

Meeting Minutes

Southampton Health & Care Partnership Board– Public

The meeting was held on Thursday 16TH October 2023 2023, 09:30 - 11:30
Council Chamber, Civic Centre Southampton

Present:		INITIAL	TITLE	ORG
	Councillor Lorna Fielker	Cllr Fielker	Cabinet Member – Health and Adults and Leisure	Southampton City Council (SCC)
	Dr Debbie Chase	DChas	Director of Public Health	SCC
	Claire Edgar	CE	Executive Director of Wellbeing & Housing (DASS)	SCC
	Dr Pauline Grant	PG	Clinical Director	ICB
	James House	JH	Southampton Place Director	ICB
	Rob Kurn	RK	Chief Executive Officer	Southampton Voluntary Services
	Duncan Linning-Karp	DL	Deputy Chief Operating Officer	University Hospitals Southampton
	Jo Pinhorne	JP	Deputy Chief Operating Officer	Solent NHS Trust
	Dr Sarah Young	SY	Clinical Director	ICB
In attendance:	Terry Clark	TC	Director of Commissioning Health and Care	ICB/SCC
	Rob Henderson	RH	Executive Director Wellbeing (Children and Learning)	SCC
	Donna Chapman	DC	Deputy Director Integrated Commissioning Unit	Integrated Care Board (ICB) / SCC
	Emily Goodwin	EG	Democratic Services Officer	SCC
	Natalie Johnson	NJ	Board Manager - Place	ICB/SCC

Apologies:	Councillor Satvir Kaur	Cllr Kaur	Leader	SCC
	Councillor Alexander Winning	Cllr Winning	Cabinet Member for Children and Learning	SCC
	Mel Creighton	MC	Executive Director, Corporate services	SCC
	Martin DeSouza	MDS	Chief Operating Officer	University Hospitals Southampton
	Eugene Jones	EJ	Chief Operating Officer	Southern Health NHS Foundation Trust
				Action:
1.	Welcome and Apologies			
	Members were welcomed to the meeting. Apologies were noted and accepted.			
2.	Declarations of Interest			
	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 No declarations were made above those already on the Conflict-of-Interest register.			
3.	Minutes of the previous (Public) meeting			
	The Board reviewed the minutes from the previous meeting dated 16 February 2023 were agreed as an accurate reflection of the meeting. Matters Arising There were no matters arising.			
4.	5 Year Health & Care Strategy			
	DC attended to highlight key updates on the 5 Year Health and Care Strategy. Key discussion points were: Start Well <ul style="list-style-type: none"> Breast feeding - although the data shows that breast feeding rates are increasing, PG raised that this is not something she sees in her GP surgery, and it would be useful to have the data broken down to show rates in the 20% most deprived areas of the city. This model could also be applied to data in other areas to see whether improvements are being felt by people living in those areas. 			

DChas highlighted that partners are doing all they can to find new ways of supporting and encouraging mothers to breast feed (e.g. the promotion at the Princess Anne and by Health Visitors, businesses making it easier for women to breast feed), however this can be a complex issue, dependent on multiple different factors.

- Drug and alcohol use – this is much higher in Southampton than comparator cities and Cllr Fielker queried whether this should be an area of priority work. DChas highlighted that there is a drug and alcohol service delivered by No Limits, which is now a co-located service within the Young People’s Hub to strengthen the links with Children’s Social Care. A supplementary grant has also helped strengthen substance misuse with additional outreach into schools and localities.
- Teenage pregnancies - PG highlighted that the presentation hadn’t touched on teenage pregnancies which whilst they have significantly come down over the years, more recent data shows an increase. DChas clarified that there is an integrated specialist service provided by Solent NHS Trust, part of which is around sexual health promotion and positive relationships that works with schools. There are also health and wellbeing drop ins provided in conjunction with No Limits. No Limits do not prescribe but the Sexual Health team do. The LARC Service is provided across Primary Care and the Council also commissions emergency hormonal contraception from pharmacies. This is being reviewed this year to get a clearer understanding of what populations that is reaching. PG asked what the cause of the upturn is, and whether data is available to help understand it. DChas explained that Covid had caused a pause in data, but is reassured that we are on the right trajectory in the long term, with attitudes and behaviours changing, and the emphasis on supporting young people at the earliest stage.
- Mental Health – this remains a priority, with short-term crisis support in the community being developed to support young people who present at Emergency Department. Mental Health support is now available in 90% of schools and this will be rolled out to the remaining 10% of schools over the coming year. Neurodiversity in children and adults will be prioritised, with work around the model for assessment, diagnosis and support. There is also work around autism and schools with work to change culture and support parents.

