

Health Overview and Scrutiny Panel

Thursday, 1st July, 2021
at 6.00 pm

Council Chamber

PLEASE NOTE TIME OF MEETING

Members

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

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

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

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 2.

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

OTHER INTERESTS

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

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

PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

DATES OF MEETINGS: MUNICIPAL YEAR 2021/2022

2021	2022
1 July	10 February
2 September	7 April
21 October	
9 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 ELECTION OF VICE-CHAIR

To elect the Vice Chair for the Municipal Year 2021/2022.

3 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.

4 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.

5 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.

6 STATEMENT FROM THE CHAIR

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 22 April 2021 and to deal with any matters arising, attached.

8 END OF LIFE - COVID AND BEYOND

(Pages 3 - 24)

Report of the Chief Executive Officer of Mountbatten updating the Panel on progress being made with end of life services in the city.

9 CAREDIRECTOR IMPLEMENTATION FOR ADULT SOCIAL CARE

(Pages 25 - 28)

Report of the Executive Director Wellbeing (Adults and Health) updating the Panel on the implementation of the new Client Case Management system, Care Director.

10 COVID-19 VACCINATION PROGRAMME IN SOUTHAMPTON (Pages 29 - 40)

Report from NHS Hampshire, Southampton and IOW CCG and Southampton City Council providing the Panel with an overview of progress being made by the COVID-19 vaccination programme in Southampton.

Wednesday, 23 June 2021

Service Director – Legal and Business Operations

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 22 APRIL 2021

Present: Councillors Bogle (Chair), Laurent, Professor Margetts, Noon, Payne and Vaughan

Apologies: Councillor White

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

RESOLVED: that the minutes for the Panel meeting on 4 March 2021 be approved and signed as a correct record.

27. **FUTURE OF COMMISSIONING ARRANGEMENTS IN SOUTHAMPTON**

The Panel considered the report of the NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group outlining the future commissioning arrangements in relation to Southampton.

Maggie Maclsaac – Chief Executive, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group, Stephanie Ramsey – Southampton Managing Director, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group, Dr Sarah Young – Southampton Clinical Director, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group, Richard Samuel – Director of Transition and Development, NHS Hampshire and Isle of Wight Integrated Care System, Guy Van Dichele – Interim Executive Director, Adults and Health, Southampton City Council, Dr Debbie Chase, Director of Public Health, Southampton City Council and Councillor Fielker – Cabinet Member for Health and Adult Care, Southampton City Council were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- Changes from 1st April to the structure of health commissioning across Southampton and Hampshire. It was noted that that the local Joint Commissioning Board with the City Council was still in place as were the targets and objectives included within the Southampton City Health and Care Strategy 2020 - 2025;
- The emphasis on place based decision making within the move nationally towards integrated care systems;
- Issues around the allocation of funding across the new CCG. It was noted that the budget distribution across local 'places' for 2021/22 would reflect the provision of funding for the composite CCGs in 2020/21; and
- Concerns that Southampton's specific health needs could be overlooked as certain key decisions impacting on the city are determined at a wider Hampshire footprint.

RESOLVED that

- (i) the Panel would be provided with a breakdown of the NHS Hampshire, Southampton and Isle of Wight CCG budget for 2021/22, identifying the budget distribution across each local place.

- (ii) the Panel would be kept updated on significant developments with regards to the governance and decision-making arrangements for the new CCG and the planned Integrated Care System.

Chair



1 July 2021

Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	END OF LIFE – COVID AND BEYOND
DATE OF DECISION:	1 JULY 2021
REPORT OF:	CHIEF EXECUTIVE OFFICER - MOUNTBATTEN

<u>CONTACT DETAILS</u>			
Executive Director	Title	Managing Director, Hampshire, Southampton and IoW Clinical Commissioning Unit (working in Southampton)	
	Name:	Stephanie Ramsey	Tel: 07887656829
	E-mail	Stephanie.Ramsey1@nhs.net	
Author:	Title	Chief Executive Officer, Mountbatten Associate Deputy Director, Integrated Commissioning Unit	
	Name:	Nigel Hartley Moraig Forrest-Charde	Tel: 07769640375
	E-mail	Moraig.forrest-charde@nhs.net Nigel.Hartley@mountbatten.org.uk	

STATEMENT OF CONFIDENTIALITY
Not applicable
BRIEF SUMMARY
<p>For people living in Southampton and West Hampshire, Mountbatten Hampshire (formerly Countess Mountbatten Hospice) is their local hospice.</p> <p>Mountbatten Hampshire is a charity which provides free care and support to people with any life-limiting illness, including respiratory disease, Motor Neurone Disease, heart disease, advanced dementia, respiratory disease and cancer. Mountbatten also provide free bereavement and psychological support to patients and their families.</p> <p>Much of Mountbatten Hampshire’s work takes places in people’s own homes across the community.</p> <p>Mountbatten’s three strategic aims are:</p> <ul style="list-style-type: none"> • We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does. • We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored. • We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations. <p>The End of Life presentation to HOSP, attached as Appendix 1, will provide an overview recent developments, including changes triggered as part of the COVID response and further plans for service improvement.</p>

