

# Health Overview and Scrutiny Panel

Thursday, 17th December, 2020  
at 6.00 pm

## PLEASE NOTE TIME OF MEETING

This will be a 'virtual meeting', a link to which will be available on Southampton City Council's website at least 24hrs before the meeting

### Members

Councillor Bogle (Chair)  
Councillor White (Vice-Chair)  
Councillor Laurent  
Councillor Professor Margetts  
Councillor Noon  
Councillor Payne  
Councillor Vaughan

### Contacts

Ed Grimshaw  
Democratic Support Officer  
Tel: 023 8083 2390  
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 3.

## **DISCLOSURE OF INTERESTS**

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

### **DISCLOSABLE PECUNIARY INTERESTS**

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

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

### **OTHER INTERESTS**

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

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

## PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

### DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2020	2021
2 July	4 March
3 September	22 April
22 October	
17 December	

## AGENDA

### **1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

### **2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### **3 DECLARATIONS OF SCRUTINY INTEREST**

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

### **4 DECLARATION OF PARTY POLITICAL WHIP**

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

### **5 STATEMENT FROM THE CHAIR**

### **6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 22 October 2020 and to deal with any matters arising, attached.

### **7 MENTAL HEALTH UPDATE**

(Pages 5 - 20)

Report of the Director of Quality and Integration providing an update on mental health services in Southampton.

### **8 ADULT SOCIAL CARE UPDATE**

(Pages 21 - 30)

Report of the Executive Director - Health and Adults, providing the Panel with an update on developments with regards to the provision of adult social care in Southampton.

**9 COVID-19 PLANNING**

(Pages 31 - 32)

Report of the Chair of the Panel requesting that the Panel consider a verbal update from the Interim Director of Public Health on Covid-19 planning in Southampton.

Wednesday, 9 December 2020

Service Director – Legal and Business Operations

---

SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 22 OCTOBER 2020

---

Present: Councillors Bogle (Chair), White (Vice-Chair), Professor Margetts, Noon, Payne, Guthrie and Houghton

Apologies: Councillors Laurent and Vaughan

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

It was noted that following receipt of the temporary resignation of Councillors Laurent and Vaughan from the Panel, the Service Director – Legal and Business Operations, acting under delegated powers, had appointed Councillor Guthrie and Houghton to replace them for the purposes of this meeting.

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

**RESOLVED:** that the minutes for the Panel meeting on 3 September 2020 be approved and signed as a correct record.

12. **HAMPSHIRE TOGETHER: MODERNISING OUR HOSPITALS AND HEALTH SERVICES**

The Panel considered the report of the Managing Director, North and Mid Hampshire – Hampshire and Isle of Wight Partnership of CCGs, West Hampshire CCG and the Chief Executive of Hampshire Hospitals NHS Foundation Trust providing an overview of the Hampshire Together: Modernising our Hospitals and Health Services programme.

Ruth Colburn-Jackson - Managing Director, North & Mid Hampshire, Hampshire & Isle of Wight Partnership of Clinical Commissioning Groups; Dr Matt Nisbet - Clinical lead, Business and Partnerships, Hampshire and Isle of Wight Partnership of CCGs; Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust; Dr Lara Alloway - Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust; Elliot Nichols - Associate Director, Communications and Engagement, Hampshire Hospitals Foundation Trust;; John Boyman - Head of Public Relations, Hampshire Together and Duncan Linning-Karp – Divisional Director of Operations, UHS were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel received a presentation detailing the current demands on the service, the need for change and the potential options to change that had been set out in the report.

The potential scrutiny process for the modernisation of the hospitals and services involved was set out to the Panel at the meeting. It was noted that should neighbouring authorities consider that the changes did constitute a substantial change/variation in service then a joint scrutiny panel would be required. It was further explained that the Panel would need to recommend that Council appoint representatives to any such joint committee.

**RESOLVED** that the Panel

(1) Noted the report.

- (2) Considered the proposals set out in the report and decided that the proposed changes did constitute a substantial change/variation in service.
- (3) Recommended that Southampton City Council would take part in any Joint Overview and Scrutiny Committee with neighbouring local authorities to consider and be consulted formally on the proposed changes to the service.

13. **COVID-19 PLANNING**

The Panel considered and noted the verbal update presented by the Public Health Consultant, representing the Interim Director of Public Health on Covid-19 planning in Southampton.

Amy McCullough – Public Health Consultant and Cllr Fielker – Cabinet Member for Health & Adult Care were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel were briefed on a number of issues including:

- Potential measures to contain any outbreak;
- The development of and testing outbreak plans with schools and universities in the City;
- The establishment of the walk in testing facilities;
- The turn around time for results of testing; and
- Numbers of confirmed cases within the City.

14. **NHS FINANCIAL REGIME FOR 2020/21**

The Panel considered and noted the report of the Managing Director, NHS Southampton City CCG, outlining the financial regime for the NHS in 2020/21.

James Rimmer – Managing Director, NHS Southampton City CCG was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- Potential increases in health costs in the City;
- The potential costs of Long Covid on the system; and
- Future funding streams and allocations for the NHS both nationally and regionally

15. **CCG REFORM IN HAMPSHIRE AND ISLE OF WIGHT**

The Panel considered and noted the report of the Clinical Chair, NHS Southampton City CCG, on CCG reforms in Hampshire and the Isle of Wight.

Dr Mark Kelsey – Chair, NHS Southampton City CCG and James Rimmer - Managing Director, NHS Southampton City CCG were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed and noted that:

- The boards of six Clinical Commissioning Groups (CCGs) across the region but, not including the Portsmouth CCG, had agreed to develop a business case to merge and create a new CCG for Hampshire and the Isle of Wight;



- That the potential merger was under consideration by NHS England for approval;
- Should NHS England support the merger then additional work would be undertaken to establish the structure and governance of the new CCG, with the aim of establishing an Integrated Care System (ICS);
- There were benefits of increased cooperation and that best practice employed within the City of Southampton, particularly relating to the integration of health and care services, would continue and could potentially be used as the template for working across the new organisation; and
- There would be a Southampton based team within a newly formed CCG that would be responsive to the needs of the City.

This page is intentionally left blank

# Agenda Item 7

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	MENTAL HEALTH UPDATE
<b>DATE OF DECISION:</b>	17 DECEMBER 2020
<b>REPORT OF:</b>	NHS SOUTHAMPTON CITY CCG

<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	Director of Quality and Integration	
	<b>Name:</b>	Stephanie Ramsey	<b>Tel:</b> 023 8029 6075

## **STATEMENT OF CONFIDENTIALITY**

N/A

## **BRIEF SUMMARY**

This report provides an update on Mental Health Services describing the pressure and demand that has been caused by the pandemic, actions taken and an outline of plans that are in development to manage the pressure on services in supporting the emotional wellbeing and mental health of our residents. Contributions to this report have been made by NHS Southampton City CCG, Southern Health NHS Foundation Trust, Solent NHS Trust and Dorset Healthcare NHS Foundation Trust.

