

# Health Overview and Scrutiny Panel

Thursday, 6th April, 2023  
at 6.00 pm

## PLEASE NOTE TIME OF MEETING

Room

### Members

Councillor White  
Councillor Guest  
Councillor Houghton  
Councillor Noon  
Councillor W Payne  
Councillor Shields  
Councillor Windle

### Contacts

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Democratic Support Officer  
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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.

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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 2022-2030** sets out the four key goals:

- Strong Foundations for Life.- For people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.
- A proud and resilient city - Southampton's greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- A prosperous city - Southampton will focus on growing our local economy and bringing investment into our city.
- A successful, sustainable organisation - The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

## **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

<b>2022</b>	<b>2023</b>
30 June	9 February
1 September	6 April
20 October	
8 December	

## AGENDA

### **1 ELECTION OF CHAIR**

To elect the Chair for the remainder of Municipal Year 2022 -2023.

### **2 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.

### **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 9 February 2023 and to deal with any matters arising, attached.

### **8 PROJECT FUSION UPDATE**

(Pages 3 - 22)

Report of the Scrutiny Manager recommending that the Panel considers the appended information relating to Project Fusion, the programme of work to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight.

**9 SOUTHAMPTON CITY COUNCIL'S POLICY APPROACH TO FOOD**

(Pages 23 - 28)

Report of the Cabinet Member for Health, Adults and Leisure providing the Panel with an overview of the Council's policy approach to food.

**10 MONITORING SCRUTINY RECOMMENDATIONS**

(Pages 29 - 32)

Report of the Scrutiny Manager enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

Wednesday, 29 March 2023

Director – Legal, Governance and HR

# Public Document Pack Agenda Item 7

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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 9 FEBRUARY 2023

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Present: Councillors Professor Margetts (Chair), Houghton, Noon, W Payne, White and Savage

Apologies: Councillor Guest

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

The apologies of Councillor Shields and Councillor Guest were noted.

The Panel noted that Councillor Savage was in attendance as a nominated substitute for Councillor Shields in accordance with Procedure Rule 4.3.

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

**RESOLVED:** that the minutes for the Panel meeting on 8 December 2022 be approved and signed as a correct record.

29. **ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION**

The Panel considered the report of the Director of Operations for Adult Social Care which provided the Panel with an overview of the performance of Adult Social Care in Southampton and an update on the service transformation programme.

Vernon Nosal, Director of Operations, Adult Social Care; Clare Edgar, Executive Director Wellbeing and Housing; and Councillor Fielker, Cabinet Member for Health, Adults and Leisure were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The lack of local performance measures limiting the ability of the Panel to fully understand the performance of Adult Social Care Services in Southampton.
- The complexity of the DOLS data warranted further analysis at a future meeting.
- Concerns with regards to the integrity of reviews data and recording.
- Staff recruitment was more of an issue for the service than staff retention.
- The limited progress that has been made transforming Adult Social Care services in Southampton compared to a number of comparable local authorities.
- The budget overspend for 2022/23 and how the transformation programme should contribute to efficiencies moving forward.
- The Cabinet Member's aspirations and commitment to Adult Social Care transformation.

**RESOLVED**

- 1) That, to present a more accurate reflection of the performance of Adult Social Care Services in Southampton, moving forward local performance indicators would be included in the performance dataset alongside the ASCOF measures.

- 2) That, where appropriate, the performance indicators would include figures as well as percentages to enhance the Panel's understanding of the metrics.
- 3) That an overview of DOLS performance and trend data would be attached to the next iteration of the performance dataset to be considered by the Panel.
- 4) That the projected Adult Social Care budget overspend for 2022/23 would be shared with the Panel.
- 5) That the Chair and Vice Chair of the Panel would meet with the Executive Director of Wellbeing and Housing to discuss Adult Social Care review activity.
- 6) That, subject to agreement from the Chair, performance and transformation would be considered together when the Panel undertake quarterly reviews of Adult Social Care in 2023/24.

30. **ELECTIVE WAITING TIMES - SOUTHAMPTON UPDATE**

The Panel received and noted the report of University Hospital Southampton NHS Foundation Trust and Hampshire and Isle of Wight Integrated Care Board which updated the Panel on elective waiting lists in Southampton.

Joe Teape, Chief Operating Officer, University Hospital Southampton; Jane Hayward, Director of Networks, Hampshire and Isle of Wight Integrated Care Board; and Councillor Fielker, Cabinet Member for Health, Adults and Leisure were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The pressure on the health and care system in Southampton.
- The timelines for the elective surgery hub in Winchester.
- The opportunity for the Integrated Care Board, different parts of the NHS and partners to come together to collaborate, share resources and address long waits in a more transformative and inclusive way.
- The workforce challenges across the health and care system in Southampton and how it impacts on elective waiting times.
- The future of NHS waiting time targets.

31. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Scrutiny Manager which enabled the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.



<b>DECISION-MAKER:</b>		HEALTH OVERVIEW AND SCRUTINY PANEL	
<b>SUBJECT:</b>		PROJECT FUSION UPDATE	
<b>DATE OF DECISION:</b>		6 APRIL 2023	
<b>REPORT OF:</b>		SCRUTINY MANAGER	
<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director – Corporate Resources</b>	
	<b>Name:</b>	<b>Mel Creighton</b>	<b>Tel:</b> 023 8083 3528
	<b>E-mail</b>	<b>Mel.creighton@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Scrutiny Manager</b>	
	<b>Name:</b>	<b>Mark Pirnie</b>	<b>Tel:</b> 023 8083 3886
	<b>E-mail</b>	<b>Mark.pirnie@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
<p>At the 1 September 2022 meeting the Southampton Health Overview and Scrutiny Panel (HOSP) requested updates at key milestones of Project Fusion, the programme of work to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight.</p> <p>The Strategic Case has now been formally approved by the Boards of the four provider Trusts, has Integrated Care Board support, and has now been shared with NHS England for review. Therefore, at this key milestone, attached as Appendix 1 is an update on Project Fusion drafted by the NHS providers and the ICB.</p>			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Panel considers the appended information relating to Project Fusion and discusses developments with the invited representatives from Solent NHS Trust, Southern Health NHS Foundation Trust and the Hampshire and Isle of Wight Integrated Commissioning Board (HIOW ICB).	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To enable the Panel to scrutinise the proposals to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight (HIOW).		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None.		
<b>DETAIL (Including consultation carried out)</b>			
3.	At the 1 September 2022 meeting of the HOSP, the Panel considered the findings from an independent review of community and mental health services in HIOW. A key recommendation from the review was that a new Trust should be created for all community, mental health and learning		