The presentation is made to provide an update for HOSP and promote discussion regarding the excellent progress being made with end of life services in the city. The presentation content will be available at the time of the meeting.	
RECOMMENDATIONS:	
(i)	The Panel is asked to note the content of the presentation.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The presentation is provided to ensure that the Health Overview and Scrutiny Panel (HOSP) are updated on the developments which have occurred over the last year and further plans for the service in the city and beyond. Therefore, the report takes the form of a presentation from the Chief Executive Officer of the specialist provider of end of life services in the city.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	Commissioners considered leading the briefing/presentation, however they deferred to the above arrangements in the knowledge that a more informative view will be given by the provider of specialist services.
DETAIL (Including consultation carried out)	
3.	The End of Life presentation to HOSP will provide is an overview of how patients, staff and relatives were supported during COVID. The presenter in this case will be Nigel Hartley, who is the Chief Executive Officer for Mountbatten, the provider of specialist end of life services in the city. There will be details of the collaborative approach adopted across the system, along with the additional support Mountbatten provided around bereavement to care homes and for local authority staff.
4.	The provider has been working hard towards becoming an independent hospice provider for the city, work which commissioners have led with the support of University Hospital Southampton. This will include the future plans for the city's service offer, progress to date and the proposed timescales for these important developments.
5.	In addition the presentation will touch on the newly formed hospice group who are looking at how they can work more collaboratively to support the emerging Integrated Care System and what this means for provision in the city.
6.	The presentation is made to provide an update for HOSP and promote discussion regarding the excellent progress being made with end of life services in the city.
7.	The work undertaken by commissioners and Mountbatten is overseen by the End of Life Steering Group, together with South West Hampshire. Said steering group is formed of a wide range of representatives, including: community health providers, primary care, CVSE organisations, commissioners and service users. This group provides a steer for end of life strategy formation, based upon local and national best practice, and implementation through challenge of the services commissioned and offered.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
8.	Not Applicable.

<u>Property/Other</u>	
9.	Not Applicable.
LEGAL IMPLICATIONS	
10.	There are no legal implications related to the presentation/briefing.
RISK MANAGEMENT IMPLICATIONS	
11.	There are no risks related to this presentation/briefing, noting that the planning for this work has been driven by local need and a response to national guidance/directives. Including the refreshed 'Ambitions for Palliative and End of Life Care: A national framework for local action' which was launched by NHS England and Improvement.
POLICY FRAMEWORK IMPLICATIONS	
12.	There are no policy implications in the presentation.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	End of Life: Covid and beyond presentation - Mountbatten

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

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

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Living, dying, remembering

HEALTH OVERVIEW AND SCRUTINY PANEL

Page 8

End of Life – COVID and beyond

Nigel Hartley
Chief Executive Officer
Mountbatten Hospice Group
Hampshire and IOW



Living, dying, remembering

What we want to do

- Background to why we are here
- Our strategy 2020 and future plans – what should a hospice look like?
- COVID 19 – responses and lessons learned
- The importance of shared values

Why Mountbatten? - a 60s revolution

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Dame Cicely Saunders,
OM, who founded
hospices in 1967 and
whose vision continues to
influence the work of UK
hospices
(1918 –2005)



Living, dying, remembering

Background to hospices...

- Hospice started in 1967
 - Care
 - Education
 - Research
- Total Pain
 - Physical
 - Emotional
 - Social
 - Spiritual
- Multi-professional team



Living, dying, remembering

However...

- A home death is not necessarily a good death...
- Not all hospital admissions inappropriate... not all experiences poor
(Gott 2014; Robinson 2014)
- Different ways of partnering with acute sector needed...

Mountbatten - Challenges

- Growth in need – people living longer
- Enough staff and money to meet the growing need
- No-one wants to talk about or prepare for death, dying and bereavement



Living, dying, remembering

Mountbatten - Challenges

Latest forecast re people needing Palliative Care (Cicely Saunders International, King's College, London 2017)

- If figures continue to rise the same as during 2014 – 25.4% rise in need by 2040
- If figures continue to rise at same rate as between 2006 – 2014 – 42.4% rise by 2040

- Dementia – 59,199 in 2014 to 219,409 in 2040

- Cancer – from 143,635 in 2014 to 208,630 in 2040

- Although numbers with co-morbidities unknown – now noticing the biggest rise

Isle of Wight thought to be 15 years ahead of the rest of the UK in terms of demographic