## **RECOMMENDATIONS:**

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

## **REASONS FOR REPORT RECOMMENDATIONS**

- |    |   |
|----|---|
| 1. | To enable the Panel to understand how adult and children's mental health services are currently delivered in Southampton. |
|----|---|

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

- |    |      |
|----|------|
| 2. | None |
|----|------|

## **DETAIL (Including consultation carried out)**

- |    |  |
|----|--|
| 3. | All service areas reported a reduction in referrals at the start of the national lockdown in March 2020, with all areas now reporting a recovery to usual referral levels. Further individual service details are provided in the appended report. |
| 4. | There have been a number of additional services that have been commissioned to support emotional wellbeing and mental health during the pandemic and these have been summarised in the attached paper.   |

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

- |    |     |
|----|-----|
| 5. | N/A |
|----|-----|

### **Property/Other**

- |    |     |
|----|-----|
| 6. | N/A |
|----|-----|

## **LEGAL IMPLICATIONS**

<b><u>Statutory power to undertake proposals in the report:</u></b>	
7.	N/A
<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
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	MENTAL HEALTH REPORT – SOUTHAMPTON

**Documents In Members' Rooms**

1.	None
----	------

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	<b>No</b>
--	-----------

**Data Protection Impact Assessment**

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	<b>No</b>
---	-----------

**Other Background Documents**

**Other Background documents available for inspection at:**

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

## Mental Health update – December 2020

### 1. Context

- 1.1. This report provides an update on Mental Health Services describing the pressure and demand that has been caused by the pandemic, actions taken and an outline of plans that are in development to manage the pressure on services in supporting the emotional wellbeing and mental health of our residents.
- 1.2. All service areas reported a reduction in referrals at the start of the national lockdown in March 2020, with all areas now reporting a recovery to usual referral levels. Further individual service details are provided in the report.
- 1.3. There have been a number of additional services that have been commissioned to support emotional wellbeing and mental health during the pandemic and these have been summarised below:

Location	Service/Initiative	Expected Outcomes
Hampshire & Isle of Wight wide	Additional capacity for Domestic Violence and Rape Crisis Services	Reduce waiting lists currently affecting the services ability to meet growing need
Hampshire & Isle of Wight wide	Solent Mind Wellbeing app adapted specifically for Social Care/NHS Staff and students	Support staff wellbeing and resilience
Hampshire & Isle of Wight wide	Togetherall (Formerly Big White Wall) expansion to support Health and Social Care staff	Support staff wellbeing and resilience
Hampshire and Southampton	IT project for digitally excluded	Improved access to social contact and use of online services, including online health services to reduce loneliness and social isolation
Southampton	Increased peer support to enable hybrid model of face to face and virtual model developed as a result of Covid restrictions	Improved patient outcomes, reduced presentations to ED, S136 and admission

- 1.4. The Covid-19 emergency had an impact on the usual health planning cycle and there have been changes to how services and financial flows work which have resulted in delays in finalising investment decisions. Working collaboratively with local partners the following progress has been made in delivering the

2020/21 LTP ambitions with NHSE transformation funding and CCG baseline investments now in place.

Summary of the ambitions	Investment 2020/21 (full year effect values)
<b>Perinatal mental health (single provision across HIOW)</b>	
<ol style="list-style-type: none"> <li>1. Increase access to specialist community care and evidenced based psychological therapies</li> <li>2. Partner assessment for their mental health and signposting to support</li> <li>3. Maternity outreach clinics</li> </ol>	<p>NHSE perinatal transformation funding in place and is delivering:</p> <ul style="list-style-type: none"> <li>• Increased access for women meeting the 7.2% target</li> <li>• Extension from preconception until 24 months after the birth</li> <li>• Expansion of work with women on the personality disorder and trauma pathway</li> <li>• Expanding evidence based therapies</li> <li>• Assessments of partners of women</li> </ul>
<b>Adult common mental illness</b>	
<ol style="list-style-type: none"> <li>4. Access to Psychological Therapies (IAPT) services will be expanded</li> <li>5. Will maintain referral to treatment time and recovery standards</li> <li>6. Will offer access to IAPT-Long Term Conditions (IAPT-LTC) services</li> </ol>	<p>CCG funding £372k in place delivering 2019/20 expansion.</p> <p>Current pathways developed; Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Pain and Musculoskeletal (MSK) conditions, Persistent Physical Symptoms and Myalgic Encephalomyelitis (ME).</p> <p>Investment will see an additional 950 people accessing psychological therapy (rising from 6,493 to 7,447 people) and will now include access for people with Cardiovascular Disease and Gastroenterology conditions</p>
<b>Adult severe mental illnesses (SMI) community care</b>	
<ol style="list-style-type: none"> <li>7. Begin to deliver a new model of integrated primary and community care for adults and older adults</li> <li>8. More people with SMI will receive a physical health check</li> <li>9. More people with SMI will have access to Individuals Placement Support services (IPS)</li> <li>10. Referral to treatment access and standards for Early Intervention in Psychosis (EIP) and will achieve Level 3</li> </ol>	<ul style="list-style-type: none"> <li>• CCG funding £350k in place for new roles aligning to new community mental health transformation model (as set out in more detail in the next section)</li> <li>• CCG funding in place to support improvement plan to increase uptake of annual physical health check from 26% (904 people) to 60% (2079 people)</li> </ul>

<p>NICE concordance</p>	<ul style="list-style-type: none"> <li>• NHSE Individuals Placement Support services (IPS) transformation funding £56k in place that will see an additional 47 people accessing support (an increase from 158 to 205 people)</li> <li>• CCG funding £50k in place for dedicated IPS in Early Intervention in Psychosis (EIP)</li> <li>• CCG funding £85k in place to support EIP service development to achieve Level 3 (performing well) to national standards. This includes assessment against; investment per patient, waiting time, access to NICE recommended interventions, employment and education support, physical health, carer education and expansion to an ageless service</li> <li>• CCG funding £97k in place for therapy pathway (collaboration between IAPT and secondary care) for people who currently fall between service eligibility criteria</li> </ul>
<p><b>Mental health crisis care and liaison</b></p>	
<p>11. 24/7 Crisis Resolution Home Treatment (CRHT) operating in line with best practice</p> <p>12. A complementary and alternative crisis service to A&amp;E</p> <p>13. University Hospital Southampton will have a mental health liaison service meeting the 'core 24' standard</p> <p>14. Eliminate all inappropriate adult acute Out of Area Placements</p>	<ul style="list-style-type: none"> <li>• NHSE CRHT transformation funding £232k in place for an additional 5WTE nurses to provide intensive crisis resolution and home treatment aligned to national workforce to patient ratio standard</li> <li>• CCG funding £180k in place to support CRHT service development following self-assessment, to fund additional pharmacy, nursing, and dedicated carer worker roles</li> <li>• CCG funding in place for The Lighthouse providing open access to support an individual in periods of self-defined crisis</li> <li>• NHSE liaison transformation funding £277k in place to increase workforce by 7.78WTE to deliver triage model with 75% of patients now receiving initial contact within 1 hour compliance</li> </ul>

	time, an increase from 37%
<b>Rough sleeping mental health support</b>	
15. Access to mental health services for rough sleepers	<ul style="list-style-type: none"> <li>NHSE transformation funding decision awaited, Southampton identified as hot spot area</li> </ul>

## 2. Improving Access to Psychological Therapies (IAPT) Southampton Steps to Wellbeing (provided by Dorset Healthcare NHS Foundation Trust)

### 2.1. Context

The Southampton Steps to Wellbeing (SSTW) service is commissioned to provide a range of evidence-based talking psychological therapies for people in primary care in Southampton city.

3.1.1. In line with the implementation of The Five Year Forward View for Mental Health, the SSTW's Body and Mind service has been extended to support people with comorbid long term health conditions (LTHCs) in the context of depression and anxiety disorders. Clinicians with specialist top-up training have been co-located, where possible, alongside physical healthcare teams so that closer ways of working can be achieved. The following LTHCs are current the focus of SSTW's Body & Mind service (with the last two having been developed since April 2020):

- diabetes e.g. Type 1 and Type 2
- respiratory e.g. COPD
- pain e.g. spinal compression
- medically unexplained symptoms (sometimes called persistent physical symptoms) e.g. chronic fatigue syndromes
- cardiology e.g. arrhythmias
- gastroenterology e.g. Irritable bowel syndrome

### 2.2. Pressure and demand caused by the pandemic

3.2.1. The main impact of the COVID-19 emergency, on the service was the cessation of the usual face to face delivery of therapies. This change meant that from 23 March 2020 all face to face appointments were transferred to remote delivery (telephone or video conference).

