 1 and 2 of the pandemic, but 111 calls and 999 calls for non-COVID-19 activity have returned to pre-pandemic levels.</li> <li>• Emergency Department activity volumes had risen to peaks above “normal” levels in June and July - but during October and November moved to 9% higher than plan, and stayed at this level during December and January. Demand for 111 services and 999 services are higher than the same periods in 2019.</li> <li>• Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to work hard to safely deliver care to the population</li> <li>• We are working together as a system to improve the flow of patients to move patients out of hospital care and into a community setting or home in a safe and timely way.</li> </ul> |
|----|---|

<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.	NHS response to COVID-19
<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?	<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>	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

### NHS response to COVID-19 in Southampton

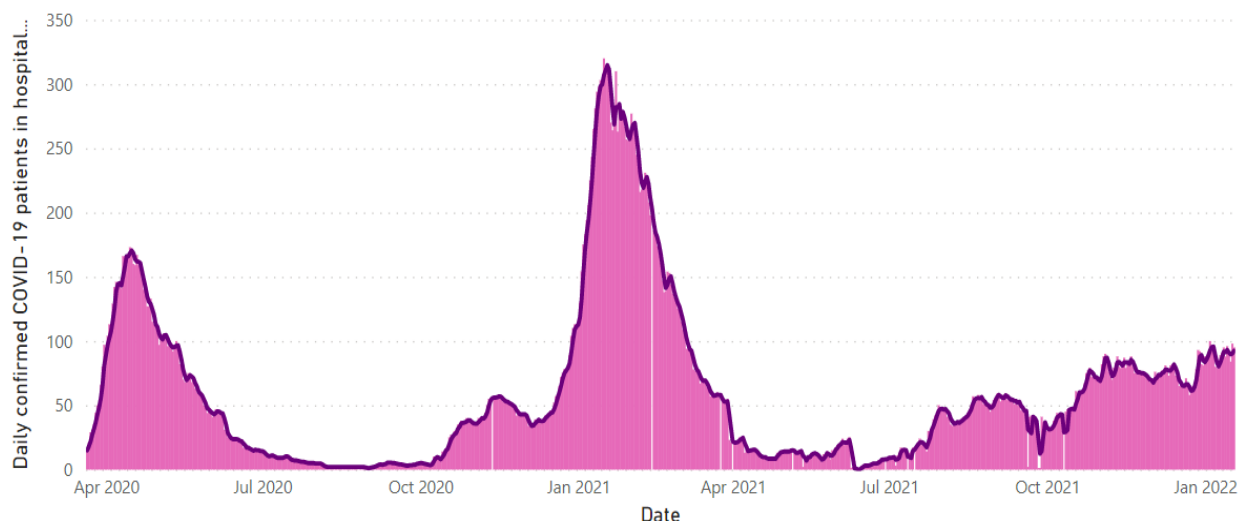
January 2022

#### Introduction

1. The latest wave of Omicron is having a significant impact on NHS services but, at the time of writing, there are now promising signs that pressures directly caused by COVID-19 are now starting to ease. This is a rapidly changing situation, and further updates will be presented verbally at the meeting.
2. Across the area we have seen a marked increase in non-COVID-19 related demand for care. At present:
  - NHS 111 and 999 calls with query COVID-19 symptoms remain comparatively low compared to peak activity during waves 1 and 2 of the pandemic, but 111 calls and 999 calls for non-COVID-19 activity have returned to pre-pandemic levels.
  - Emergency Department activity volumes had risen to peaks above “normal” levels in June and July – but during October and November moved to 9% higher than plan, and stayed at this level during December and January. Demand for 111 services and 999 services are higher than the same periods in 2019.
  - Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to work hard to safely deliver care to the population
  - We are working together as a system to improve the flow of patients to move patients out of hospital care and into a community setting or home in a safe and timely way.
3. The graph below shows the number of daily COVID-19 cases in University Hospital Southampton NHS Foundation Trust (UHS) due to COVID-19.