- 1 in 6 households on IOW are a single person over the age of 65

- 25% of these people are over the age of 85

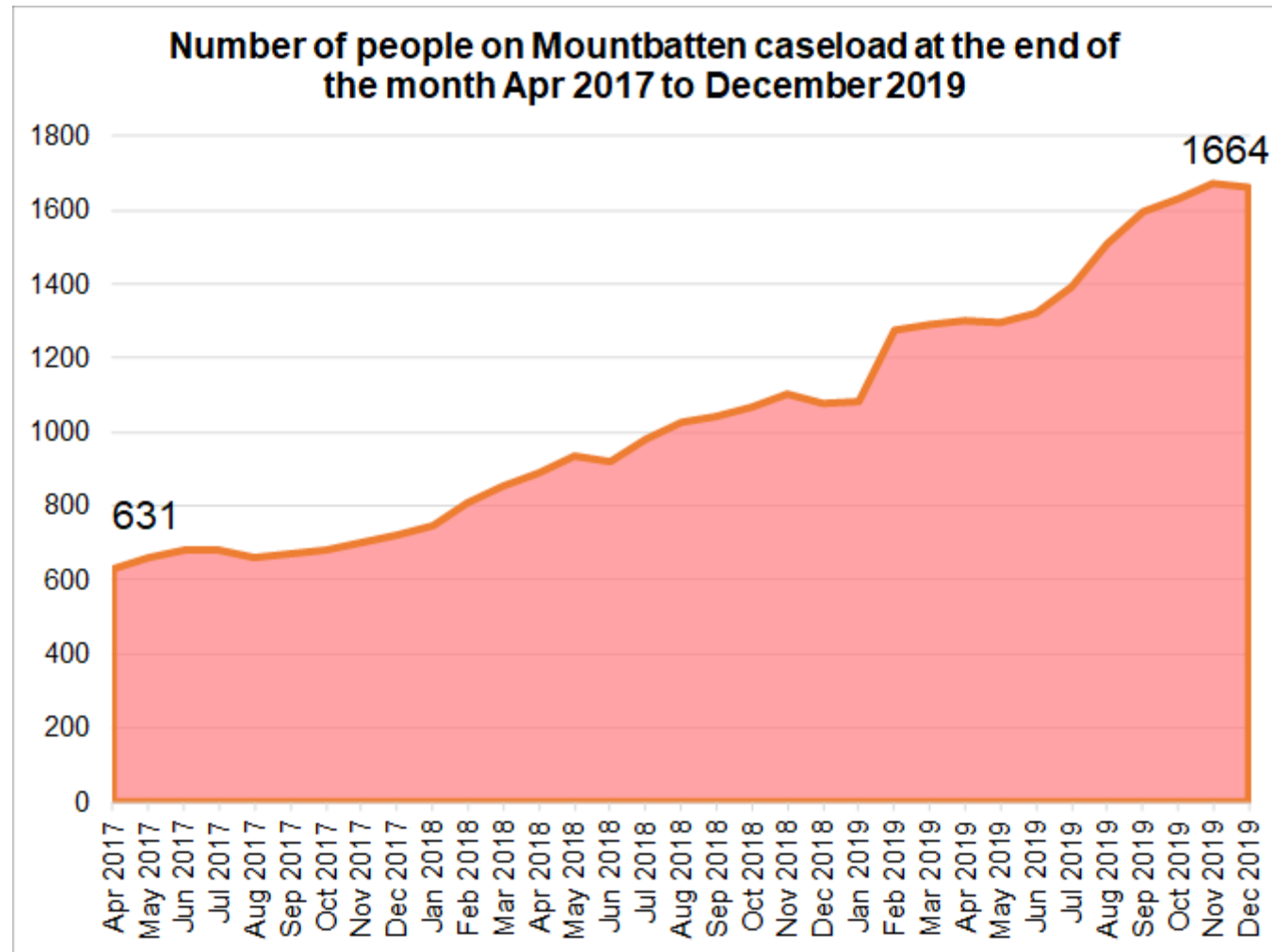
Isolation in the last years of life remains one of our biggest challenges

We need to remain in 'sync' with our community and engage in the every day conversations – Assisted dying; dementia; loneliness; old age and frailty



Living, dying, remembering

Mountbatten - Challenges



OUR STRATEGY 2020 - 2025



OUR THREE STRATEGIC AIMS FOR MOUNTBATTEN

We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does.

We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored.

We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations.

OUR NEW MOUNTBATTEN MODEL



KEY AREAS FOR CONTINUOUS DEVELOPMENT

will be supported by indepth implementation plans as follows:

- 1 Developing and sustaining expert care and support services
- 2 Developing and growing our volunteer offer
- 3 Developing a shared, common language about what Mountbatten does in partnership with our communities
- 4 Developing new and existing partnerships
- 5 Developing and sustaining our impact for the future
- 6 Developing robust education and training programmes across communities, including the local Health and Social Care system

"Mountbatten's team is expert. Our absolute confidence and authority around death, dying and bereavement across our entire workforce, supports our ambition to reach everyone who needs us, from those requiring complex clinical interventions, to those who are simply curious about death, dying and bereavement."

Living, dying, remembering

Strategic implementation plans 2020 onwards...

- Service development
- Volunteers
- Communications - Our story and key messages – creating a 'shared language'
- Survival and sustainability
- Education

...regular meetings and actions updated with key individuals and teams essential



Living, dying, remembering

Death....

We will all die, we will all be bereaved...

We have all of our lives to prepare for it

and yet...

most of us are unprepared when it happens

A major failing of the Modern Hospice Movement is that there has been little or no change to this over the past 50 years.... (BBC poll 2005)

Are hospices 'out of sync' with the public conversations? – Assisted dying; changes in demographic; changing in dying 'process'; etc.



What does Mountbatten do?

- 24/7 care at home – including Care Homes Inpatient beds
- Day Care, Rehabilitation, Self-help
- Bereavement support – for everyone who needs it
- Public programmes – changing people's attitudes towards Mountbatten and our work



Living, dying, remembering

COVID 19 – responses and lessons learned

- All Inpatient beds open throughout
- Visiting to inpatient unit possible but in managed way – also introduced Skype and Zoom calls for patients and families
- PPE challenges and lessons learned – training put in place including trained to fit test FFP3 masks and Easiair hoods
- Infection control audits – high compliance throughout
- Risk assessments carried out for all areas – including home visiting
- New Shower facilities put in place for staff
- Care home support for staff – including bereavement
- Community visits continued
- Mountbatten staff supporting Care Home patients
- Increased bereavement referrals – continue to grow – also complexity
- Virtual support for patients and relatives – including on-line group programme – rehabilitation and other support
- CHC care packages continuing and also growth in delivery
- Discharge coordination from UHS – new post joining Hospital Palliative Care Support Team
- Mountbatten Consultant Nurse joining UHS Hospital Palliative Care Support Team



Living, dying, remembering

COVID 10 – responses and lessons learned (Cont.)