3.2.2. Other issues experienced as a result of the pandemic include:

- Adapting the whole service to remote ways of working and managing the associated IT challenges. Managing existing wait lists for face-to-face therapies and patient's expectations
- Increasing the service capacity to manage with the expected increase of patients



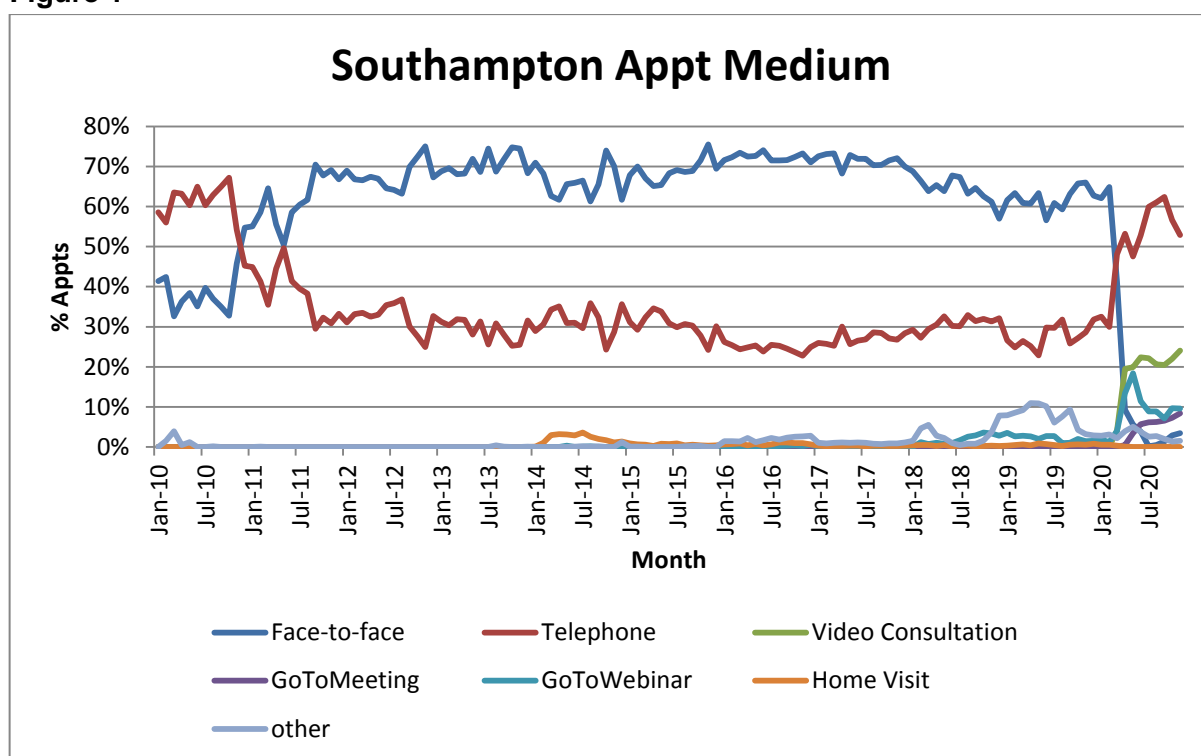
- Ensuring therapeutic efficacy and quality when offered remotely
- Identifying and responding to the specific mental health needs created by the coronavirus and those directly affected by it.
- Networking with other services, particularly the physical healthcare teams with whom the SSTW Body and Mind service work closely.  
Supporting staff wellbeing

### 3.3. Actions taken

#### 3.3.1. Remote ways of working:

The service responded rapidly to various remote ways of working. A range of appointment medium had been developed since the service first begun. Telephone work has always been an effective therapeutic option for Steps to Wellbeing however, as illustrated in Figure 1. As can be seen in Figure 1 the uptake for the online options (GoToWebinar and Video Conferencing) was relatively small prior to the pandemic; with the major preference being face-to-face (individual and groups).

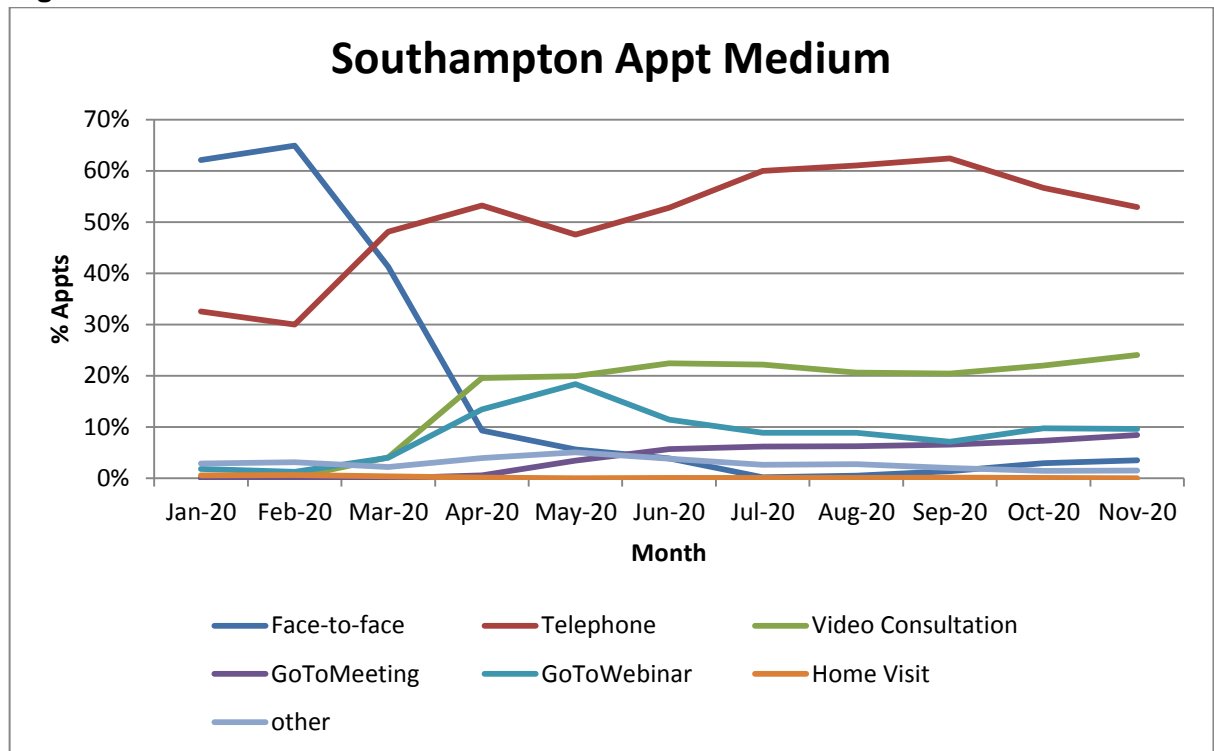
**Figure 1**



3.3.2. In February 2020, the month prior to lockdown there were 1883 face to face appointments\* (individual and groups) which represents 65% of the total; 870 telephone appointments which represent 30% of the total; and 5 were accessing video consultations which represented 1%. By comparison, in April, the first full month of lockdown, the service provided 1604 telephone appointments which represents 53% of the total; 589 Video consultations

which represents 20%; and 539 other online (webinars, email and computerised CBT) which represents 18% of the total (see Figure 2).

**Figure 2**



*\* Note statistical errors are evident in that some clinicians continued to enter their sessions as if “face-to-face” after lockdown instead of entering them, as directed, to the appropriate appointment medium. No face-to-face appointments were delivered from 23rd March through to 10<sup>th</sup> August. The figures showing as face-to-face between these dates should be showing as either telephone or video conference appointments.*

**3.3.3. Managing Face-to-face Wait Lists and Increasing Service Capacity:**

In March 2020 there was a total of 446 patients on the waiting lists for face-to-face treatments. The service contacted all affected patients to let them know that the service was still operational and to expect a phone call to discuss alternative treatment options for them. All patients were called by appropriately trained clinicians to discuss their individual needs and offer them a choice of appropriate alternative treatments options. Where patients declined these options they were informed that they would be discharged from the service but could return if their situation changed and they were able to access the remote options. When lockdown was lifted and Covid-secure measures were in place face-to-face individual treatments were resumed..