University Hospital Southampton COVID-19 daily confirmed COVID-19 patients in hospital at 8am

● Daily confirmed COVID-19 patients in hospital at 8am ● 3-day average of COVID-19 patients



4. As of January 2022 the staff absence rate is approximately 7.2% for all staff absences across Hampshire and Isle of Wight, with sickness or self-isolation related to Covid-19 currently at 3.6%. These are below the high points of 8.3% and 4.8% respectively in 2021 but are currently increasing as we progress through the latest wave of Omicron. Absence rates continue to be monitored on a daily basis.

### **Supporting health and wellbeing**

5. We continue to do all we can to ensure that we are supporting our staff. A wide range of support continues to be available, including mental health and wellbeing programmes and bespoke support for all staff groups. A Southampton and South West Hampshire workforce group is meeting to identify trends and solutions. At a wider level, a simplified ICS workforce reporting dashboard is underway to improve the quality of workforce data available to us in the future.

### **Primary and community care**

6. The city's Urgent Response Service has been expanded to meet the increased need. This includes increasing the number of staff and the hours available. This service supports people who, after a stay in hospital, need support to maintain or regain their ability and confidence to live at home.
7. Our primary care colleagues continue to do all they can to respond to patient need, both COVID-19 and non-COVID related. This is against the backdrop of increasing demand, and their significant role in the delivery of the COVID-19 vaccination programme across Hampshire and the Isle of Wight. In the latest available data made available by NHS Digital, in the month of December 2021 there were 765,483 attended GP practice appointments, of which 448,529 were face-to-face appointments and 346,518 were same day appointments across the Hampshire and Isle of Wight area. The overall number of appointments was higher in December 2021, at a time when GP practices were requested to redirect many of their resources to delivering the COVID-19 vaccination programme, compared to pre-pandemic levels in December 2019.
8. Our community mental health teams continue to work closely together to support discharge services, early intervention services and keep our patients safe in the community under challenging circumstances.
9. Patients receiving palliative care can benefit from a 24 hour, seven days a week helpline, provided by Mountbatten Hampshire. The implementation of 24/7 services helps to ensure that patients can stay in their own homes for as long as possible and die at home where that can be made possible. Families can call for support at any time of the day or night enabling them to better cope with caring for their loved one at home. Mountbatten staff will also be better placed to provide bereavement support for family and friends that need those services.

## **Acute care and supporting Southampton's Emergency Department (ED)**

10. Southampton benefits from having UHS in the city, one of only two major trauma centres for adults and children in southern England. Since the pandemic began, UHS has treated thousands of COVID patients, including intensive care patients from other hospitals.
11. Since COVID-19 lockdown restrictions were lifted in July 2021, we have seen COVID+ patient numbers rise steadily in UHS, and they have continued to rise throughout the winter period. However, positively, in light of the continued roll-out of the COVID-19 Vaccination Programme across our communities, we are seeing far fewer patients who need intensive care and significantly fewer deaths. We are continuing to experience unprecedented levels of demand across Southampton General Hospital and all services provided by UHS. Between April and November 2021, the main Emergency Department saw attendances grow by 14 per cent compared to pre pandemic levels. Whilst these numbers have reduced in December 2021 and January 2022 (now at similar levels to the pandemic) significant pressures remain. Waiting lists for planned care have grown over this time and five wards in the hospital are set aside exclusively for Covid+ patients. Ensuring people get the medical help they urgently need is the priority and healthcare partners across the city and wider ICS area are working together to try and find ways to alleviate pressures.
12. The message to the public remains that the best way to help the local system is:
  - by thinking about the best way to get the treatment you need;
  - only come to ED in an emergency, consider the Urgent Treatment Centre or visiting your local pharmacy and use 111 to help find the right service for you;
  - the emergency department is always available for anything urgent or life threatening.
13. UHS has an internal plan in place to help meet peaks in attendances. This includes the expansion of Same Day Emergency Care, known as SDEC. This is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.
14. Extra capacity at urgent treatment centres has been found to support UHS, in both Royal South Hants Hospital and Lymington Hospital, for those patients who can be safely treated at those sites. 111 also has the ability to book people directly into appointment slots at UTCs, which means those patients with minor injuries or illnesses will be seen and treated considerably quicker.