Live Well

There has been a lot of work around mental health and some of the key achievements are:

- The City Council's employment team have been awarded a Quality Mark for their work on placing and supporting individuals with mental health difficulties into work.
- The mental health transformation programme has looked at 16-25 work which prepares young people for adulthood. A new connection/navigation service, provided by the voluntary sector, will be launched soon to support young people navigate support, advice and information available to them as they transition from children to adults' services.
- Work with Primary Care has continued, which is key to the whole Southampton Transformation Programme. New primary care mental health roles will link primary care specialist services and Talking Therapies. It was noted that Primary Care Networks (PCNs) now have primary care mental health workers.
- New mental health schemes with the voluntary and community sector have been launched, e.g. Saints by your Side and Mayfield Nurseries.
- A second Light House has been opened in Bitterne, following the first centre being opened in Shirley.
- Southampton is aiming to be a mental health friendly city.

Priorities going forward will be:

- Tackling the biggest killers in Southampton: cancer, cardiovascular disease and respiratory disease and underlying causes.
- A focus on the most deprived wards.
- Improving health and wellbeing outcomes for people with learning disabilities
- Promotion of good mental health
- More work around smoking cessation, with a focus on deprived areas of the city, and working with front line staff.
- Early intervention and prevention strategy – looking at the commissioned offer around prevention and early intervention and best value and outcomes
- Housing – mental health needs assessments will be rolled out over the next 12 months.
- Inclusive lives – this tender for October 2024 will look at a more strengths-based, community-based support for people with learning disabilities. The model could also be translated to other client groups (day support, activities, into employment and short breaks).

Discussion points were:

CE suggested that the Adult Social Care Outcomes Framework (ASCOF) measures are used locally and nationally and although these are under review, they could be used as part of future reporting against the 5 Year Health & Care Strategy.

CE raised concern about the number of working age adults in residential care, as once someone is placed in residential care there is a high chance that they will remain there. CE felt that the emphasis should be on enabling people to live independently and a recovery approach should be taken. Risk aversion, particularly around discharging people from hospital, can prevent people from living independently. DChas responded that there may be public health measures and health inequality data that would be useful to examine here.

CE raised that Learning Disabilities is a challenging indicator because a Care Act assessment or review needs to have taken place within 12 months. Adult Services are also looking at how safeguarding of vulnerable adults can be improved, particularly linking back to the market and the quality of care. CE flagged that there should be a partnership approach to considering this. There is also the possibility of looking at Care & Treatment Reviews and people with learning disabilities and autism being discharged from long-stay hospital setting. There is a strong programme of work with the Integrated Commissioning Unit and Adult Social Care, and this could be looked at as a pilot for the next 12 months. JH felt that looking at indicators here would be really helpful to identify any gaps.

SY raised that she sees a lot of young adults with ADHD in her GP practice who are at university. These young adults cannot access ADHD services during their degrees because of the wait for support, which causes a lot of anxiety which is difficult to manage. SY wondered if there is anything that could be done to support these young adults as they embark on their lives, as service for them is currently disjointed, for example when they move home after their university course.

Cllr Fielker set out that this partnership should be really ambitious for people with Learning Disabilities, particularly around access to employment as it's such an important part of wellbeing and independence.

Cllr Fielker raised that late diagnosis of HIV is higher than the national average and the need for everyone who is offered a blood test to take this up.

Southampton has much higher rates for data for deaths related to alcohol for 2017-2019 than the rest of England. There is also concern about future difficulties caused by young people's use of alcohol, and the 'wasted years' from young people dying in their 20s and 30s due to alcohol use has to be a priority. Cllr Fielker highlighted that the new Tobacco, Alcohol and Drug Strategy for the city takes a non-judgemental, harm reduction approach.

Young people are not accessing the support provided by Change Grow Live as well as possible. DChas highlighted that there is a lot of unmet need, and although the Change Grow Live support service around

alcohol for young people is good, it does have thresholds. This is a population-level challenge needing a whole system approach, which unfortunately the alcohol industry is not helping with. More work is needed nationally. The Government have intervened and raised the cost of VAT, but large suppliers have absorbed this cost rather than passing it on to customers.