**3.3.4. Ensuring Therapeutic Efficacy and Quality:**

In order to address the challenges of delivering therapy via remote means a service priority was upskilling clinicians in these ways of working. A

programme of training in IT skills was operationalised and time was given in supervision, reflective clinical meetings and management meetings to sharing learning and cascading information/training from professional organisations.

### **3.4. Plans in development to manage the pressure on services and support the mental health of our residents**

#### **3.4.1. Responding to Coronavirus-specific Mental Health needs:**

The service has responded rapidly to provide additional information and therapies that help support those affected by Covid19. Initially resources were put on the service website <https://www.steps2wellbeing.co.uk/> and a single session webinar, called "Coping with Covid" was made available to all patients accessing the service. In keeping with the national IAPT webinar series all therapies have been adapted as appropriate to meet the specific impact of the pandemic on all, with some conditions having more relevance than others e.g. the impact of the Covid19 'handwashing guidance' has impacted those with 'handwashing' Obsessive Compulsive disorder issues.

#### **3.4.2. Networking:**

Networking with other services in Southampton has been particularly challenging throughout the pandemic as the usual face-to-face means of contact and closer integration have been disrupted. Concerted efforts are being made to establish effective, meaningful communication between services via emails, telephone conversations and MS Teams meetings.

#### **3.4.3. Staff Wellbeing:**

The service recognises that Staff Wellbeing is of prime importance in order to ensure ongoing high standards. The staff have been encouraged to discuss any wellbeing concerns they have that would ultimately affect patient care - including difficulties with home internet use; privacy issues when working from home; childcare and flexible working arrangements.

### **3. Secondary care mental health services (provided by Southern Health NHS Foundation Trust)**

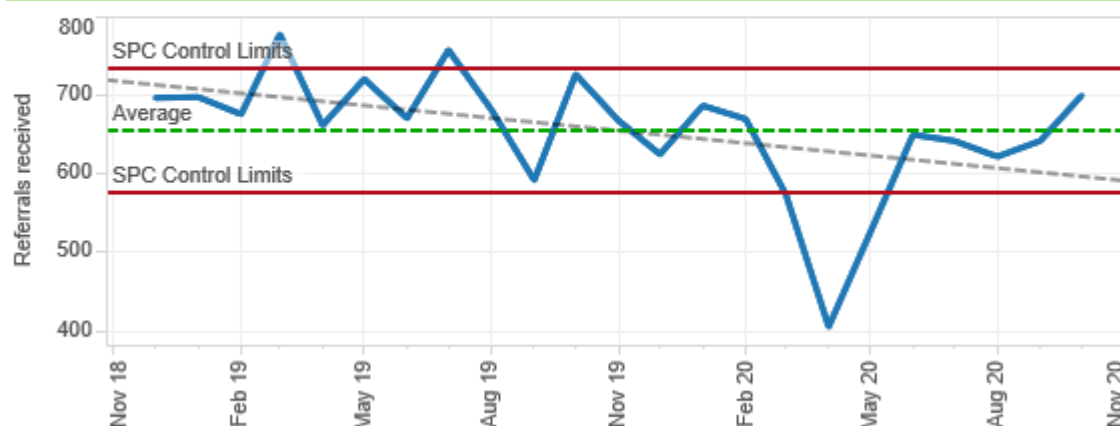
#### **3.1. Pressure and demand caused by the pandemic**

4.1.1. One of the first noticeable changes of the pandemic was the sudden drop in referrals into mental health services.

## Referral analysis - CCG and GP Practice

Select a division: 
 Select an area(s): 
 Select a team(s): 
 Select a Referra:

### Trend analysis of referrals received



### CCG and GP Practice benchmarking - Click on a CCG to update all graphs or click on a GP Practice

- 4.1.2. Following on from this period we noted increase referrals in all teams, but most notably in our liaison team based at UHS, who have continued to have unprecedented levels of demand, with October being the highest to date.
- 4.1.3. The other immediate effect of the pandemic was the aim to reduce contacts face to face as well as group work, due to the risk of infections – as such this placed great demand on services to look at alternative ways in which these services could be delivered, particularly of note is the Lighthouse which was only open at the start of March 2020 as a drop in service providing emotional and practical help to individuals experiencing mental health crisis in a safe and calm environment.

### 3.2. Actions taken

- 4.2.1. With the increasing demand on services and the need to socially distance the trust invested in improved IT infrastructure to deliver care to people we look after. There was a clear direction to have some staff working from home to allow more effective and safer use of the estate.
- 4.2.2. Psychological services adapted particularly well both in the community and inpatients due to the challenges of running groups and doing so in an appropriately distanced way –groups continue to run virtually following positive feedback from people who have taken part.

4.2.3. The impact of remote working and also the anxiety was also recognised and wellbeing hubs were set up in Southampton to support staff though this and allow them to work sustainably through this period.

#### 4.3. Liaison

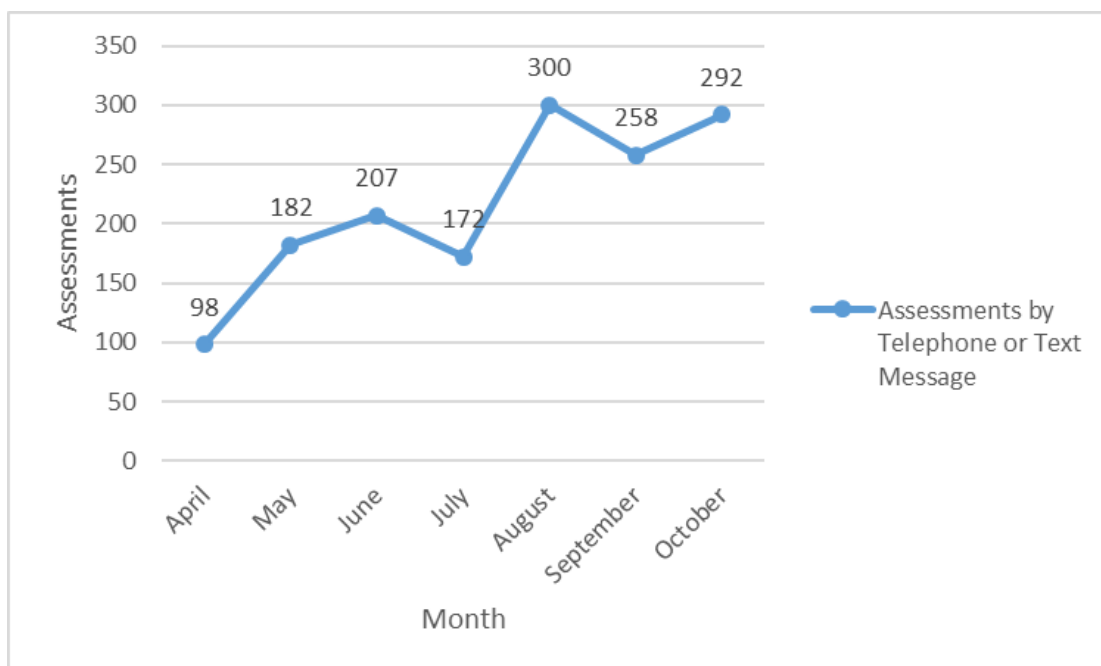
To support the need to increase capacity at UHS’s Emergency Department due to increased social distancing, the liaison team set up a temporary local diversion service to see people without any physical health needs at Antelope House. This did not divert significant numbers of people (the highest was 8 in one week) and it also did not lead to significant changes in patient outcomes, and as a result we have since returned to the usual pathways of offering care and support for these people. The trust is working with UHS to look at alternative ways to either move people though the hospital faster or divert prior to attendance in ED.