## Improving patient flow in the system

15. The learning from the earlier waves of the pandemic has helped the system prepare for the latest peak in admissions. Additional step down capacity, to support patients to be discharged out of UHS and into community settings, has been set up. This includes additional beds in place at Royal South Hants Hospital by Solent NHS Trust, Lymington Hospital by Southern Health NHS Foundation Trust, and with independent providers.
16. To support safely discharging patients out of hospital to their home and to put in place changes to benefit the system in the long term, we have held two week-long Multi Agency Discharge Events (known as MADE) in the Southampton and South West Hampshire system. This is where participants from organisations across the system form a number of teams, each of which focus on one of two wards at UHS. Organisations involved include commissioners, Southampton City Council, Hampshire County Council, Solent NHS Trust, Southern Health NHS Foundation Trust, primary care representatives and University Hospital Southampton NHS Foundation Trust (UHS). These teams capture the progress of each patient on the ward along their agreed care pathway, highlight and challenge delays, and support safe and timely discharges. Each patient's journey is critically reviewed to understand what next steps are required to reach discharge and to make sure critical interventions happen without delay. Each MADE team documents its progress and challenges, which are fed up to the central team each day. At the end of each MADE event, a debrief is held to capture the learning and ensure actions are identified, and in turn to continue the best practice. These have been successful in discharging more patients out of UHS and to their home or safe community settings.
17. Pressures on the home care market and wider social care services will be shared with the Panel in a separate paper. With specific regards to patient flow, where possible and safe to do so we seek to discharge patients home and with a care package in place if required. To support increased need, increased provision and use of 'bridging' care up to 860 hours per week has been put in place to facilitate discharge of patients who are medically fit to be discharged, where long term care is not available within the desired timescale. This also helps to free up capacity within reablement services. A new '24/7' home care service for hospital discharge patients requiring 'doubled up' care has been trialled during this period.
18. We have ensured multiple successive non-recurrent Government grants are available to the city's care providers, which includes the Infection Control Fund, Workforce Recruitment and Retention Fund, and the Omicron Support Fund. The value of these grants in 2021-22 for Southampton is £6.27Million.
19. Targeted support is ongoing for home care providers reporting moderate to high business continuity risk due to staff not yet vaccinated.



## **Recovery of services**

20. We continue to work closely with our health and care partners to respond to COVID-19 while also focusing on the continued recovery of services and local delivery of the vaccination programme. We are monitoring the situation closely and ensuring we are as prepared as possible for any potential future impact of the pandemic in our communities, including new variants.

**ENDS**

This page is intentionally left blank

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	MONITORING SCRUTINY RECOMMENDATIONS		
<b>DATE OF DECISION:</b>	10 FEBRUARY 2022		
<b>REPORT OF:</b>	SERVICE DIRECTOR - LEGAL AND BUSINESS OPERATIONS		
<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Deputy Chief Executive</b>	
	<b>Name:</b>	<b>Mike Harris</b>	<b>Tel: 023 8083 2882</b>
	<b>E-mail</b>	<b>Mike.harris@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Scrutiny Manager</b>	
	<b>Name:</b>	<b>Mark Pirnie</b>	<b>Tel: 023 8083 3886</b>
	<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 – 10 February 2022
<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 – 10 February 2022

Date	Title	Action proposed	Action Taken	Progress Status
21/10/21	5 Year Health and Care Strategy – Progress report	1) That data outlining the key workforce challenges in Southampton’s health and care system is provided to the Panel	This information will be provided to the Panel by the February meeting of the HOSP	
09/12/21	Stage 2 Independent Investigation Report – Southern Health	1) That, at the 7 April HOSP meeting, the Panel are provided with an update on progress made by the Trust in the delivery of the agreed action plan	Noted by Southern Health Foundation Trust	
		2) That the lack of an SCC representative on the Governing Body of Southern Health NHS Foundation Trust is raised with the Cabinet Member for Health & Adult Social Care	The Scrutiny Manager has raised this with the Cabinet Member	
09/12/21	Integrated Care System (ICS) Developments	1) That the proposed governance and decision making arrangements for the ICS are circulated to the HOSP as soon as they are available	ICS developments is an agenda item for 10 <sup>th</sup> February HOSP meeting	