- Regular communications with staff and volunteers from CEO
- Regular updates re changes in national and local guidance
- Developed new volunteer roles for people who were furloughed from work to support patients, families and staff – training and support given
- COVID 19 contingency plans in place and updated regularly
- 24/7 community ‘hub’ in place and implemented ahead of target in response to community need during COVID-19
- Waiting list for services eliminated and single community caseload approach introduced
- Use of SystmOne implemented in partnership with GPs
- Regular ‘Lessons Learned’ sessions with external partnerships as appropriate
- ‘Love not Loneliness’ campaign – every person on Mountbatten caseload received visit and gift at Christmas
- Crisis appeal to community - around £200k across Hampshire
- Review of fundraising events
- Completed National Capacity Tracker daily



Living, dying, remembering

Mountbatten - Values

'you matter because you are you, and you matter until the last moment of your life'

Cicely Saunders

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Culture, values and behaviours...

Doing what it says on the tin...

Giving the right messages...



Living, dying, remembering

Mountbatten - Values

- We care about what we do – we appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other
- We are experts in our field – we are professional at all times, aspiring to be the best that we can be in everything that we do
- We are innovative and bold – we respond quickly and creatively to the changing needs of our society within the scope of our human and financial resources
- We respect our community – we exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others



Living, dying, remembering

Mountbatten - Values

We must be bold (always!)

We must be disruptive (at least once a day!)

We must show and instil authority, humility and generosity (hold firm to our values)

Remain faithful to social justice (focus on the disadvantaged)

'...a team who work together to relieve where they cannot heal, to keep the person's own struggle within his compass and to bring hope and consolation to the end' *(Saunders 1958)*

*It's was never intended to be rocket science...
what we do is very simple – expertise and kindness*



Living, dying, remembering

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	CAREDIRECTOR IMPLEMENTATION FOR ADULT SOCIAL CARE
DATE OF DECISION:	1 JULY 2021
REPORT OF:	EXECUTIVE DIRECTOR WELLBEING (ADULTS AND HEALTH)

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director Wellbeing (Adults & Health)	
	Name:	Guy Van Dichele	Tel: 023 8083 4487
	E-mail:	Guy.VanDichele@southampton.gov.uk	
Author:	Title	Programme Manager	
	Name:	Alison Milton	Tel: 023 8083 2691
	E-mail:	Alison.milton@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>The Client Case Management (CCM) Programme concerns the procurement and implementation of a new social care IT system (CareDirector v6), for both Adult and Children’s Services. CareDirector will be replacing Paris, the incumbent system, which has been in place since 2003. 18 years on from implementation, Paris has become difficult to use, make changes to and to extract data from.</p> <p>Go live is targeted at October 2021. The programme sponsor is Rob Henderson Executive Director Wellbeing (Children & Learning).</p> <p>Programme Vision: The implementation of CareDirector V6 will “transform the way we record, manage and use information to help us provide the best care for the people in our city who need it”.</p>	
RECOMMENDATIONS:	
	(i) That the Panel note the forthcoming implementation of CareDirector and progress made to date.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to scrutinise the implementation of CareDirector.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	Not applicable. Report developed at the request of the Panel.
DETAIL (Including consultation carried out)	
3.	The programme consists of workstreams (projects) to deliver the system design and build for Children’s, Adults and finance elements and is supported

	by workstreams dedicated to Testing, Business Change, Training, Migration, Reporting, Infrastructure, Configuration and Interfaces.
4.	<p>Programme Benefits include:</p> <ul style="list-style-type: none"> • Replacement of Paris with a modern, robust and user-friendly social care solution built to support services in meeting the needs of service users. • Streamlining of processes across Adults, Children's and Families and ICU, increasing efficiency and productivity. • Core system integrations, including Business World and Health. • Ability to improve the way we manage suppliers and measure performance. • Significant data management improvements and cleanse of old/duplicate/redundant data.
5.	<p>Governance:</p> <ul style="list-style-type: none"> • The CCM Programme Board has delegated decision-making authority from Executive Management Board/Full Council (within tolerances). • Robert Henderson, project sponsor (Senior Responsible Owner) has delegated authority to give a Go/No Go decision at the point of Go Live.
6.	<p>Progress:</p> <ul style="list-style-type: none"> • Processes across Adults and Children's and Finance have been documented and streamlined. • A portal to enable access to the Paris historical record has been built and integrated to CareDirector. • Seven data migrations have been executed, and most data has been migrated to the new system including client data, teams, providers and financial assessments. • 20/21 Statutory returns are being run from the CareDirector reporting infrastructure. • Development of Power BI capability gives social care teams self-serve capability that will transform our ability to view and analyse performance data. • Go-live release (v6.2.1) has been received and installed.
7.	<p>Key milestones:</p> <ul style="list-style-type: none"> • User Acceptance Testing begins mid-July (an opportunity for users to test and sign off the end-to-end processes that will be followed in the system once live in a test environment). • Training begins 6 September. • Go live scheduled for 31 October.
8.	<p>Future phases:</p> <ul style="list-style-type: none"> • Phase 1 will deliver the new system with streamlined processes, significant improvements to reports and data, key integrations, workflow and workload management. • Phase 2 is at the concept stage and will build on the foundation of Phase 1. Possible adult social care candidate improvements for Phase 2 include further health integration, automation of brokerage,

	support of Carers in Southampton, differed payment and BetterCare integration.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9.	A budget update and request for sufficient funding to complete the project was provided to Full Council in February 2021 (item 56, report 2.1 (a)). The programme remains within its allocated capital and revenue budgets, which are delegated to the SRO to manage and for which he is accountable to Council.
10.	Remaining capital budget is £1.28M and is expected to be spent as follows: <ul style="list-style-type: none"> • £402,933 Internal resources • £493,503 Temporary resources • £253,300 Supplier costs
<u>Property/Other</u>	
11.	Not applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
12.	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
<u>Other Legal Implications:</u>	
13.	Not applicable
RISK MANAGEMENT IMPLICATIONS	
14.	Risk management governance is in place. A full risk report including mitigation strategies is provided to the Programme Board monthly and strategies to manage key risks and issues are discussed and agreed. The programme has also been subject to a review by Internal Audit who have recently published their report.
POLICY FRAMEWORK IMPLICATIONS	
15.	This programme supports corporate wellbeing objectives by delivering a modern, robust, user-friendly social care solution and reporting infrastructure designed to support the council in meeting the needs of service users.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
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?	Yes
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	Yes
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