#### 4.4. Inpatient management

With the need to manage people closer to home due to infection risk, the trust increased deployment of staff from services such as research and development to boost teams such as the AMHT – this has allowed the service to more assertively and intensively manage people at home – ensuring more people have had care in their community and support the admissions for the most unwell more proactively.

#### 4.5. Lighthouse

4.5.1. In partnership with Solent Mind a virtual Lighthouse was opened to support people in the city offering contact via text and phone.



4.5.2. It has also been reported with a positive impact with 58% of people attending finding it has reduced their levels of self harm and 22% reporting it has kept them from needing to attend ED or contact 111.

**4.6. Plans in development to manage the pressure on services and support the mental health of our residents**

4.6.1. Our ongoing plans continue to focus on our aim to support people as close to home as possible, whilst delivering high quality care in an appropriately socially distanced way.

4.6.2. The trust is working with the Primary Care Networks (PCNs) in the city around having mental health workers associated with them.. This is the first step in a more comprehensive piece of work where we are working to achieve the ambitions set out in the NHS Long Term Plan on mental health and our community transformation.

4.6.3. Southern Health has worked closely with NHS 111 to set up a service where people in crisis can contact them out of hours, this has allowed the AMHT to focus on delivering care to people who are on their caseload later and more intensively whilst also developing a streamlined pathway to hand over care from 111 to out services as needed. This service has also supported other agencies such as police and SCAS to access mental health advice as well when working with people who are mentally unwell.

4.6.4. The trust is also in the early stages of developing a more robust out of hours service for people in our older persons mental health services.

4.6.5. The trust is moving the Lighthouse to a more 'hybrid model' now with the ongoing virtual work, but also some face to face appointments as the estate allows.

4.6.6. They are looking as a trust to remedy the need for out of area beds, by building more acute beds for the trust in the north of Hampshire as well as look to develop a Female Psychiatric intensive Care unit in Southampton.

4.6.7. They are also working with commissioners and UHS to help the liaison service achieve 'core 24' standard to ensure people attending UHS in psychiatric crisis or developing needs on the wards also have prompt assessment and ideally shorter and more successful inpatient stays.

## 5. **Child Adolescent Mental Health Services (CAMHS) (provided by Solent NHS Trust)**

### 5.1. **Pressure and demand caused by the pandemic**

- 5.1.1. Feedback from the UK Youth Movement in April 2020 predicted that the impact on young people will include the following, ranked by order of importance (based on number of responses).
1. Increased mental health or wellbeing concerns
  2. Increased loneliness and isolation
  3. Lack of safe space – including not being able to access their youth club/ service and lack of safe spaces at home
  4. Challenging family relationships
  5. Lack of trusted relationships or someone to turn to
  6. Increased social media or online pressure
  7. Higher risk for engaging in gangs, substance misuse, carrying weapons or other harmful practices Higher risk for sexual exploitation or grooming
- 5.1.2. The evidence base is still emerging around the impact of Children and Young People (CYP) emotional and mental health. A paper summarising key literature and findings in relation to the psychological/mental health impact of the COVID-19 pandemic and associated safety measures on CYP has been written by Dr Gavin Lockhart, Consultant Clinical Psychologist: Clinical Lead CYP Mental Health and Victoria Sopp, Research Assistant, University of Sussex/Sussex Partnership Foundation Trust.
- 5.1.3. The key findings include:
- **Increase in demand for mental health services.**
  - **However a reduction in CAMHS Referrals Post Lockdown:** Emerging data showed a significant reduction in referrals to CAMHS at the start of lockdown in March 2020 - within Southampton CAMHS referrals decreased from 147 in January 2020 to 55 in April. However referrals are now increasing (details below).
  - **Family functioning:** There is emerging evidence that incidents of family/parental stress during the lockdown period may have increased along with reductions in family income. Evidence from previous studies has suggested that family functioning reduces risk of CYP developing MH difficulties following a disaster; post-traumatic stress disorder (PTSD) following trauma or loss; and suicide risk during social isolation. Parents in UK surveys are requesting support and advice via online mediums despite this already being available.
  - **Anxiety:** There is evidence that social isolation can increase concurrent anxiety. Emerging evidence indicates that anxiety in CYP is elevated at present (e. COVID related, somatic, health separation anxiety) and may be particularly high in children of keyworkers However, there is less clear evidence this will be long lasting from either current or previous studies.

- **Depression:** Evidence from prior studies of social isolation, quarantine and bereavement all suggest a likely increase in depression that will be longer lasting.

5.1.4. No Limits (<https://nolimitshelp.org.uk/>) carried out a survey on the Impact of Coronavirus on local Children and Young People's mental health at the start of lockdown. The survey found that, during the peak of the lockdown, 65% of CYP reported that their mental health had worsened as a result of lockdown. This reduced to 54% when lockdown restrictions started to lift. It indicated that CYP have struggled with the restrictions placed on their lives with over half of those surveyed reporting a negative impact on their mental health. Many of the CYP have been concerned about their education, the amount of work set and the stress of not knowing what implications the lockdown restrictions would have on their future or education. CYP reported that for some their education settings are not offering the frequency and types of support they would like, and they are feeling isolated from other support networks.

## 5.2. Current local demand

- 5.2.1. The number of overall crisis presentations across Southampton and South West Hampshire presenting to our community and acute providers has increased since April 2020. They were averaging 27 per month (Jan-Feb) before lockdown but this has increased to 56 per month from April (Apr-Sep). These will include children and young people from Southampton City as well as those living in the neighbouring areas of Hampshire (Totton and Waterside, the New Forest, Eastleigh Southern Parishes, Test Valley).
- 5.2.2. Referrals to our Single Point of Referral (Sp) CAMHS team have showed an increase since lockdown measures were lifted, and schools reopened. There was an initial decrease in referrals at the start of lockdown and this has since been steadily increasing and the service is currently receiving a higher number of referrals when compared to peak periods pre COVID.

## 5.3. Actions taken

- 5.3.1. Crisis Presentations including Interim Self-Harm Pathway:  
In partnership with other NHS provider organisations, an interim self-harm pathway, for the delivery of urgent assessments (within 24 hours), was introduced in April 2020 in order to divert as many young people as is appropriate away from acute hospitals to support our colleagues manage the COVID-19 response within the acute sector. This was a change in the community service model to a 7 day a week service (business as usual is 5 day a week with an out of hours on-call self-harm rota).
- 5.3.2. Group intervention programmes were suspended in order to comply with social distancing requirements. The service has since explored how this can be re-introduced, and with material now being adapted for virtual delivery,



group intervention programmes resumed from July 2020. From January 2021 the service plans to re-introduce some face to face groups with reduced numbers.

5.3.3. ADHD assessments are ongoing, but there has been a pause of accepting low risk referrals for new ADHD assessments while the service works through a waiting list initiative to reduce waiting times for CAMHS. This is in part being supported with funding from additional investment this year and agrees the best next steps for this pathway.

5.3.4. CBT: The waiting list has reduced from 121 at the beginning of April to 45 as at end of October due to a drive to review children and young people on the CBT list and identify if they will be more suitable for a group (e.g. anxiety, low mood or parent led anxiety group). The Service has been able to identify some cases for the Mental Health Support Teams (MHST) who needed low intensity CBT cases.