This page is intentionally left blank

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	ADULT SOCIAL CARE PRESSURES
<b>DATE OF DECISION:</b>	10 FEBRUARY 2022
<b>REPORT OF:</b>	EXECUTIVE DIRECTOR - WELLBEING (HEALTH AND ADULTS)

<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director - Wellbeing (Health &amp; Adults)</b>	
	<b>Name:</b>	<b>Guy Van Dichele</b>	<b>Tel:</b>
	<b>E-mail:</b>	<a href="mailto:Guy.VanDichele@southampton.gov.uk">Guy.VanDichele@southampton.gov.uk</a>	
<b>Author:</b>	<b>Title</b>	<b>Deputy Director – Integrated Commissioning</b>	
	<b>Name:</b>	<b>Chris Pelletier</b>	<b>Tel:</b>
	<b>E-mail:</b>	<a href="mailto:Christopher.pelletier@nhs.net">Christopher.pelletier@nhs.net</a>	
<b>Author:</b>	<b>Title</b>	<b>Interim Director of Operations Adult Social Care</b>	
	<b>Name:</b>	<b>Anne Flanagan</b>	<b>Tel:</b>
	<b>E-mail:</b>	<a href="mailto:Anne.Flanagan@southampton.gov.uk">Anne.Flanagan@southampton.gov.uk</a>	

<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY</b>	
At the request of the Chair, the Executive Director - Wellbeing has been asked to brief the Panel on the pressures being experienced by Southampton’s adults care services.	
<b>RECOMMENDATIONS:</b>	
	(i) That the Panel consider the update from the Executive Director – Wellbeing on the status of adult care market and operational pressures in Southampton.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	To enable the Panel to scrutinise
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	No alternative options have been considered.
<b>DETAIL (Including consultation carried out)</b>	
3.	Please see Appendix 1.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	

4.	Not applicable
<b><u>Property/Other</u></b>	
5.	Not applicable
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
6.	The duty for local authorities to undertake overview and scrutiny is set out in Part1A Section 9 of the Local Government Act 2000.
<b><u>Other Legal Implications:</u></b>	
7.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
8.	The management of risk as it relates to the adult care market in Southampton is a key consideration for the Joint Commissioning Board. Adult care market and operational risk are also monitored and managed via Southampton City Council's strategic risk register.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
9.	None

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	All
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	ASC Pressures - Briefing paper
<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?	<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>	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None



# Southampton adult care market status update

- Care providers in Southampton are reporting significant challenge with recruiting and retaining staff. Factors include post pandemic staff 'burnout', mandatory vaccination, and increased competition for workforce from other sectors (average Southampton care staff wage: £9.50/hr versus hospitality sector: £11.06/hr).
- Staff absence due to sickness and/or self-isolation and Covid-19 outbreaks are also having an adverse impact on access to local supply of care services.
- As a result, demand for care is routinely exceeding local supply and the average length of time required to arrange a new care home placement or package of home care has trebled in the last 6 months. Currently 1,066 out of 1,372 care home beds in Southampton are occupied (78%). However, some care homes are consolidating provision around existing residents/ staff numbers, taking an estimated 200 of the city's vacant care home beds (14%) out of circulation, reducing their intake rates, and subjecting new referrals to greater levels of scrutiny. The position is even more challenging with home care providers, with an average of 1300 hours of long-term care per week going unsourced (a fourfold increase over the previous year's figure).