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	COVID-19 VACCINATION PROGRAMME IN SOUTHAMPTON
DATE OF DECISION:	1 JULY 2021
REPORT OF:	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP AND SOUTHAMPTON CITY COUNCIL

<u>CONTACT DETAILS</u>		
Executive Director	Title	SENIOR RESPONSIBLE OFFICER: HAMPSHIRE AND ISLE OF WIGHT COVID-19 VACCINATIONS PROGRAMME
	Name:	JENNY ERWIN
Author:	Title	HEAD OF COMMUNICATIONS AND ENGAGEMENT
	Name:	TOM SHEPPARD

STATEMENT OF CONFIDENTIALITY

N/A

BRIEF SUMMARY

The successful roll-out of the COVID-19 vaccination programme continues. Thanks to the fantastic efforts of our colleagues running vaccination sites in the city, volunteers and partners, more than 235,000 doses of the vaccine have been delivered across Southampton to date.

The COVID-19 vaccination programme is run at a Hampshire and Isle of Wight level (on the footprint of the Integrated Care System, known as ICS). Jenny Erwin is the Senior Responsible Officer for the ICS and takes the overall strategic lead on the vaccination roll out. In Southampton, the roll out is supported by Dr Debbie Chase, Director of Public Health at Southampton City Council, and Phil Aubrey-Harris, Deputy Director of Primary Care (Southampton) at NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG).

At least 83% of people in Southampton aged 40 and over have received their first dose of the vaccine. We remain on track to meet the national target of offering all adults a first dose by the end of July. The briefing paper, attached as Appendix 1, provides an update on the success of the programme to date in the city.

RECOMMENDATIONS:

	(i)	That the Panel notes the progress being made by the COVID-19 vaccination programme in Southampton.
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REASONS FOR REPORT RECOMMENDATIONS

1.	To enable the Panel to scrutinise the work of the vaccination programme to date.
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	N/A
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DETAIL (Including consultation carried out)	
3.	As detailed in the briefing paper attached as Appendix 1.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
4.	N/A
<u>Property/Other</u>	
5.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
6.	N/A
<u>Other Legal Implications:</u>	
7.	N/A
RISK MANAGEMENT IMPLICATIONS	
8.	N/A
POLICY FRAMEWORK IMPLICATIONS	
9.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	COVID-19 VACCINATION PROGRAMME UPDATE – SOUTHAMPTON – JUNE 2021

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

COVID-19 vaccination programme in Southampton - June 2021

1. Context

- 1.1. The successful roll-out of the COVID-19 vaccination programme continues. Thanks to the fantastic efforts of our colleagues running vaccination sites in the city, volunteers and partners, more than 235,000 doses of the vaccine have been delivered across Southampton to date.
- 1.2. The COVID-19 vaccination programme is run at a Hampshire and Isle of Wight level (on the footprint of the Integrated Care System, known as ICS). Jenny Erwin is the Senior Responsible Officer for the ICS and takes the overall strategic lead on the vaccination roll out. In Southampton, the roll out is supported by Dr Debbie Chase, Director of Public Health at Southampton City Council, and Phil Aubrey-Harris, Deputy Director of Primary Care (Southampton) at NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG).
- 1.3. Southampton's [COVID-19 Local Outbreak Management Plan](#) provides all partners with our guide to preventing further infections, and outlines our approach and governance around supporting the vaccination roll out and boosting vaccine confidence in the city.
- 1.4. Together with the rest of the UK, we have offered the vaccine to those in priority group order, in-line with recommendations from the Joint Committee On Vaccinations and Immunisation (JCVI). The priority groups are as follows:

Priority group number	Risk group
1	Residents in a care home for older adults and staff working in care homes for older adults
2	All those 80 years of age and over and frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
10	Rest of the adult population

- 1.5. At least 83% of people in Southampton aged 40 and over have received their first dose of the vaccine. We remain on track to meet the national target of offering all adults a first dose by the end of July.
- 1.6. Latest weekly statistics on COVID-19 vaccinations delivered are published by NHS England and NHS Improvement on their website. Local data is analysed by our Public Health team.
- 1.7. People aged 18 and over are now being invited to make an appointment to receive a vaccine via the national booking service and we continue to strongly encourage everyone who receives an invitation to receive a COVID-19 vaccine, whether it is for a first or second dose, to take up the offer as soon as possible.
- 1.8. This paper provides an update on the success of the programme to date in the city.

2. Programme delivery across Hampshire and Isle of Wight

- 2.1. Following recommendations of JCVI, the core aim of the programme is to reduce cases of serious COVID-19 infection and COVID-19 related deaths. As such, the priority groups for vaccination have been those aged over 50, front line staff, people aged 16 to 64 with an underlying clinical risk and their carers, because they represent 99% of COVID-19 mortality to date.
- 2.2. This core aim is being achieved locally, with the vaccine protecting people most at risk of dying from COVID and preventing hospital admissions. The table below outlines the success across Hampshire and Isle of Wight against this aim:

Priority group	Impact of vaccine	Impact across HIOW
Older Peoples Care homes	One life saved for every 20 people vaccinated	500 lives saved
People aged 80+	One life saved for every 160 people vaccinated	680 lives saved
People aged 75 to 79	One life saved for every 350 people vaccinated	221 lives saved
People aged 70 to 74	One life saved for every 600 people vaccinated	166 lives saved
People aged 65 to 69	One life saved for every 1,000 people vaccinated	65 lives saved

2.3. In addition to lives saved, evidence suggests that the vaccination programme has reduced hospital admissions, reduced long term effects of COVID-19, and reduced transmission.