	disability services across HIOW (including services provided by Solent, Southern, IoW and Sussex).
4.	The recommendations within the review were approved by the ICB and NHS Trusts and, at the September 2022 meeting, the Panel requested updates at key milestones to enable appropriate oversight of the creation of the new NHS Trust.
5.	Following approval of the Strategic Case by the Boards of the four provider Trusts it has now been shared with NHS England for review. Attached as Appendix 1 is an update on Project Fusion that outlines the progress made, the communication and engagement activity and the project timetable.
6.	For information, attached as Appendix 2 is a letter from the Chief Executive's of the 4 NHS Trusts updating stakeholders on Project Fusion. The Executive Summary of the Strategic Case approved by the NHS Trusts has also been attached as Appendix 3.
7.	Senior representatives from Solent NHS Trust, Southern Health NHS Foundation Trust and the HIOW ICB will be in attendance at the meeting to present the update and answer questions relating to Project Fusion.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
8.	None.
<b><u>Property/Other</u></b>	
9.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
10.	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>	
11.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
12.	None.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
13.	None
<b>KEY DECISION</b>	
	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	
	None directly as a result of this report
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Project Fusion Update
2.	Project Fusion letter from Trust Chief Executive's
3.	Project Fusion Strategic Case – Executive Summary

<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
<b>Data Protection Impact Assessment</b>	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
<b>Other Background Documents</b> <b>Equality Impact Assessment and Other Background documents available for inspection at:</b>	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	<a href="http://hantsiowhealthandcare.org.uk">Community and mental health review :: Hampshire and Isle of Wight ICS (hantsiowhealthandcare.org.uk)</a> – Full review

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## Update for Southampton HOSP Project Fusion Update

### March 2023

This briefing provides an update on Project Fusion, the programme of work to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight.

The four NHS provider organisations involved are Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust. This programme of work is supported by the Integrated Care Board.

### Progress

It is important to emphasise that the bringing together of existing services of the four organisations does not in itself change services. Bringing the organisations into one Hampshire and Isle of Wight-wide organisation will provide the platform from which services can be improved or changed. Any emerging proposals to change services will be engaged and consulted upon as appropriate.

A steering group with representatives of all the organisations has been working to describe the ambitions of the project and develop the detail that will be needed for a full business case. The steering group has developed a strategic case which is to be considered by each of the organisations' Boards in the week of 6 March, and then approval by NHS England in May. Subject to approval of the strategic case, the timetable is as follows:



All parties involved are committed to the principle of one organisation with services delivered locally. The strategic ambitions of the new organisation and the priorities will be co-produced with partner organisations and through engagement with people who use services.

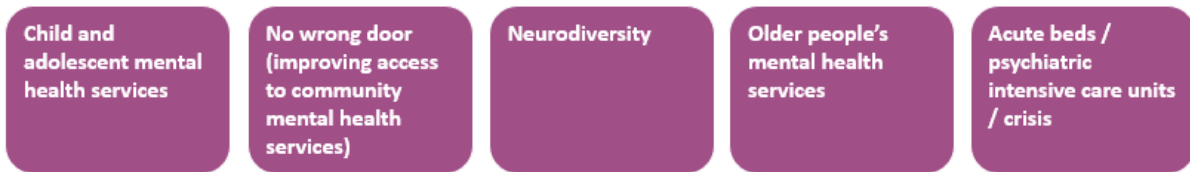
### Clinical strategy

Central to the new organisation will be its clinical strategy, which will be developed alongside partners and informed by the needs of people using services, their families and local communities.

Existing collaboration in several clinical areas has already been taking place between the organisations involved prior to Project Fusion. A Clinical Delivery Group of ten workstreams, addressing the most significant priorities in mental health, physical health and primary care, has been established to support this collaboration to deepen and accelerate. The workstreams will also inform the clinical strategy for the new organisation.

## The clinical delivery workstreams:

### Mental health workstreams



### Community services workstreams



Other clinical areas not directly part of the workstreams above, such as Children and Family services and NHS Talking Therapies, are also working closely to bring their teams and services together.

Already, Project Fusion is enabling clinical colleagues from across the organisations involved to further extend the way they work together. There is real enthusiasm about the unique opportunities that becoming a single organisation will bring to benefit the people using services and local communities.

## Communications and engagement

The Fusion programme has adopted the NHS England guidance 'Working with People and Communities' (July, 2022), which aligns with the Hampshire and Isle of Wight Community Involvement Approach, complemented by a strengths-based community engagement model to ensure effective communications and engagement.

In the early stages of this project there has been some initial engagement focussed on gathering views to help inform the strategic case and the development of the principles and approach for communications and engagement. In the next phase, wider and more extensive engagement activity will be carried out to shape the full business case and clinical strategy.

Examples of engagement activity to date includes:

- Collating what we have already heard from recent feedback in terms of what works well, and what needs to be better, about community, mental health and learning disability services
- Identifying groups and communities which have not had a voice to date, enabling us to focus on those not yet heard going forwards
- Setting up a steering group including Healthwatch colleagues and community partners to help develop our overall communications and engagement approach.
- A meeting on 2 February between executive leads from the NHS Trusts with the chairs and chief officers of all local Healthwatch organisations to provide clarity and address questions
- A programme of engagement events with staff from the organisations involved. This includes two recent events in February and March 2023 with over 420 staff, and two joint events for around 150 senior leaders, most recently on 22 February

- Engaging with existing patient, carer and community groups and forums within the organisations and the local system to build awareness and seek initial views. This includes local Community Engagement Groups across Hampshire during January.
- Engagement events with partners, including in November and more recently on 22 February. Each of these events brought together colleagues from around 70 local partner organisations as well as patient and community representatives
- Engagement events with Isle of Wight community partners, for example on 27 and 28 February
- Meetings with partners, for example Public Health leads and Solent Mind colleagues
- Conversations with local MPs as part of regular meetings.