## Mitigating actions underway include

- Increased provision and use of ‘bridging’ care up to 860 hours per week to facilitate discharge of MOFD patients where long term care is not available within the desired timescale, and to free up ‘blocked’ capacity within reablement services. This includes trialling a new ‘24/7’ home care service for hospital discharge patients requiring ‘doubled up’ care.
- Transmission of multiple successive nonrecurrent Government grants to care providers (e.g., Infection Control Fund, Workforce Recruitment and Retention Fund, Omicron support fund). 2021-22 total value of these grants is £6.27Million.
- Targeted support for home care providers reporting moderate to high business continuity risk due to staff not yet vaccinated.
- Launched the care recruitment hub (<https://www.southampton.gov.uk/workincare>) and associated recruitment campaign.
- Establishing budget for 2022-23 provider rate uplifts to promote care market sustainability.
- Ongoing support available for care providers through regular webinars and input from infection control professionals during Covid outbreaks as well as from Quality & Safeguarding team.

## Mitigating actions underway include

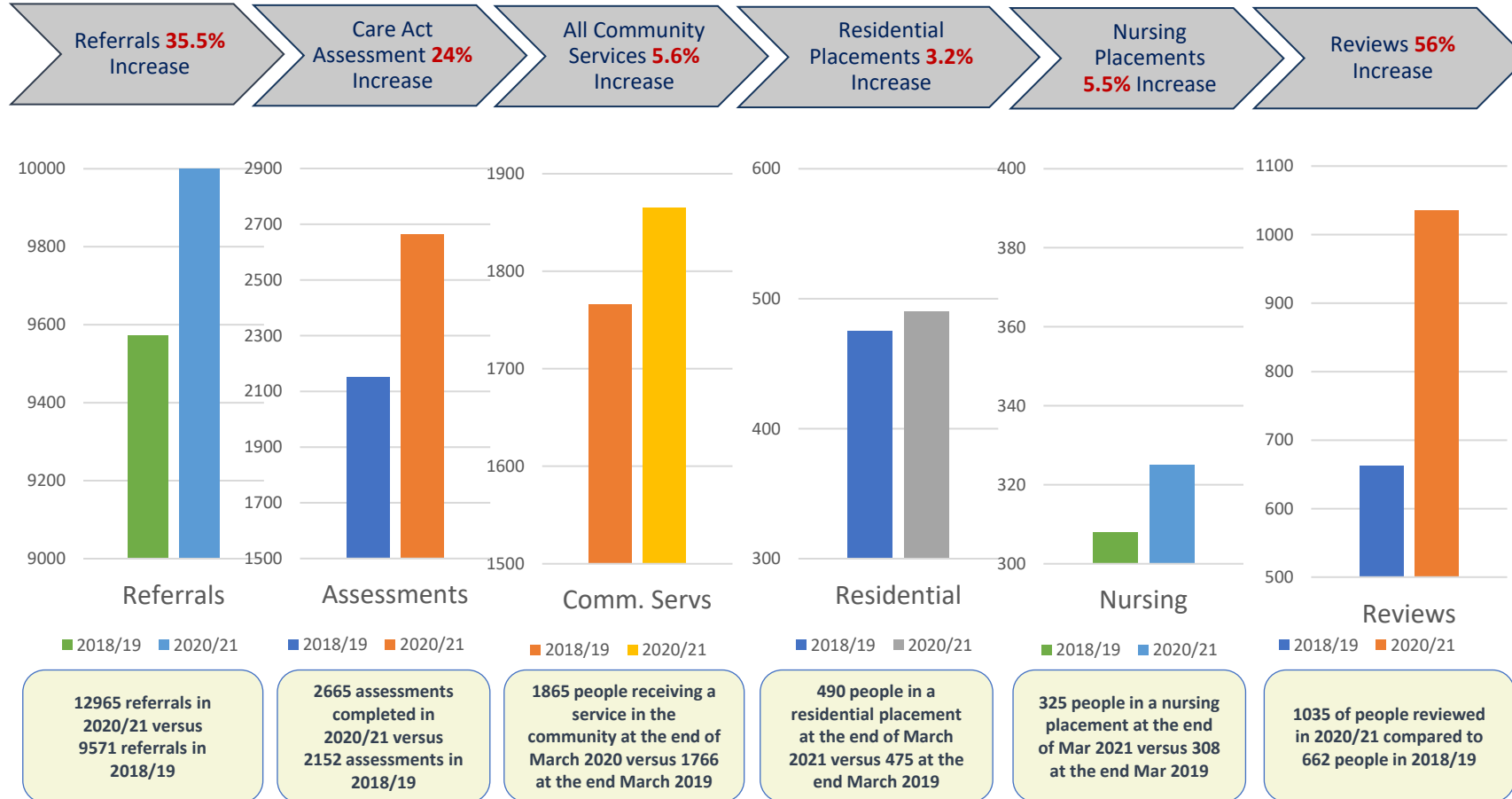
- Commissioners have been working closely with Hampshire Care Association for real time updates on pressures providers are experiencing and how to support with risks to service continuity.
- From 11th November 2021, all care home staff had to be fully vaccinated (unless exempt). All 56 care homes in the city were contacted and supported to prepare for this requirement. Around 3% of staff (about 50 people) were not vaccinated by the deadline and not exempt so had to leave their jobs.
- A similar process is being followed to support home care providers to prepare for the requirement of their staff to be fully vaccinated by 1st April 2022. Current figures are 89% of staff having had a first vaccination and 86% both vaccinations.
- Uptake of booster vaccinations is also being heavily promoted with the offer of roving vaccinators to visit care homes or other social care venues. Current figures are 49% of care home staff and 37% of home care staff have had a booster.