2.4. The principles of our approach locally have been as follows:

- **Leadership and Decision-Making:** Our programme will be flexible, engaging, responsive and reactive as needed based on available evidence and intelligence, being data led at all times.
- **Empowerment at the Operational Level:** Our local teams, Clinical and Operational staff must be given the time and space to deliver responsively in their local place. We will support them with an overarching programme framework and central team to solve problems, foster local innovations, share learning and meet our common aims and objectives.
- **Equity in approach:** We will be inclusive and tackle inequalities by addressing individual concerns, particular circumstances such as medical condition, age or ethnic background. We will work with local authorities and Directors of Public Health to ensure we have all the data we need to understand the uptake and tailor efforts locally.
- **Joint working with our Local Resilience Forum partners and our Frimley ICS colleagues:** We will embed our programme within the HIOW LRF to ensure we are working closely together, making the best use of resources and utilising all offers of support whilst fully supporting the needs of all partners within the HIOW community. We will ensure our joint working arrangements with our Frimley health partners are embedded in our plans.

2.5. The vaccination programme has been delivered across Hampshire and Isle of Wight using a range of methods. These have been:

Method	Detail	Sites in Southampton
Hospital hubs	Focusing on NHS and social care staff	University Hospital Southampton NHS Foundation Trust NHS offices in Oakley Road, Millbrook
Local vaccine services	Provided by GPs working together as Primary Care Networks (PCNs)	Adelaide Health Centre, Millbrook Royal South Hants Hospital, city centre

		<p>Ladies Walk Surgery, Thornhill Park</p> <p>Chessel Avenue Surgery, Bitterne</p> <p>St Peters Surgery, Woolston</p> <p>University Health Centre, Highfield</p>
Large vaccination centres	Large sites based within local communities and convenient for transport networks	NHS offices, Oakley Road, Millbrook. This service is provided by Solent NHS Trust.
Local pharmacies	Some local pharmacies are offering vaccinations on an appointment to those invited	<p>Boots Pharmacy, West Quay Retail Park, Southampton</p> <p>There are also other pharmacy locations close to Southampton, such as in Eastleigh and Totton.</p>
Roving model / outreach / pop-up clinics	PCNs and Solent NHS Trust have supported a number of roving and outreach vaccination clinics, such as within care homes and housebound settings, and targeting specific populations, such as ethnic minority groups and people who are homeless.	Numerous locations across Southampton. See section 5.

- 2.6. In order to support the delivery of the vaccination programme, we have:
- Expanded vaccination workforce to support delivery, deploying additional staff and volunteers.
 - Successfully flexed the delivery model to accommodate constantly changing supply of vaccine, JCVI guidance and national deployment strategies.
 - A very successful partnership approach – across the NHS and with partners including local authorities, police, fire service, social care, third sector, intelligence units, local community leaders, communication teams and many more.
 - A high level of engagement from PCNs.

- Established four large vaccination centres at pace across Hampshire and Isle of Wight, with Oakley Road in Millbrook being the first site to go live in the ICS thanks to the work of Solent NHS Trust.
 - Full coverage of all our care homes, residential care and supported living (older people, learning disability and mental health).
 - Ensured a strong communications and engagement strategy has been in place, working with national and local partners.
- 2.7. Our partnership approach across the NHS and partners including local authorities, Hampshire Constabulary, Hampshire Fire and Rescue Service, social care, third sector, intelligence units, community leaders and more continues to be successful. We are extremely grateful to our colleagues, volunteers and partners who are supporting delivery of the programme in our communities. The continued success of the programme locally is testament to their incredible ongoing efforts, which are saving lives.
- 2.8. The heart of the local vaccination programme is its workforce. At the start of the programme, we promoted a local campaign to attract staff into the service. Our lead employer is University Hospital Southampton NHS Foundation Trust via their temporary staffing provider NHS Professionals. This was put in place in compliance with the national plan to recruit staff into the vaccination programme across England. The close working and partnership relationships within the system, and at regional and national level with a range of partners should be celebrated.
- 2.9. Through our varied attraction campaigns (local and system-wide), across Hampshire and Isle of Wight we have successfully recruited 1,374 paid workers and have received very strong support from voluntary sector to support our local sites. In Southampton, we have been grateful to receive the support of a number of organisations, and the coordination from SO:Linked (provided by Southampton Voluntary Services).
- 2.10. The largest gap in workforce remains registered practitioners, where recruitment remains open.

3. The vaccination process for our population

- 3.1. When it is the right time people will be contacted to make their appointments. For most people they will receive a letter either from their GP or the national booking system; this will include all the information they need, including their NHS number. Some services are currently also phoning and texting patients to invite them in.