There has been much excitement from a number of clinical services who are already working to see how services can be improved through closer collaboration. If any substantial service changes emerge these will be separately consulted upon as appropriate.

Below is a summary of key themes from engagement activity so far:

<b>Hopes</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• That the voice of our community, those who use services, their families and carers, and the community as a whole, provides the foundation for the new Trust</li> <li>• Improved / equitable access and more co-production of services</li> <li>• Addressing health inequalities with a focus on removing barriers (cultural, organisational and practical) to access for all</li> <li>• Improved partnership working with the voluntary and charitable sector</li> <li>• Reduced duplication of resources</li> <li>• Reduced competition for staffing</li> <li>• Joined up services with effective communication between teams and services</li> <li>• Services based on what matters most to the local community</li> <li>• Increased focus on prevention and people supported to look after themselves</li> <li>• Services delivered close to home</li> <li>• System wide and effective use of digital solutions for those who can and wish to use them</li> </ul>	<ul style="list-style-type: none"> <li>• New Trust too big / not sufficiently focused on local need</li> <li>• Disruption during transition</li> <li>• Losing staff / workforce capacity</li> <li>• Culture – concerns from staff about identity loss</li> <li>• Levelling down / will there be funding to truly deliver benefits</li> </ul>

The themes above will be further addressed in the coming months as the full business case and clinical strategy are developed.

**Next steps**

Subject to the necessary approval of the strategic case, the next stage is the development of a full business case which will set out the detailed plans for bringing the organisations together. The full business case is due to go before Trust Boards in October 2023 for approval. A key focus in the coming months will be upon more extensive engagement to help shape the development of the full business case and the clinical strategy for the new organisation.

**End of report**



22 March 2023

## Update on proposals to develop a new NHS community, mental health and learning disability organisation for Hampshire and Isle of Wight

Dear colleague,

We write to update you on Project Fusion, our plan to create a new organisation bringing together community, mental health and learning disability services across Hampshire and Isle of Wight.

We are pleased to inform you that the Strategic Case has been formally approved by the Boards of the four provider Trusts, has Integrated Care Board support, and has now been shared with NHS England for review.

The Strategic Case is a first milestone along the path to creating the new organisation by April 2024. It describes why we want to bring services together, the options we considered, and the emerging strategy for our clinical services. It also sets out how we are approaching the next phase of the programme. An executive summary of the Strategic Case is enclosed.

Already, Project Fusion is enabling clinical colleagues from across the organisations involved to further extend the way they work together. There is real enthusiasm about the opportunities that becoming a single organisation will bring, to benefit the people using services and local communities.

We very much value the involvement of our partners in this programme to date. Our initial engagement activity has been focused on gathering views from a wide range of people. These have helped inform the strategic case, including identifying benefits and opportunities and the hopes and concerns people have about the prospect of a single organisation.

In the coming months we will extend our engagement and partnership working. This includes involving people in the development of the clinical strategy for the proposed new Trust, the vision, common values, and culture to which the new Trust should aspire, as well as the models for communication, engagement and co-production. This will inform the development of a Full Business Case, due for approval by Trust Boards in October 2023.

Please get in touch if you'd like to discuss any aspect of these plans. We look forward to continuing working alongside you.

Kind regards,



**Darren Cattell**  
Chief Executive  
Isle of Wight NHS Trust



**Andrew Strevens**  
Chief Executive  
Solent NHS Trust



**Ron Shields**  
Chief Executive  
Southern Health NHS  
Foundation Trust



**Dr Jane Padmore**  
Chief Executive  
Sussex Partnership NHS  
Foundation Trust

## Background

Project Fusion involves all services provided by Solent NHS Trust and Southern Health NHS Foundation Trust, as well as community, mental health and learning disability services provided by Isle of Wight NHS Trust, and Child and Adolescent Mental Health Services (CAMHS) provided in Hampshire by Sussex Partnership NHS Foundation Trust.

Project Fusion is taking forward recommendations from the [review commissioned by Hampshire and Isle of Wight Integrated Care System](#) last year, which sought to provide a high-level overview of the current and future needs of the local population relating to community and mental health services. Findings from the review confirmed inequity and variation in services and outcomes across the local system, revealing a compelling case for change to ensure future provision meets the needs of our local population. One of the five recommendations was that a new Trust should be created with the aim of bringing together the best of community and mental health services across Hampshire and Isle of Wight. This work is also linked to the broader aim of reducing variation and, overcoming fragmentation across services and ensuring improved consistency of care, working in partnership, for the benefit of patients and service users in Hampshire and Isle of Wight.

## Strategic case for the creation of a new Trust for community, mental health and learning disability services across Hampshire and the Isle of Wight Integrated Care System

### 1. Executive summary

#### Summary

- 1.1 Southern Health NHS Foundation Trust (Southern), Solent NHS Trust (Solent), Isle of Wight NHS Trust (IoW) and Sussex Partnership NHS Foundation Trust (Sussex Partnership) (collectively, the Trusts) provide NHS community, mental health and learning disability services for the Hampshire and Isle of Wight population.
- 1.2 We have been working together for a number of years to improve services for the people and communities we serve. In each Trust there are multiple examples of superb services providing excellent care, including areas of national excellence. However, further significant change is needed in order to deliver sustainable improvements in access, care and outcomes for the people and communities we serve. Services are struggling to meet unprecedented increases in demand which means people are not getting the care they need at the right time and in the right setting; there is unwarranted variation in practice and fragmentation in service delivery; workforce shortages, particularly in mental health services, impact on the effectiveness and quality of services; and the Trusts, as well as the wider Hampshire and Isle of Wight Integrated Care System (the ICS), face a very substantial financial challenge.
- 1.3 We want all people in Hampshire and Isle of Wight to have equitable access to integrated, safe, consistent community and mental health care. We will be more likely to achieve this future by joining up the disparate, often inconsistent services and pathways delivered by four different community and mental health providers.
- 1.4 We have concluded that the best way to enable our vision is by working together to establish a new, single community and mental health provider, while, at the same time, accelerating collaboration and transformation, led by our clinical experts, to reduce the significant pressures in our system.
- 1.5 The new organisation will be an NHS Foundation Trust and will provide community, mental health and learning disability services across the whole ICS, as well as specialist services to a larger regional and national population. It will bring together our expertise and resources to manage increasing demand and complexity and deliver meaningful, long-lasting change for the benefit of patients, communities, staff and the wider health and care system:
  - **Patients and communities will benefit from there being a strong voice of lived experience in all we do and improved patient experience, outcomes and safety.** It will enable us to deliver services that are less fragmented, across clinical pathways and geographic areas, providing the right care first time more often.
  - **Staff will benefit because we will be able to create a better place to work.** By creating a single organisation we expect to reduce vacancies by developing

a single approach to tackle recruitment and retention challenges, improving career progression and development opportunities, improving job satisfaction, continuing to develop an inclusive, open culture, improving service resilience and reducing professional isolation.