Age Well

The approach here is to support and enable people to live independently at home for as long as possible. Discussion points were:

- The Reablement Service is being improved, and it is likely that Project Fusion will have an impact on how services in this area are commissioned.
- Dementia beds are no longer available in Southampton (but are available in Portsmouth and Hampshire), and this issue has been discussed at Health Overview & Scrutiny (HOSP) recently and will be discussed again this evening (14 October 2023). The Board must be sighted on challenges and monitoring around this, as Southampton strives to be a dementia-friendly city. It will also be important to ensure that good quality care is available, and pathways are easy to understand and manageable for families/carers.
- Hospital Avoidance – transformation strategies and programmes of work here are being developed at pace but there is still clarification needed on how this will be monitored and how Primary Care buy into this work. This issue was flagged as a future agenda item for HOSP and/or this Board meeting.
- Hospital admissions – this needs to be kept under close review. The new Primary & Local Care Working Group is bringing together Adult Social Care Operations, Solent NHS Trust, University Hospitals Trust and Southern Health) and is the ideal forum to examine hospital avoidance, along with the Ambitious Futures Programme. The group will be looking at the operating model in Southampton and how admission avoidance is handled. This is a new board, which is trying to pull back from solely focussing on discharge and invest in proactive care. CE emphasised that there is no new money, hospital avoidance is a national issue and there has to be a level of risk held by professionals around this. Adult Social Care in Southampton is a significant outlier in number of people coming into Adult Services and the preventative approach is currently not working. The focus should be on enabling people to have their care needs met earlier by the right service, which is not necessarily a statutory service.

	<p>JH added that the renewal of the SO:Linked contact for community development and navigation has just been approved, which shows commitment to this approach. JH felt that it would be useful to have a future item at this Board on Project Fusion (future item to be added).</p> <p>Cllr Fielker highlighted that in Southampton 86% of the annual budget is spent on wellbeing (Adult Social Care and Children's Social Care), which is similar to the spend of Blackpool Council, but with far less people living in Southampton. CE felt that risk-adverse practice removes people's independence, and the focus must be shifted on from hospital discharge to people not being admitted to hospital in the first place.</p> <p>JP highlighted that Solent NHS Trust do all they can to keep people out of hospital and that investment would enable them to do more. CE responded that as there is no new funding available, we need to be creative with the resources we have got. There is a strong workforce, with high numbers of practitioners and registered practitioners. The Ambitious Futures programme will look at the system. It is important that practitioners understand the Home First Approach (keeping people at home, living independently, for as long as possible) and take a strength based, reablement, rehab approach. Many people don't understand these terms even in the workforce. Need to do some work on how it feels for staff working in this area.</p> <p>PG highlighted that GPs really miss case management and she felt it was the most successful way of keeping people out of hospital.</p> <p>Die well</p> <p>PG raised the subject of patients who die at home of dementia and how distressing this is for families. Cllr Fielker agreed and felt that there should be a broader education piece around encouraging conversations about death; what a person's wishes would be and what it means for those who are left behind.</p> <p>Cllr Fielker queried how this strategy informs commissioning contracts, and JH confirmed that when contracts are reviewed by the ICB, all plans are used to inform that review process, including whether they are delivering objectives of the plan and achieving value for money.</p>	
<p>5.</p>	<p>Better Care Fund (BCF) Delivery and Performance Update</p>	
	<p>DC presented this update regarding the Better Care Fund (overseen by the Health & Wellbeing Board, which has delegated authority to the Health & Care Partnership Board).</p>	

The Plan has been approved and signed off by NHS England and the ICB are now updating the Section 75 the BCF which is a national requirement. Quarterly returns will be submitted to NHS England (the first being Q1 on 31 October, to be signed off by this group and Cllr Fielker as Chair. The latest highlight report from the September meeting for previous two months forms Appendix 1 of this report, for information (please see papers for this meeting).

Key issues raised were:

- Section 6 (Finance) shows local information that is not reported on nationally. Metrics, demand and capacity are reported on nationally. Month 5 data shows total value of the BCF is £167.4M and the breakdown for this is shown in the report. Variations from planned spend are:
 - Changes in Learning Disability packages – spend here has been impacted by complexity of cases (for example a change in one person’s care can impact significantly on this budget).
 - Joint Equipment Store (JES) – numbers have increased across prescribing organisations, along with repair costs also increasing. Further work is underway to better understand where these increases are, whether they will persist for the remainder of 2023/24 and what mitigations can be put in place.
 - Disabled Facility Grant (DFG) – there continues to be an under spend which is largely due to a backlog of clients. Steps have been taken to deal with the backlog (for example two new DFG case workers and two Housing Technical Officers, and increasing the available contractors to carry out works). CE advised that they are looking at how operational services are linked in with disabled facilities work and undertaking a restructure and redesign to align this budget with the Wellbeing and Housing Directorate.
 - Market & Sustainability Fund – this grant of £1,687 was added at month 4 and no queries were raised around this.
- The metric narrative section outlined context concerning:
 - Admission Avoidance
 - Falls
 - Discharge to normal place of residence
 - Residential admissions
 - Reablement

Please see full report for details.

	No other queries were raised. Cllr Fielker thanked attendees and the meeting closed.	
6.	Date of Next Meeting	
	14 th December 2023 – 09.30-11.30am - Briefing meeting 25 th January 2024 – 09:30-11:30 – Public meeting	