- 3.2. It is also possible to book a vaccination online at nhs.uk/covidvaccination, or by calling 119. You can also wait to be contacted by a local GP-led service, run by a PCN. You need to make an appointment in advance before going to a vaccination service.
- 3.3. People with history of a severe allergy to the ingredients of the vaccines should not be vaccinated. Clinicians will discuss this with people before vaccinating them.
- 3.4. The Pfizer/BioNTech and Oxford/AstraZeneca vaccines are available in Southampton. These vaccines have been shown to be safe and offer high levels of protection, and have been given regulatory approval by the Medicines and Healthcare products Regulatory Agency (MHRA).
- 3.5. You cannot usually choose which vaccine you have. You will only be offered a specific vaccine if you're either:
 - pregnant
 - aged under 40 and do not have a health condition that increases your risk of getting seriously ill from COVID-19If this applies to you, you'll only be shown appointments for the Pfizer/BioNTech or Moderna vaccine when you book your COVID-19 vaccination appointments online. If you book through your GP surgery, we advise you to inform them of the above information relevant to them.
- 3.6. Following guidance from the Government and the JCVI, we continue to bring forward appointments for a second dose of the COVID-19 vaccine from 12 to eight weeks for anyone in the first nine priority groups who is yet to receive their second vaccination. This means people at greater risk of getting seriously ill due to COVID-19 can get maximum protection sooner. People should continue to attend their second dose appointments and nobody needs to contact the NHS. We are contacting those who should bring their appointment forward.
- 3.7. All those living in England can now get their COVID-19 vaccination status in digital or paper format. Those who have had two doses of an approved vaccine can show this as proof of their vaccination status when travelling abroad to some countries or territories. It is important to note that people are asked not to contact their GP surgery about their COVID-19 vaccination status. GPs cannot provide letters showing a person's COVID-19 vaccination status. It is possible to access your COVID-19 vaccination status through the free NHS App or by calling 119 and requesting a letter. This must be at least five working days after people have completed their course of the vaccine (two doses). It is expected that the letter will take

five working days to be delivered. It will be sent automatically to the address people have registered with their GP. The 119 call handler will not be able to see addresses to check the details and anyone who has recently moved house should ensure they have given their new address to their GP practice before calling 119.

4. Vaccination uptake in Southampton

4.1. Vaccine uptake in Southampton is currently slightly lower than the average for Hampshire and Isle of Wight.

4.2. As of 21 June 2021, the vaccination data for Southampton shows:

Age group	First dose	Second dose
Under 30	31%	16%
30-39	54%	23%
40-49	71%	37%
50-69	86%	80%
70+	95%	93%
Clinically extremely vulnerable	91%	86%
COVID-19 clinically at risk	83%	73%
NHS and social care worker	92%	88%

4.3. For cohorts 1-9, the uptake across Hampshire and Isle of Wight for JCVI cohorts 1-9 is 92% and for Southampton this figure is 88%.

4.4. We continue to analyse the reasons for uptake in the city, using feedback from our communities and using a wealth of available data. As the vaccination programme progresses at pace we continue to work in partnership to understand and tackle inequalities, addressing individual concerns and circumstances. Work is ongoing to identify communities and areas we need to focus on to increase uptake, taking into account demographics such as age, ethnicity and deprivation.

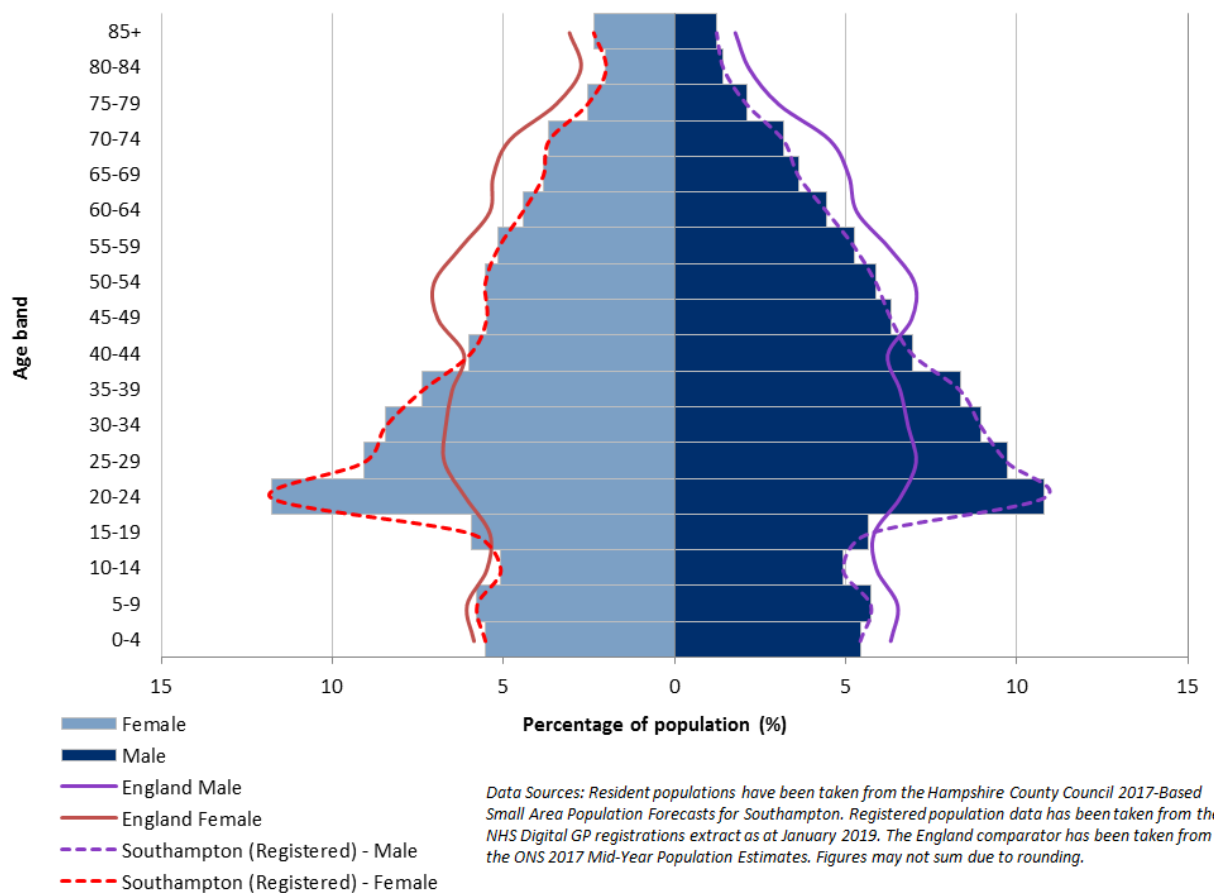
4.5. We recognise there is greater hesitancy among certain groups. Southampton has greater ethnic diversity, deprivation and mobility of the population (e.g. levels of students, migrant workforce). Census and GP data shows that Southampton has the most ethnically diverse population