- **The wider health and care system will benefit because we will make it easier for partners to work with us effectively and in a seamless and integrated way.** Working in neighbourhoods, places and across the ICS as a whole we will simplify and integrate our care pathways and make it easier for primary, social care, hospitals and other partner colleagues to signpost to and work with our services to support people in the community.
- 1.6 These proposals have been developed over the last twelve months as part of a whole system approach across the ICS and have the support of the Hampshire and Isle of Wight Integrated Care Board (the ICB). The proposals are also a core component of the ICS strategy to resolve the challenges of delivering sustainable health services for the Isle of Wight population.
- 1.7 Our target date for the establishment of the new organisation is 1 April 2024. Preparing a Strategic Case is the first step to achieving this objective. Subject to approval by the four Trust Boards, the Strategic Case will be submitted to NHS England (NHSE) in March 2023 for formal review, with work beginning in parallel to develop a Full Business Case and detailed integration plans.
- 1.8 The Strategic Case describes why we want to bring services together, the options we considered, the emerging strategy for our clinical services and why we are confident that the benefits of bringing services together into a new organisation outweigh the potential risks and costs. It also sets out how we are approaching the next phase of the programme to develop the Full Business Case.

### **Context: Mental health, learning disability and community services in the Hampshire and Isle of Wight Integrated Care System**

- 1.9 The ICS covers a population of 1.9 million people across Southampton, Portsmouth, Isle of Wight and Hampshire. The area comprises substantial urban settlements (including Southampton, Portsmouth, Winchester and Basingstoke), large rural areas interspersed with market towns and villages and coastal communities in southern Hampshire and the Isle of Wight. There are significant variations in health needs across the ICS.
- 1.10 The four main providers of NHS community, mental health and learning disability services in the ICS are summarised in the table overleaf. In addition, services are delivered by primary care, local authorities and the voluntary, community and social enterprise sector and Dorset HealthCare University NHS Foundation Trust (Dorset HealthCare) provides NHS Talking Therapies for anxiety and depression in Southampton.

Provider	Services provided for Hampshire and Isle of Wight population
Solent NHS Trust	<ul style="list-style-type: none"> <li>• Community, mental health and learning disability services in Portsmouth.</li> <li>• Community services in Southampton City.</li> <li>• 0-19 services, sexual health and dental services for Isle of Wight.</li> <li>• Some specialist services across Hampshire and Isle of Wight.</li> </ul> <p>Solent is rated 'good' by the CQC and reported operating income of £258m in 2021/22.</p>
Southern Health NHS Foundation Trust	<ul style="list-style-type: none"> <li>• Community, mental health, learning disability and 0-19 services across Hampshire.</li> <li>• Mental health and learning disability services in Southampton.</li> <li>• Specialised and forensic mental health services for a regional and national population.</li> </ul> <p>Southern is rated 'requires improvement' by the CQC and reported operating income of £402m in 2021/22.</p>
Isle of Wight NHS Trust	<p>IoW provides acute, community, mental health and ambulance services for the Isle of Wight population. The Trust is rated good by the CQC. Only the community services and mental health services provided by IoW are in scope for this Strategic Case. The IoW costs related to these services were £55m in 2021/22.</p>
Sussex Partnership NHS Foundation Trust	<p>Sussex Partnership NHS FT provides services for people with mental health problems and learning disabilities across Sussex, and a range of specialist services across south-east England. The Trust provides Child and Adolescent Mental Health Services (CAMHS) for Hampshire and it is these services that are in scope for this Strategic Case.</p> <p>Sussex Partnership is rated good by the CQC. The contract value for Hampshire CAMHS provided by Sussex Partnership was c. £23m in 2021/22.</p>

## The rationale for creating a new Trust for community, learning disability and mental health services across Hampshire and Isle of Wight Integrated Care System

- 1.11 Solent, Southern, IoW and Sussex Partnership share an ambition to deliver the best possible care and outcomes for people in Hampshire and Isle of Wight. In each Trust there are multiple examples of superb services providing excellent care, including areas of national excellence. The four Trusts are already collaborating to address the most significant clinical risks in community and mental health services.
- 1.12 However, and notwithstanding this, there is a compelling case for further change. In Hampshire and Isle of Wight:
- 1) **Community and mental health services are struggling to meet unprecedented increases in demand and there are rising numbers of people with complex or long-term physical and mental health conditions.** This is putting complex models under greater pressure and people are not getting the care they need at the right time and in the right setting. The NHS Long Term Plan (LTP), published in 2019, sets out the

strategic priorities for the NHS and makes specific commitments in respect of mental health, learning disabilities, autism and community services. These are not being met consistently across the system.

- 2) **There is unwarranted variation in practice, and fragmented pathways and services with multiple hand-offs** across Hampshire and Isle of Wight. As a result, people who use our services don't consistently experience high-quality person-centred care that meets their needs. This adversely impacts health and wellbeing outcomes.
- 3) **The Trusts are experiencing challenges in recruitment and retention resulting in workforce shortages which impact on the effectiveness and quality of services.** These are particularly visible in mental health services. Due to the fragmentation of services across multiple providers, there are low volume specialist services in each Trust which lack the scale to provide resilient workforce models, such as specialist nursing in the community. In our current model these smaller services also provide limited opportunity for career progression.
- 4) **The financial challenge is very significant.** The revised financial regime that was implemented in the NHS during COVID-19 resulted in the Trusts delivering breakeven positions or small surpluses in 2020/21 and 2021/22. However, the cost of delivering NHS services exceeds the available resources. Southern, Solent and the services proposed to transfer from Isle of Wight and Sussex Partnership are forecasting underlying deficits in 2022/23 that total £46.0m and this gap is projected to grow over the next five years. In addition, whilst pressures are felt across the whole system, there is a particular issue that Isle of Wight services are not financially sustainable because the population served by the Trust is too small to provide the critical mass needed to sustain high quality, efficient services.