# Adult Social Care pressures key issues

- Increased need / demand in all areas
- Waiting lists in all areas – resources spent managing waiting lists diverts from delivering support
- Significant increase in safeguarding across the board plus a specific issue with PPN1s (Public Protection Notices from police and ambulance, the vast majority of which result in no further action but take significant staff resources
- Significant increase in need for mental health support and care
- NHS and Social Care pressures inextricably linked - impact of national guidance for hospital discharge is significant
- Availability of care, especially domiciliary care and options for people with complex needs
- Staffing: recruitment and retention is mixed, some roles are particularly hard to recruit to-(senior practitioners, forensic social workers); difficulty recruiting locums as demand is high everywhere, increased rates being requested, turnover of locums is resource intensive for managers; some staff sickness absence due to covid
- Some impact of change in legislation requiring staff in registered provision in care and NHS to be double vaccinated.

# Activity / Demand is up

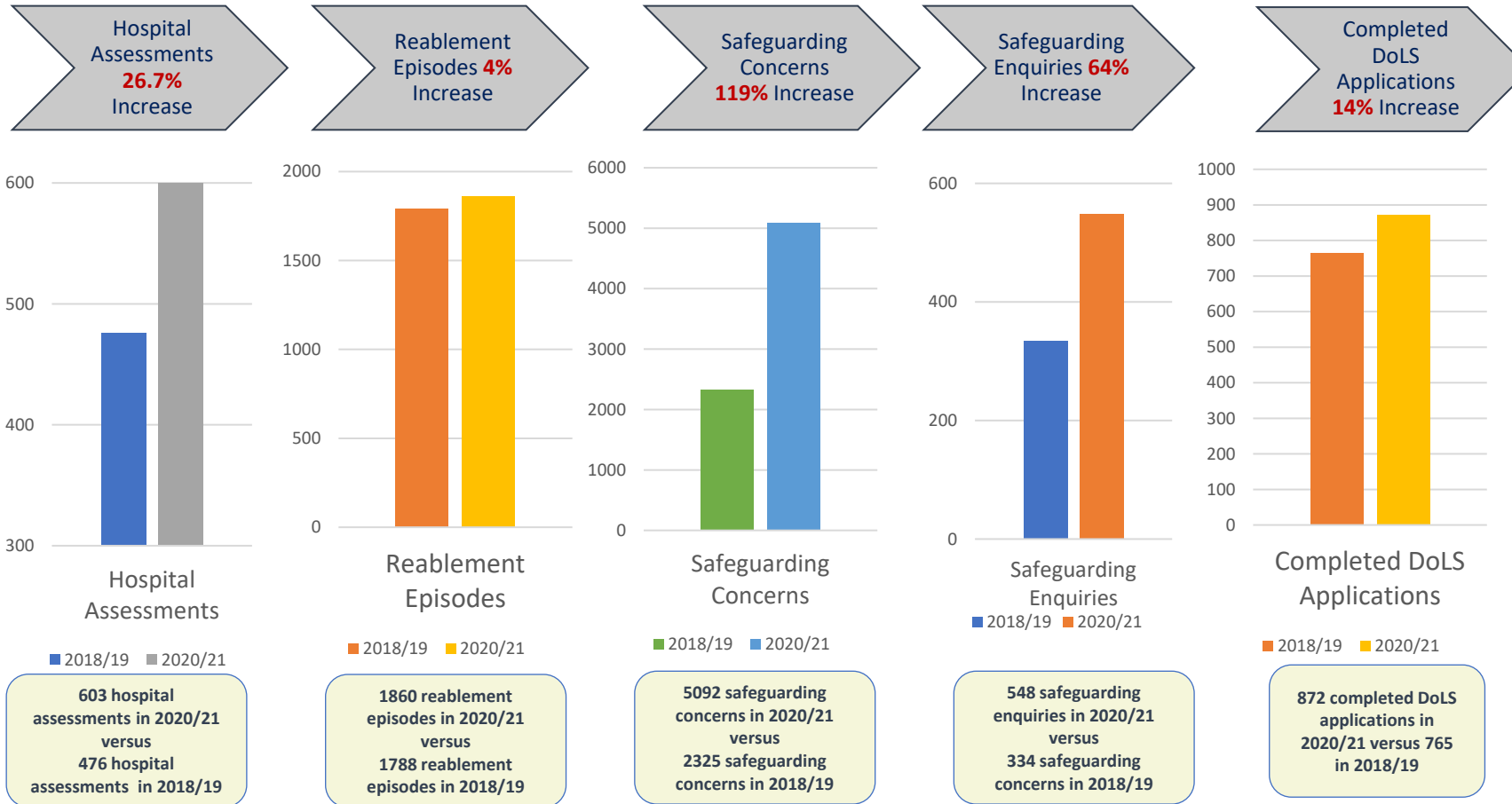
The below compares activity across 18/19 (pre-Covid) and 20/21 (post-Covid) to demonstrate the level of general growth pre-COVID-19 across all adult social care functions, from initial referral through to assessment, commissioning of care and review.



• Source: SALT 2020/21 and SALT 2018/19. Services data includes people funded via NHS D2A (excluded from SALT)