#### 5.4. **Plans in development to manage the pressure on services and support the mental health of our residents**

##### 5.4.1. Acute Paediatric Psychiatric Liaison Service

The interim self-harm pathway introduced during the first Covid wave was resourced through diverting staff from routine CAMHS. This ceased at the end of July 2020 and a business case was made for additional investment to establish a dedicated Acute Paediatric Psychiatric Liaison Service for 7 days a week to meet the increasing demand within the emergency department delivered by Solent NHS Trust Community Health Services in reaching into the hospital. This investment was agreed by the CCGs in October 2020.

##### 5.4.2. Trauma Informed Approach

Moving forward, Southampton City CCG continues to work in partnership with the Council Children's Services, NHS providers and key stakeholders including schools, the Voluntary and Community Sector and Children, young people and their families, to respond to the increased needs of children and young people impacted by COVID. It recognises the need for a whole system approach informed by trauma informed practice.

##### 5.4.3. I-Thrive Framework

The THRIVE Model provides a framework as to how the system wide response to COVID-19 in restoring services and supporting young people and families going forward can be developed. It is a helpful framework to identify which interventions/activities should be health led and which should be led by other elements as part of the community response. The framework is:

- A national programme using an evidence-based approach
- It aims to talk about mental health and mental health support in a common language that everyone understands.

- It is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

# Agenda Item 8

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	ADULT SOCIAL CARE UPDATE
<b>DATE OF DECISION:</b>	17 DECEMBER 2020
<b>REPORT OF:</b>	EXECUTIVE DIRECTOR – HEALTH & ADULTS

<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director – Health &amp; Adults</b>	
	<b>Name:</b>	<b>Grainne Siggins</b>	<b>Tel: 023 80834487</b>
	<b>E-mail</b>	<b>grainne.siggins@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Executive Director – Health &amp; Adults</b>	
	<b>Name:</b>	<b>Grainne Siggins</b>	<b>Tel: 023 80834487</b>
	<b>E-mail</b>	<b>grainne.siggins@southampton.gov.uk</b>	

## **STATEMENT OF CONFIDENTIALITY**

Not applicable.

## **BRIEF SUMMARY**

Southampton Five Year Health and Care strategy 2020-2025 outlines the high-level strategic direction and priorities for Health & Care within the City. The strategy has been revised to include adaptations in response to COVID-19. Priorities during the year have been revised to recognise the significant focus on the pandemic response across the board.

The operational services have continued to be responsive as the government guidance has changed and officers have embraced technology in order to undertake their roles in addition to face to face interactions.

Opportunities have been maximised to ensure a focus on staff wellbeing and learning throughout the pandemic and additional resources have been secured to manage the increase in demand, in particular relating to the hospital discharge process which was changed by government in March 2020.

The developments for Adult Social Care in respect to Care Director (new Adults & Children's Social Care IT system) have continued and increased in pace including a focus on performance management.

## **RECOMMENDATIONS:**

	(i)	That the Panel notes the activities undertaken by the service during the Covid-19 response period and impact this continues to have on the delivery of Adult Social Care in the City.
	(ii)	That the Panel notes the activities which have taken place relating to improvements and transformation during the Covid-19 response period.

## **REASONS FOR REPORT RECOMMENDATIONS**

1.	To update the Chair and the Health Overview and Scrutiny Panel members on Adult Social Care response to Covid-19 and service improvements.
----	--

2.	To discuss the increase in demand for services and the plans in place to assist the service response to the increase.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
3.	Not applicable.
<b>DETAIL (Including consultation carried out)</b>	
	<b>Adult Social Care Operational Response during Covid-19 Pandemic</b>
4.	The scrutiny panel has been updated on activity relating to adult social care operations within previous joint reports on the Covid-19 response. A verbal update on the response in each area will be provided at the meeting to ensure the Panel are up to date with the latest position in terms of government guidance and responses.
	<b>Integrated working with Health colleagues – Adult Social Care priorities</b>
5.	<p><b>Adult Social Care Winter Plan</b></p> <p>Adult social care: our COVID-19 winter plan 2020 to 2021, published 18 September 2020 sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. The intention is that “Working together will ensure that high-quality, safe and timely care is provided to everyone who needs it, whilst protecting people who need care, their carers and the social care workforce from COVID-19.” This brought together previous guidance published in 2020 and complementary to the letter to the NHS on the third phase of the COVID-19 response. The Southampton City Council Adult Social Care Winter Plan has been developed with the input of partners, providers and carers and based within the context of the other local plans. The plan is outlining the adult social care priorities and actions of all the plans.</p>
6.	<p><b>Intermediate Care</b></p> <p>The COVID-19 Hospital Discharge Service Requirements were put in place in March 2020 to help the NHS prepare for COVID-19, and this has required rapid, large scale transformation of the local health and social care system. The system changed again from 1st September 2020, to the national Hospital Discharge Service Policy and Operating Model, to allow for assessments to be undertaken to determine responsibility for ongoing financial support from CCGs or local authorities, or if individuals would need to fund their own ongoing care.</p> <p>In line with the policy, patients are now being discharged from hospital when they are Medically Optimised for Discharge (MOFD). This means they are ready to leave when they have received the required clinical support from the hospital but excluding any recovery period and then assessments for ongoing care take place in the community. This results in many more patients leaving hospital at an earlier stage in their recovery and this has led to demand for a greater volume of support, and more complex packages of support when patients return home or are referred to care homes.</p> <p>This has led to a complete review of discharge processes and work with the Clinical Commissioning Group on Discharge to Assess capacity in both care homes and with home care providers and more recently the identification of</p>

	<p>designated beds required for people who are Covid positive to receive care. Ensuring safe discharge from NHS settings has entailed:</p> <ul style="list-style-type: none"> <li>• Implementation of national guidance with oversight of detailed work programme;</li> <li>• Recruitment of additional social care staff to ensure rapid completion deferred assessments;</li> <li>• Modelling of the long-term impact of Covid-19 and financial implications of discharge processes for future planning;</li> <li>• Work as part of Single Point of Access - full roll out of the Community Discharge Model (step up and step down), combining community, social care and Continuing Healthcare and providing additional Discharge to Assess capacity;</li> <li>• Development of voluntary sector schemes to support discharge - Welcome Home Scheme run by Communicare, SCIA and British Red Cross RC providing transport and settling in support.</li> </ul>
7.	<p><b>Integrated approaches</b></p> <p>Work is progressing for the development of Integrated Care Teams for the residents of Southampton City and registered GP practice population over the age of 18 years. The intention is to develop integrated community teams by bringing together physical and mental health services and social care across the council, NHS and voluntary/community sector operating in each Primary Care Network during 2020/2021. The model is about to be piloted. Adult social care is actively contributing to the planning for redesigning of community mental health services in and around primary care networks.</p>
8.	<p><b>Care home and home care</b></p> <p>A significant amount of support has been undertaken with care homes and home care providers. For care homes the Care Home Action plan is overseen by an Oversight Group including care home providers, Hampshire Care Home Association, Healthwatch and health, social care and public health representatives. The plan has detailed actions, metrics and identified risks for a range of issues including:</p> <ul style="list-style-type: none"> <li>• Infection Prevention and Control including Personal Protective Equipment (PPE) access and use, PPE and infection control training, testing and outbreak management</li> <li>• Clinical Support including Enhanced Health in Care Homes (EHCH), Out of Hours support, Secondary care geriatrician support and Mental health provision</li> <li>• Workforce Resilience including Staffing contingency plans, Staff welfare and retention, Sickness monitoring</li> <li>• Training including Local training programmes, RESTORE2 and Diabetes</li> <li>• Digital including Telecare and Telemedicine support, roll and use of NHS Mail, Microsoft Teams and RESTORE2</li> <li>• Provider Sustainability including finance and sustainability and contingency plans</li> <li>• Hospital Discharge including trusted assessment, processes to minimise risk of COVID-19 infection from hospital, implementation</li> </ul>