1.13 These challenges cannot be addressed by any one organisation in isolation. We have concluded that it is not possible to fully respond to these challenges, overcome the fragmentation of care delivery and ensure greater consistency of outcomes across the Hampshire and Isle of Wight system within the current organisational model and that organisational changes are required to exploit the opportunities for better care.

### Options for the future and our preferred option

1.14 A long list of eleven possible organisational options was generated, ranging from extending informal collaboration through to changes to organisations. Hurdle criteria were developed setting out the minimum, essential criteria to be met for an option to be short-listed for more detailed evaluation. Applying the hurdle criteria resulted in eight options being eliminated.

1.15 Three options remained for more detailed appraisal:

- the development of a lead provider model;
- the establishment of an NHS Group; and
- bringing all services together into a single Trust.

1.16 Evaluation criteria were developed to assess the three short-listed options, reflecting the case for change and implementation challenges. The options appraisal process concluded that:

- Whilst a lead provider model could harness and co-ordinate the expertise of existing providers to redesign pathways and standardise care, it provides less potential to deliver the transformational change needed to overcome the challenges being faced in Hampshire and Isle of Wight of organisational boundaries, would not deliver the benefits sought for people and communities, nor address the case for change. A lead provider model would also not resolve the sustainability of Isle of Wight community and mental health services.
- Whilst creating an NHS group could enable improved strategic alignment at Board level across community and mental health service providers, this model maintains separate organisations, which means that there are still multiple Trusts involved in providing care for individuals which fragments care, with at least two providers of community and mental health services in each local delivery system in the ICS. This model also maintains the current complexity, requires complex governance and falls short of creating the fully shared vision, values, strategy, culture and accountability that will be needed to deliver consistent care models and the required transformation. There isn't a practical or deliverable arrangement through which the in-scope services provided by IoW and Sussex Partnership (which are only a small part of the portfolio of those Trusts) can be included in a group model and so this model does not resolve the sustainability of Isle of Wight community and mental health services. For these reasons the conclusion was reached that the benefits of establishing a group model do not outweigh the risks and that this does not offer a viable long term model for community and mental health services for Hampshire and Isle of Wight.
- Bringing services together into a single Trust offers the greatest opportunity to create the alignment, leadership and governance arrangements needed to respond to the case for change. This option allows for the coordination of resources to manage capacity according to need, respond to system pressures and enable smaller services to operate at the appropriate scale. This also provides the critical mass needed to support the sustainability of Isle of Wight community and mental health services.
- Whilst this option takes longer to deliver (18 months rather than, for example, the 12 months estimated to create a group) and involves additional transaction costs, the additional benefits that can be realised as a result significantly outweigh these implementation factors. The additional costs of delivering the transaction are in the context of an ICB budget for all mental health and community services of c.£800m.

1.17 The preferred way forward is therefore to bring NHS community, mental health and learning disability services together through the creation of a new Trust. Combining the expertise, experience and resources from all four organisations will enable us to provide better community and mental health services for the population we serve whilst also achieving the benefits of scale.

1.18 The proposal to create the new Trust has the full support of the ICB. It is consistent with and flows from the outcome of an independent review of community and mental health services commissioned by the ICS in 2022. The creation of the new Trust is one of the key strategic programmes that the ICS is progressing as part of its Partnership Strategy and to achieve its strategic goals.

## Clinical strategy

1.19 Responding to the case for change, the four Trusts have come together to accelerate clinical collaboration to address the most significant clinical risks in our community and



mental health services. Ten initial clinical priorities have been identified, informed by system priorities, joint strategic needs assessments, equality impact assessments, community requirements and workforce, performance and quality data. Each has an identified executive director who takes system-wide responsibility for leading the workstream, supported by senior clinical and operational leads, and reporting into a Clinical Delivery Group.

Mental health and learning disabilities priorities	Community service priorities
<ul style="list-style-type: none"> <li>• Children and young people’s mental health services</li> <li>• Neurodiversity pathways</li> <li>• Older people’s mental health services (OPMH)</li> <li>• Adult mental health acute and crisis services</li> <li>• Community mental health framework (‘no wrong door’ programme)</li> </ul>	<ul style="list-style-type: none"> <li>• Community rapid response services</li> <li>• Community hospitals and community inpatient rehabilitation</li> <li>• Community frailty</li> <li>• Community health specialist services and long-term conditions</li> <li>• Supporting the sustainability and integration of primary care</li> </ul>

1.20 To support these and future priorities, the following principles for clinical transformation have been agreed:

- Our primary goal is to deliver safe and effective mental health, learning disabilities and community services to all people across HIOW
- Our communities are at the heart of what we do, and we will work in, and with our communities to improve the way we deliver care
- We will seek to endeavour equitable voice of service users and professionals delivering our services
- Our success must be measured by outcomes that matter, co-created with the people who know our services the best
- We will adopt a life course approach across both community and mental health services which removes barriers, provides greater emphasis on prevention, and enables a pro-active approach
- We will work collaboratively at the appropriate scale as one health and care team, within the HIOW integrated care system and will recognise each other’s leadership capabilities
- We will respect and value the interconnectivity of delivery with our partners, including primary care, local authority and voluntary services
- We will embrace innovation, research and new models of care
- Clinical and professional leadership is at the core of our success and must be appropriately resourced and supported

1.21 Each of the four Places in the ICS (Hampshire, Isle of Wight, Portsmouth and Southampton) identified priority areas for their populations, which form part of the system Partnership Strategy. Most work undertaken to tackle health inequalities and improve service delivery and health outcomes is delivered locally.



- 1.22 A clinical strategy for the new Trust will be developed which encompasses the principles for clinical transformation, reflects the emerging thinking from the clinical priority workstreams and responds to the Place and system priorities across the ICS. It will be ambitious and transformational to respond to the challenges facing the Trusts and the wider system. The clinical strategy will optimise patient safety, quality and experience through a consistent set of standards.
- 1.23 Building on the evolving work of the Clinical Delivery Group, the clinical strategy will continue to be developed by the Trusts alongside the ICB and other partners at system, place and local delivery system level including primary care, local authorities, acute providers and voluntary community and social enterprise (VCSE) partners. People with lived experience will be actively involved in coproducing our clinical strategy.