compared to other areas in Hampshire and Isle of Wight as well as significant numbers of people who live in more deprived neighbourhoods.

4.6. Around 12% of Southampton’s population live in neighbourhoods within the 10% most deprived nationally.

4.7. The age profile of Southampton is younger than surrounding areas. The below population pyramid illustrates how our population differs from the national average using GP registration data for January 2019:

Population pyramid for Southampton CCG (NHS Digital Registered Population) as at January 2019



5. Increasing uptake of the COVID-19 vaccination in Southampton

5.1. A wider Five Year Health and Care Strategy for Southampton (2020-2025) is in place to tackle existing health inequalities and access to services in the city, we have been specifically taking these issues into account when implementing our vaccination programme. A strategic group for improving uptake, led by Public Health, is in place and this links into an ICS Vaccine Equalities Group led by Roshan Patel from NHS Hampshire, Southampton and Isle of Wight CCG.

- 5.2. A significant amount of outreach work has been done to reduce barriers for people who may be less likely to take up the offer of a vaccine. We have seen fantastic work in these areas, from pop-up clinics to work with community leaders and support for some of the most vulnerable people in our communities.
- 5.3. **Working with community leaders**
Solent NHS Trust has worked with local community leaders and invited them to volunteer at their large vaccination centres. This includes Imam Muhammad Ali from the Medina Mosque who volunteered at the Oakley Road centre in Southampton. He has also been filmed encouraging others to take up their invitation to receive the vaccine.
- 5.4. **Hosting pop-up clinics**
Our success to date includes a number of pop-up clinics in community locations, working with local Primary Care Networks (PCNs) and Solent NHS Trust. Hundreds of people have been vaccinated at clinics in places of worship, not only for the benefit of congregations but also the wider community. Pop-up clinics have been held in the city since March 2021, at a number of locations including Medina Mosque, Taqwar Mosque, Vedic Temple, the Gurwara Singh Sabha and the Mercy Revival Church.
- 5.5. We are now exploring how community venues could be used. We are continuing to evaluate these clinics and to date, our findings show positive feedback from those attending the clinics, increased accessibility to certain groups which suffer the health inequalities in society, improving relationships with the NHS, and wider benefits to community cohesion.
- 5.6. **Reaching out to communities**
PCNs have been directly contacting people in priority cohorts who had not yet responded to an invitation. By discussing any concerns one-to-one, it has been possible to subsequently book an appointment straightaway. Many PCNs have done this by phone, but also in innovative ways. For example, Southampton Central PCN has trialled door knocking exercises in St Mary's, Southampton, focusing on those in priority cohorts who have not yet had their vaccine.
- 5.7. Outreach work to our communities is underway, targeting groups with lower uptake. This includes a successful webinar with community leaders in the city centre, working closely with places of worship and community radio stations. Solent NHS Trust undertook a period of engagement addressing COVID-19 vaccination hesitancy within black British, African and Caribbean communities. The project evaluation for this piece of work

has been shared regionally as best practice by NHS England and Improvement.

- 5.8. Specific work is underway with Gypsy Roma and traveller communities and refugee and asylum seekers to promote the vaccine and understand any barriers to uptake, such as not being registered with a GP.
- 5.9. **Focused work on vulnerable groups**
Processes have been put in place to support clients of sexual health and HIV clinics to be vaccinated, with appropriate confidentiality arrangements. The city's homeless healthcare team has worked closely with Southampton City Council to vaccinate homeless people.

6. Looking to the future

- 6.1. We await guidance from the Government as to next steps once the total adult population in the UK has been offered the vaccination. The vaccination programme is likely to continue for a number of months in order for second doses to be given to all age groups.
- 6.2. Pilots are underway to test a possible 'booster' vaccine. Thousands of volunteers are to receive a "booster" COVID-19 vaccine in a new national clinical trial, led by University Hospital Southampton NHS Foundation Trust. The Cov-Boost trial, led by Professor Saul Faust, Chief Investigator and Director of National Institute for Health Research (NIHR) Southampton Clinical Research Facility, is studying the use of seven different COVID-19 vaccines when given as a third dose. It is the first in the world to provide vital data on the impact of a third dose on patients' immune responses. The trial is backed by £19.3m of funding from the Government's Vaccine Taskforce and running at 17 trial sites nationwide including University Hospital Southampton and the Portsmouth Research Hub, run by Portsmouth Hospitals University NHS Trust. The trial has received ethics approval from the NHS Research Ethics Committee, as well as approval from the Medicines and Healthcare products Regulatory Agency. Initial findings are expected in September and will help inform decisions by the Joint Committee on Vaccination and Immunisation (JCVI) on plans for a booster programme from this autumn, ensuring people who are most vulnerable are given the strongest possible protection over winter.