	<p>of national discharge guidance and recently the identification of designated provision for those who are Covid positive.</p> <ul style="list-style-type: none"> <li>• Communications and engagement including dedicated care homes webpage, regular communications to and feedback from homes, clients and families.</li> </ul>
9.	<p><b>Market and provider sustainability</b></p> <p>A Market Impact statement is being finalised to describe the impact thus far of COVID-19 on the supply, demand, and operation of the city’s adult care services. It has involved reviewing the pre-pandemic commissioning intentions for adult care services, considering the impact that COVID-19 has had on the delivery and relevance of these intentions, and where possible to provide early indication of where intentions may need to be re-shaped to remain fit for purpose within the context of COVID-19. It will be used to inform dialogue between commissioners and providers to agree how we will work together to ensure we maintain a sufficient supply of diverse, high quality adult care services in the city and re-shaping of local adult care services to ensure they remain fit for purpose in the long term.</p> <p>There has been intense support to the market through advice from commissioners and sharing and implementation of relevant guidance via weekly sessions open to all health and social care providers, use of Teams pages and updates on SCC website. This has included specialist advice from Infection prevention and Control experts on preventing and controlling the spread of infection in care settings along with leadership from Public Health and the role of the Health Protection Board. Processes are in place to carry out learning reviews after each outbreak to identify and share lessons learned at local, regional and national levels. Business Continuity plans in place for all providers and agreement made with Solent NHS Trust for the supply of registered nurses to support the sector if needed and options for care staff. In addition, there is work with the Hampshire and Isle of Wight (HIOW) People Plan group on shared workforce modelling, mutual aid agreements, recruitment campaigns, shared resources and education and best practice swiftly being adopted across the system. High take up of seasonal flu vaccines has been encouraged with all SCC staff and all social care providers as part of HIOW system plan.</p> <p>Practical support has been provided through the Implementation of Infection Control fund and also targeted investment in preventing provider and/or system market failure.</p>
10	<p><b>Support for unpaid carers</b></p> <p>Support for unpaid carers is a priority area of focus and a new Carers Strategy is being co-produced. This will also incorporate recommendations of the scrutiny inquiry being undertaken on Support to Carers, which will report by April 2021. The impact of COVID-19 has required different approaches to enable people to have their assessed needs met in alternative ways, such as community support or increased Direct Payment allowance. Also, to make sure carers, and those who organise their own care, know what support is available to them and who to contact if they need help.</p> <p>Maintaining access to respite provision has been important and the two externally commissioned respite services, Rose Road and Weston Court have both remained open throughout the pandemic. Most individuals who use services and carers have decided not to access their regular respite</p>

	<p>stays but some families where there are particular challenges or risks have continued to access. In addition, the services have taken on a small number of emergency referrals where there is an urgent need for respite. Services are operating within government guidelines to maintain safety of service users and carers.</p>
11.	<p><b>Mental health</b></p> <p>Work has recommenced on access to accommodation and housing for people with severe mental illness (SMI) to support recovery. Mental health needs assessment is assessing future demand for a range of accommodation for individuals to support different stages of recovery. This includes high level 24 hour wrap around support, supported housing and longer-term accommodation, with lower level floating support being available throughout the city. Access to general housing to support independent living has been secured as part of the Council's 1000 new homes scheme. Southampton commissioners have been contributing towards the HIOW wide Mental Health rehabilitation and reablement pathway review to improve physical, mental health and social outcomes for people who have or who are at risk of becoming seriously mentally unwell.</p>
12.	<p><b>Services for individuals with a learning disability</b></p> <p>Work has been underway to identify and progress new opportunities for development of supported housing options for individuals with a learning disability, including potential development of accommodation for those with profound needs. Deregistration of a further three residential homes is proceeding which will allow individuals more independence.</p>
13.	<p><b>External Day services</b></p> <p>External day services, providing support to all adult care groups are an important part of the health and social care delivery system, offering care and support to around 500 people with a wide range of needs. The strategic direction across all day services is to support individuals (and where appropriate their carers) to develop their independence using a strengths based approach, ensuring community inclusion. Day services support the loneliness and isolation agenda, playing a pivotal role in the prevention of emotional and mental health needs. Individual care group day service markets operate within differing structures.</p> <p>Commissioners have been in close liaison with all day service providers. Since lockdown began on 23rd March 2020 almost all day services have adapted their service offer and engaged with clients and carers through a range of alternative non-building based activities. There has been a rapid growth from providers in service solutions that focus on safety and well-being of individuals and their carers. For example, using digital solutions to run Zoom activity sessions, delivering activity packs to clients and keeping in touch telephone calls to individuals and their carers. Some day service providers have also supported other care and support providers in the market when capacity has been impacted by Covid-19 (to backfill non care related tasks such as food shopping/pharmacy runs).</p> <p>Work is underway as detailed risk assessments have allowed the reopening of some provision.</p> <p>The future models and sustainability are now being reviewed, especially for Living Well, for older residents, as the commissioned model had moved</p>

	away from the traditional older person day service model towards one that is more integrated within the community.
14.	<p><b>Growth in the community and voluntary sector</b></p> <p>Work with the new SO:Linked service, which provides community navigation and support for developing community and voluntary sector has continued. At the start of Covid the focus was altered slightly for the service to actively contribute to the Covid community hub, which was started by the council. SO:Linked have restarted the work they had commenced prior to Covid on community conversations from September to scope the local offer and proposals for a Place Based Giving Scheme are under development. In addition, work with community and voluntary sector partners is underway to understand how they may be impacted by the current circumstances. Initially a plan to expand Advice and Information services is being developed to focus upon the predicted increase in demand for employment, financial and welfare advice.</p>
15.	<p><b>Access to equipment</b></p> <p>The demand for equipment to support daily living has increased significantly. The new Joint Equipment Service was mobilised in July following a re-procurement.</p> <p>Work has commenced on a review of the use of the Disabled Facilities Grant to ensure that all latest guidelines and best practice is part of the delivery model going forward including supporting people to be discharged from hospital.</p>
	<b>Adult Social Care Workforce Development &amp; Support</b>
16.	<p>A key area of development required by the service following the Local Government Association Peer Review in May 2019, relating to improvements in social work practice and additional capacity to meet demand including leadership.</p> <p>Whilst the covid-19 pandemic has placed significant pressure on front line adult social care workers, it has been essential to focus on learning &amp; development, support and guidance. The service has put in place a range of activity to support social care officers including social workers to be supported during this time.</p> <p>Support has also been provided by a range of leaders in ASC which has included regular team visits, floor walking on a weekly basis, bi-weekly meeting between senior practitioners and Executive Director, regular communication and email updates.</p> <p>Other activities have included:</p> <ul style="list-style-type: none"> <li>• Co-produced ASC online staff conference – 120 people attended;</li> <li>• ASC Professional Development forums - 182 people attended over 3 forums;</li> <li>• Two cohorts of ASC newly qualified social workers (ASYE) supported;</li> <li>• Subscription to Research in practice – best practice and guides – over 90 accounts set up in ASC;</li> <li>• Reflective practice sessions with social workers, team managers, senior practitioners;</li> </ul>