## Benefits

- 1.24 Working with stakeholders including staff, patient groups and the ICB, we have identified the benefits that can be achieved through the creation of a new Trust for community and mental health services:

<p>We will deliver <b>benefits for patients and communities</b> through the provision of better care</p>	<ul style="list-style-type: none"> <li>• <b>Improving patient experience</b> by creating services that are less fragmented, across both clinical pathways and geographic areas</li> <li>• <b>Improving patient safety and outcomes</b>, providing the right care first time, through a single approach to service improvement, innovation and transformation that utilises our combined transformation expertise and recognises the importance of both standardisation to reduce unwarranted variation and adaptation to meet the needs of place</li> <li>• <b>People with lived experience will have a strong voice in all we do.</b> This will include an enhanced voice through our membership and the Council of Governors and our approach to community engagement which will enable the new Trust to work in coproduction with people who use our services and to respond more effectively to the needs of the populations that we serve</li> <li>• Increasing <b>research opportunities</b> which provide benefits for patients</li> </ul>
<p>We will deliver <b>benefits for staff and create a better place to work</b></p>	<ul style="list-style-type: none"> <li>• <b>Reducing vacancies</b> by developing a single approach to tackle recruitment and retention challenges</li> <li>• <b>Improved career progression</b> and development opportunities through the increased scale of the new Trust</li> <li>• <b>Improved job satisfaction</b> by sharing resources more effectively to maintain safe staffing levels, out-of-hours medical rosters and reducing gaps in specialist clinical knowledge, and aligning operational, clinical and management processes, job descriptions and terms and conditions</li> <li>• Continuing to develop an <b>inclusive, open culture</b> that promotes learning and continuous improvement</li> <li>• <b>Improved service resilience</b> and reduced professional isolation</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Attracting and retaining strong leadership</b></li> </ul>
<p>We will deliver <b>benefits for our partners</b> by making it easier to work with us effectively, delivering benefits to the wider health and social care system</p>	<ul style="list-style-type: none"> <li>• Working closely with <b>neighbourhoods and places to simplify our care pathways</b> and make it easier for primary, social care and other partner colleagues to signpost to and work with our services to support people in the community</li> <li>• <b>Reducing Emergency Department (ED) attendances and avoidable admissions</b> to secondary care through reducing the complexity and duplication of our care pathways to care for patients in community settings when appropriate</li> <li>• Being a <b>strong and consistent voice for community and mental health services</b> across the ICS, working with partners at neighbourhood, place and system levels to achieve the system's aims</li> </ul>

## Financial context and plan

- 1.25 The revised financial regime that was implemented during the pandemic resulted in the Trusts delivering breakeven or small surplus positions in 2020/21 and 2021/22. However, in previous years both Southern and IoW reported deficits.
- 1.26 In 2022/23 both Southern and Solent planned to achieve breakeven and the Trusts are currently forecasting surpluses of £1.5m and £0.4m respectively. The community and mental health services on the Isle of Wight form part of an integrated NHS Trust that also provides acute and ambulance services. The Trust planned for a deficit of £13.1m in 2022/23, with the community and mental health segment planning for a deficit of £0.7m. The deteriorating financial performance has resulted in a segment deficit of £2.9m now being forecast. It has not yet been agreed how the historic financial deficit of the Trust will be managed following the transfer of services and this will be an important part of the Full Business Case. Hampshire CAMHS has worked within its budget over the past five years. However, the service is forecasting a deficit of £0.4m in 2022/23.
- 1.27 Achievement of the current year's forecast outturn for Southern, Solent and the services proposed to transfer from IoW and Sussex Partnership relies on non-recurrent benefits and the underlying cumulative forecast deficit for 2022/23 is £46.0m. All Trusts are currently reviewing their underlying financial position as part of planning for 2023/24 and are developing recovery plans to reduce these underlying deficits. This level of financial challenge is being experienced across Hampshire and Isle of Wight and the system will need to deliver unprecedented savings to achieve a balanced position in future years.
- 1.28 Although the primary driver for the transaction is the significant benefits that can be realised for patients, as described above, the Trusts have identified savings of between £2m and £2.5m per annum relating to economies of scale from bringing the Trusts and services together. We have not assumed any financial benefits from reductions in the cost base for clinical services. We anticipate there will be opportunities to streamline corporate services and the scale of these opportunities will be explored and quantified during the development of the Full Business Case. We also anticipate that the creation of a more sustainable workforce through the removal of barriers around workforce mobility and creating a single, shared workforce plan and vision will improve recruitment and retention, thereby reducing temporary staffing costs and deliver a further financial benefit.

- 1.29 Although, in and of itself, the transaction will not provide a solution to the underlying financial position, bringing together mental health and community services across the system will provide a platform to improve the financial resilience and sustainability of these services. Creation of the new Trust provides an opportunity to better use our collective resources to meet the needs of the population.

## Integration Planning

- 1.30 The new Trust will be created through a merger of Solent and Southern (executed as an acquisition of Solent by Southern) and the transfer of the contracts for Isle of Wight community and mental health services and for Hampshire CAMHS from IoW and Sussex Partnership respectively to this enlarged organisation. The transfer of services from IoW is subject to a separate Joint Strategic Case, commissioner decision and regulatory approval; the transfer of services from Sussex Partnership is subject to ICB decision.
- 1.31 The new community and mental health provider will be one of the biggest in the country, with the potential to become a national role model in sustainable, transformative, local care models which make a real difference to patients, communities and systems. The new Trust will seek to respond to the contemporary and future needs of our communities. It will have a new vision, strategy, values, name, constitution and operating model which recognises and enables our collective ambition.
- 1.32 We will work together to embed a new, shared, empowering culture, where staff are engaged and have a sense of belonging. In doing so we will create the conditions whereby everyone in our workforce can look to the future with optimism and enthusiasm for improvement.
- 1.33 In the coming months, we will consider options for the operating model that are aligned with our key principles, informed by engagement with stakeholders including staff and place-based partners and learning from other models.
- 1.34 The intended 'go-live' date for the new Trust is 1 April 2024. It has been assumed that all transactions happen on 1 April 2024, however the Trusts are working closely with the ICB to mitigate any risks arising from timing changes and are confident these could be accommodated safely.
- 1.35 Robust programme governance arrangements are in place including a Programme Board, Programme Team and Steering Groups. Following approval of the Strategic Case the Trusts intend to review the governance arrangements and agree any changes required for Full Business Case stage. A Programme Director and Programme Manager are in place and the Trusts have identified the resources required to develop the Full Business Case and Post-Transaction Integration Plan (PTIP). The important interdependencies with the wider programme to achieve sustainable services for the Isle of Wight population are being managed.
- 1.36 A risk management approach is in place and programme risks and mitigations have been identified. The most significant risks to the programme are loss of staff during the period of transition destabilising services and the timing of transfer of services from IoW and Sussex Partnership not aligning with creation of the new Trust.
- 1.37 A due diligence approach has been developed with plans to undertake the majority of due diligence internally to retain knowledge in the new Trust and ensure ownership of risks identified through due diligence.
- 1.38 A communications and engagement plan has been developed which describes the principles, approach and activity to ensure a co-ordinated approach with people who