# Activity/ demand is up

The below compares activity across 18/19 (pre-Covid) and 20/21 (post-Covid) to demonstrate the level of general growth pre-COVID-19 across all adult social care functions, including, hospital, reablement Safeguarding and DoLS (Deprivation of Liberty Safeguarding)



• Source: SAC 2020/21, SAC 2018/19, DoLS 2020/21 and DoLS 2018/19, information from Data & Performance Team

# Mitigating actions include

- Increase in permanent staffing establishment. Greater stability and opportunity to invest in a permanent workforce
- Additional locum staff in most teams – in the main funded through NHS and / or short term Government Covid monies (COMF, Provider workforce, Infection prevention and control); additional OT at the social care front door
- Overtime and weekend working in place - balanced with need to support a tired workforce
- Triage and prioritising people on waiting lists, wellbeing and check in calls where indicated
- Discussions with police regarding PPN1s
- Support to staff in Council provided and integrated teams to encourage vaccination take-up is having some success
- Principal Social Worker and Head of Quality supporting staff (induction, supervision, education and training) and introducing new models of working to improve outcomes and efficiency
- Care Director - new case management system from January 31<sup>st</sup> will support more efficient use of staff time, greater visibility
- Medium and longer term: reviewing the model and pathways with additional capacity and expertise including from the National Development Team for inclusion. Increased emphasis on prevention and early intervention, strengths based practice and much closer working with VCSE colleagues and a focus on localities and neighbourhoods.

This page is intentionally left blank