	<ul style="list-style-type: none"> <li>• Best Interest Assessor forum with MCA lead- Attended by 37 BIAs. BIA legal update; review of current guidance; reflections; creative assessment ideas;</li> <li>• Mental Health forums with Social Work professional lead &amp; principle social worker;</li> <li>• Social Work England – Registration and CPD workshops with SWE regional lead. 3 events in October and November, 145 attendees;</li> <li>• Forums - Avid learners who can champion Strengths-based practice throughout their teams and networks, topics covered include: <ul style="list-style-type: none"> <li>○ Restorative practice, theory, method and skills</li> <li>○ Systemic Practice, theory, methods and skills</li> <li>○ Reflective practice skills, methods and theory</li> <li>○ Strengths-based supervision theory, how to and skills</li> <li>○ Academic articles</li> <li>○ Promotion of the SBC role</li> </ul> </li> <li>• Mentoring sessions led by principle social worker for social work apprentices covering a range of topics;</li> <li>• Practice educator training and student placement support;</li> <li>• Range of training / lectures including: <ul style="list-style-type: none"> <li>○ Social work theory, law methods, skills and research and act as an opportunity to refresh and update.</li> <li>○ Safeguarding training;</li> <li>○ Mental Capacity Act Training;</li> <li>○ Best Interests assessor training;</li> <li>○ Restorative practice;</li> <li>○ Motivational interviewing;</li> <li>○ Continuing Health Care and many more in line with training plan.</li> </ul> </li> <li>• <b>Apprenticeships</b> - 34 apprentices across ASC taking qualifications in: <ul style="list-style-type: none"> <li>• Adult Care worker</li> <li>• Lead Adult Care worker</li> <li>• Adult Health &amp; Social Care</li> <li>• Customer Service</li> <li>• Leadership for Health and Social Care</li> <li>• Operations and Departmental Manager</li> </ul> </li> </ul> <p>Officers are reporting that they are feeling listened to and supported. They have been contributed to the recruitment advert as they felt it did not appropriately reflect the positive offer that Southampton City Council Adult Social Care has to offer.</p>
	<p><b>Transformation &amp; Technology Developments</b></p>
17.	<p>The Covid-19 pandemic has had a significant impact on the demand for social care services. The change in the discharge processes within the hospital have reduced the demand on social care budgets for a period of the year, as the majority of discharge activity was funded by health.</p> <p>In order to effectively map and monitor the collective demand on the health and care system, a significant amount of work has been taking place to ensure that there has been tight oversight of the demand for services, financial commitments and outcomes for people.</p>

Additional activity relating to the revised discharge process has included:

- Developed the community discharge hub standard operating procedure in consultation with SCC, NHS and CCG colleagues;
- Developed tracker tools to monitor scheme 1 cases to be assessed / reviewed and outcomes for individuals and impact on SCC budgets;
- Provided trajectories to successfully negotiate continued scheme 1 funding by health colleagues for a specified period;
- Identified resource requirements to meet increase in demand and activity required for scheme 1 and 2 teams;
- Developed scheme 2 tracker to monitor discharges from hospital in line with revised hospital guidance (from September 2020).

Service Re-design Development

- Contributed to Southampton & South West Bronze – Medically Optimised / Medically Fit for discharge system wide review;
- Development of the integrated Health and Social Care Home First Model;
- ASC Programme Development – currently in the process of being established: draft programme prepared for review including programme governance.

ASC COVID-19 Hub:

- Creation of ASC COVID-19 Activity and Resources Dashboards;
- Daily Collection process in place for teams to submit data;
- Daily/Weekly profiling of activity and resources to help support and identify pressures;
- Daily/Weekly calls for monitoring dashboards and operational challenges with teams;
- Modelling of resource requirements due to COVID-19 pressures and increase in demand.

Demand management and growth:

- Detailed preparation for Budget Challenge Sessions including slide prep and analysis;
- Preparation of activity forecasts / demand on service into 21/22;
- Increase in complexity analysis Pre COVID-19 and during COVID-19 for Urgent Response Service (URS) change in service categories and cost implications;
- Historical Savings Analysis - Review and analysis of historical savings including assumption analysis and likelihood of realisation due to covid;
- Identification of resource requirements based of increase in demand across the service to deal with backlogs and COVID-19 Scheme 1 & 2 activity and associated activity to support the effective transfer of NHS funded patients;
- Establishment of project team and tools to monitor the short-term/in-year resources and activity to be completed by the end of March 2021.

### Future Efficiency Profiles & Analysis

- Development of profiles for efficiency / service proposals for 21/22, 22/23 and 23/24;
- Identification and detailed analysis to support the delivery;
- Detailed development of trackers to support the monitoring of each profile;
- Creation of projects to monitor activity and progress.

### CareDirector Implementation:

- Supporting the implementation including the design and development across:
  - Process Redesign including workflow and technical delivery
  - Development of a Resource Allocation System for SCC
  - Form Design including the inclusion of an embedded Resource Allocation Tool
  - Data Migration Planning and Mapping
  - System Configuration including workflow
  - Establishing ICU requirements including Contracts
  - Data Migration Planning/Mapping
  - Security and Access Requirements
  - Reporting – Advising on approach and suitable solution to be implemented given the limited supplier reporting offer.

### Other Technology Activities:

- Laptop Asset baseline and new laptop rollout across the Directorate
- Bid to CCG for funding ColdHarbour upgrade (now agreed and project implementation team being established)
- URS – Mobile Printing rollout to support efficient working practices
- URS – Mobile phone upgrades to help support the ColdHarbour upgrade and provide the ability for care staff to access schedules remotely (once upgrade complete).

### Statutory Reporting

- Development of a statutory returns group to govern, advise and make decisions in relation to data quality, recording and processes to enable the Adult Social Care statutory returns to be submitted;
- Validation of Adult Social Care statutory returns and undertake associated data cleansing;
- Development of statutory returns group action plan and priorities;
- Development of a data quality group to co-ordinate, prioritise and monitor data cleansing activity.

### Performance

- Development of a new performance dashboard to monitor key service priorities and statutory indicators;
- Implementation of performance meetings with senior managers;
- Providing support to Data Team to enhance performance dashboard;
- Review of definitions and application across ASC indicators;
- Development of data exception reporting to support ASC indicators.

<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
18.	Not applicable
<b><u>Property/Other</u></b>	
19.	Not applicable.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
20.	Legal duties as outlined within the statute affecting the commissioning and delivery of adult social care.
<b><u>Other Legal Implications:</u></b>	
21.	None identified.
<b>RISK MANAGEMENT IMPLICATIONS</b>	
22.	Risks are proactively managed through the departmental and corporate risk management processes. These are reviewed on a monthly basis.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
23.	None identified.

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	None.

**Documents In Members' Rooms**

1.	None.
----	-------

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	<b>No</b>
--	-----------

**Data Protection Impact Assessment**

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	<b>No</b>
---	-----------

**Other Background Documents**

**Other Background documents available for inspection at:**

<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

# Agenda Item 9

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	COVID-19 PLANNING		
<b>DATE OF DECISION:</b>	17 DECEMBER 2020		
<b>REPORT OF:</b>	COUNCILLOR BOGLE CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Title:</b>	<b>Scrutiny Manager</b>	<b>Tel:</b> 023 8083 3886
	<b>Name:</b>	<b>Mark Pirnie</b>	
	<b>E-mail</b>	<b>Mark.pirnie@southampton.gov.uk</b>	

<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY</b>	
At the request of the Chair, the Interim Director of Public Health has been requested to provide the Panel with a verbal update on Covid-19 planning in Southampton.	
<b>RECOMMENDATIONS:</b>	
(i)	That the Panel consider the verbal update from the Interim Director of Public Health on Covid-19 planning in Southampton.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	To enable the Panel to scrutinise Covid-19 planning in Southampton.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	No alternative options have been considered.
<b>DETAIL (Including consultation carried out)</b>	
3.	Following an update at the 22 October 2020 meeting of the Panel, the Chair has requested that the Interim Director of Public Health provides the Panel with a verbal update on Covid-19 developments in Southampton.
4.	To provide context to the discussion a coronavirus infographic report is published weekly to help inform members of the public of the current coronavirus situation in Southampton. This report can be found at: <a href="https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/">https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/</a> (scroll down to visualisation and click download for the infographics)
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
5.	Not applicable
<b><u>Property/Other</u></b>	
6.	Not applicable.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	

7.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. 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.	The management of risk as it relates to Covid-19 is a key consideration of the Health Protection Board.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
10.	None.

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	<b>ALL</b>
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	None

**Documents In Members' Rooms**

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.	N/A