use our services and partners. The plan includes a programme of engagement with people who use our services, their families and carers and with our communities to develop a comprehensive understanding of what matters most to people about their local community and mental health services to influence the development, delivery and design of the new Trust.

# Agenda Item 9

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	SOUTHAMPTON CITY COUNCIL'S POLICY APPROACH TO FOOD
<b>DATE OF DECISION:</b>	6 APRIL 2023
<b>REPORT OF:</b>	COUNCILLOR FIELKER CABINET MEMBER FOR HEALTH, ADULTS AND LEISURE

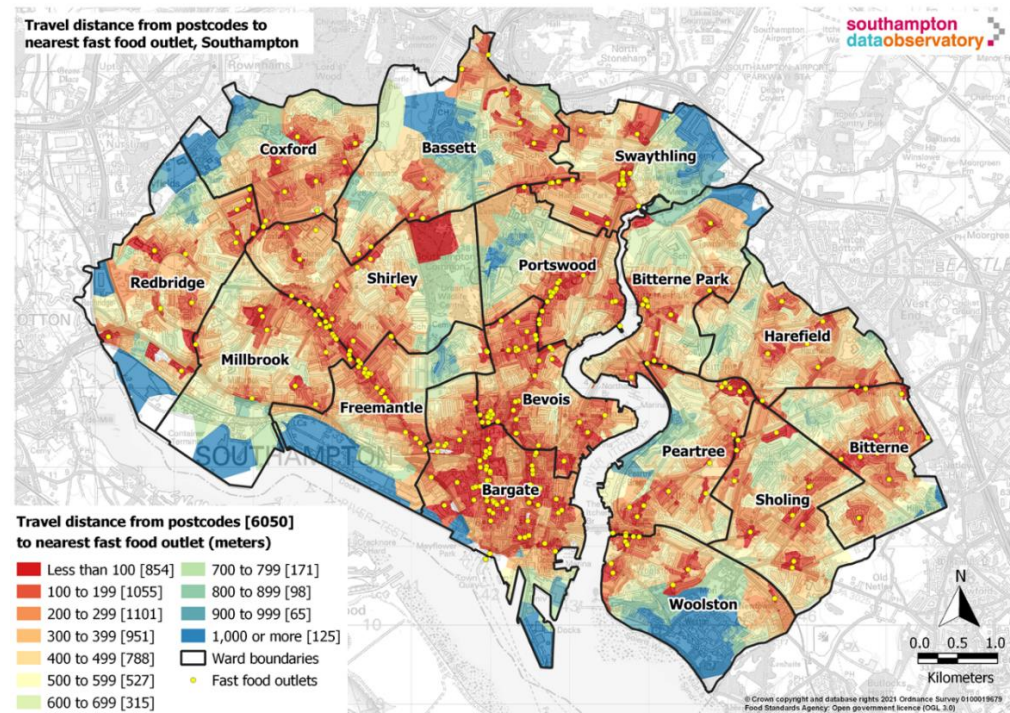
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<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY</b>	
<p>A key recommendation from the Childhood Obesity Scrutiny Inquiry undertaken in 2020 was to improve the local food environment. The National Food Strategy (2021) highlighted the adverse impact that the current food system is having on the environment, food security and health. Whilst it is clear that local government cannot influence the entirety of the local food system, the Council, with partners, could act as enablers for a healthier food environment in the city. Implementation of strategic recommendations, together with project officer capacity, are required to deliver a programme of work which will support stakeholders and partners in initiating a systems change for a sustainable food environment.</p>	
<b>RECOMMENDATIONS:</b>	
(i)	That the Panel note progression of plans to promote a sustainable food environment and considers the next steps to deliver this key recommendation from the Childhood Obesity Scrutiny Inquiry.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	To enable the Panel to scrutinise current work to improve the local food environment
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	None
<b>DETAIL (Including consultation carried out)</b>	
3.	The importance of the food environment as a national priority was underlined in 2021 when the Government published a National Food Strategy. This

	highlighted the adverse impact that our current food system is having on the environment, food security and health. The strategy set out 14 recommendations which included reducing intake of less healthy food and drink (junk food), reducing diet-related inequalities and working towards a long-term change in food culture (see National Food Strategy recommendations Appendix A). <sup>i</sup> Whilst it is clear that local governments are not in a position to influence the entirety of what is needed to change the local food system, the Council, with partners, could act as an enabler for healthier, and more sustainable food choices in the city.
4.	A poor diet is recognised as a major risk factor for poor health and early death. <sup>ii</sup> Research has identified a high intake of salt, low intake of whole grains, and low intake of fruits, were the leading dietary risk factors for deaths and disability. <sup>iii</sup> A report from Public Health England (now part of the Office for Health Improvement and Disparities [OHID]) on the burden of disease, noted that low intakes of fruits, vegetables and whole grains, in addition to the intake of tobacco, alcohol and drugs, are key behavioural risk factors for long term poor health, including cardiovascular disease and cancer.
5.	The Council continues to support a number of initiatives to improve access to healthy affordable food and to promote healthier diets. The increasing pressures caused by the rise in the costs of living led to the establishment of a Food Insecurity task & finish group (a sub-group of the Cost-of Living Operational group). The task and finish group is working across the organisation, and with partners, to ensure that local residents affected by the cost-of-living crisis can easily find the help they need to access food. In addition, the Council agreed to carry forward a motion to declare Southampton a Right to Food City.
6.	Food insecurity is also a risk factor for obesity and other health problems. Families at risk of food insecurity may be forced to choose between readily available, cheap, high calorie foods and healthy options which are more costly. In 2020/21 the National Child Measurement Programme data highlighted an unprecedented increase in childhood obesity in both Reception year and Year 6. The most recent data for Reception year indicated that the proportion of children with obesity had returned to pre-pandemic levels, whereas for Year 6, levels of obesity and excess weight remained higher. The Scrutiny Inquiry into tackling childhood obesity which took place in 2020 produced a range of recommendations which were adopted. However, some elements including recommendations to improve the local food environment have been more challenging to progress, with the current capacity focussed on food insecurity due to increased pressures on the costs of living.
7.	A recent review led by the Policy & Strategy team to determine how a sustainable food environment featured in the Council's key strategies, showed that the Council is doing little work which directly promotes this agenda. Therefore, there is an opportunity to fill these gaps and support the development of policies which promote a sustainable food environment in Southampton.
<b>Mapping</b>	
8.	The Council's Data, Intelligence and Insights team mapped the local food environment using existing data in 2022. The analysis looked at accessibility to fast-food, accessibility to supermarkets and the e-food desert index. The



mapping showed that fast-food (i.e. energy dense and available quickly) is easily accessible across the city by foot or car (figure 1). Although it should be noted that this analysis does not include fast food outlets located outside of Southampton, which could increase accessibility for those areas on the edge of the city. In addition, with the proliferation of delivery services, accessibility does not solely depend on the proximity of an outlet.



**Figure 1. Travel distance to fast-food outlets**

9. A further analysis of fast-food outlets near to schools, showed that schools around the city centre and deprived wards are generally in closer proximity to fast-food outlets. Across the whole city 72.4% of schools are within 400m of a fast-food outlet. Although most fast-food outlets near to secondary schools are closed around 3-4pm, there are some notable exceptions including around St. Anne's (Bevois/Bargate area) and around the two Oasis Academies in Sholing.

10. Local supermarkets were also mapped, and the analysis showed that supermarkets are fairly accessible by car across the city, however walking to supermarkets is less feasible to residents in certain areas. For instance, there are longer travel distances to the largest supermarkets (2800m<sup>2</sup>) in the east of the city, especially Woolston, even taking into account supermarkets located outside of the city boundary. This may be problematic, as larger supermarkets are likely to have a greater selection of affordable, healthy food.

11. Food deserts are areas where residents might experience physical and economic barriers in accessing healthy and affordable food. The E-food deserts index measures the extent to which neighbourhoods exhibit characteristics associated with food deserts, taking into account online shopping behaviours. A local analysis showed that some of the city's more deprived neighbourhoods, including Weston and Redbridge, are e-food deserts.

**Cost of living and food insecurity**

12. A Food Insecurity task and finish group was set up in December 2022, to sit under the Cost-of-Living Operational group and align with the work of Southampton's Food Aid forum. The Food Insecurity task & finish group has

representatives from the Food Aid forum, Southampton Citizens Advice Bureau, Southampton Voluntary Services and the University of Southampton, as well as representation from across the Council. The focus of the group is on prevention, to support the cohort of people who are at risk of food insecurity from moving into crisis and requiring emergency food aid. In addition to providing an opportunity for agencies to share information and data, the work has focussed on:

- Increasing visibility of information/advice including where people can get help with food (food membership clubs, food banks and free hot meals) and raising awareness through schools and GP practices.
- Updating the 'Help with Food' Council webpages, based on data analytics and feedback, to increase accessibility.
- Increased promotion of the Healthy Start scheme, including securing £9k funding from Health Education England to train the wider early years workforce to help families to access the NHS benefit.
- Raising awareness of Healthy Start among members of the Food Aid Forum, so that families can redeem Healthy Start Vouchers in local food pantries to help their budgets stretch.
- Supporting promotion and participation in the Cost-of-Living survey
- Addition of food insecurity data to the cost-of-living indices, available through the Southampton Data Observatory.

The Cost-of-Living survey included questions on food insecurity, and results are currently being analysed.

**Healthy Start and Free school meals**

13. Healthy Start uptake fell slightly between January 2019 and February 2020 and again during the pandemic period to January 2021. Uptake had started to increase again by August 2021. The latest data for Southampton in February 2023 indicates that 2796 people were eligible and 1827 (65.0%) took up the support. This is higher than the national comparator 62.7% (England, Wales and Northern Ireland). Table 1 provides a breakdown by Southampton postcodes for the number of people eligible for the benefit and the number who have applied and are entitled to take-up the scheme.

Table 1. Healthy Start uptake figures in Southampton

Month	Postal District	Beneficiaries Entitled (signed-up) (by Postal District)	Beneficiaries Eligible (by Postal District)	Uptake %
Feb-23	SO14	216	375	57.6
Feb-23	SO15	219	340	64.4
Feb-23	SO16	559	842	66.4
Feb-23	SO17	81	128	63.3
Feb-23	SO18	242	339	71.4
Feb-23	SO19	566	815	69.5

14. Free school meal (FSM) data from January 2023 indicates 34.5% of pupils in Southampton are taking up free school meals. The Council HAF (Holiday Activity Fund) team are leading on work to understand the proportion of pupils that are eligible for FSM and are not taking up the offer. This work will inform plans for increasing FSM uptake in the city.

**Local programmes**



15.	<p>There are a range of activities supported by the Council which all contribute to creating a healthy food environment, these include:</p> <ul style="list-style-type: none"> <li>• Food and Nutrition Education network led by Abri Housing and City Catering. This network is working to improve the consistency and quality of cook and eat programmes across the city, through the provision of training on food hygiene and the sharing of resources and good practice.</li> <li>• Healthy Cook and Eat programmes delivered through local Family Hubs</li> <li>• Food Aid Forum led by Southampton City Mission</li> <li>• The Council has secured funding to roll out training for the wider workforce to help families to access the Healthy Start scheme.</li> <li>• Project to review the guidance on the advertising of food and drink that is high in fat, sugar and salt on council owned advertising spaces.</li> <li>• Planning policy work to improve the local food environment is being undertaken by the Council’s Spatial Planning for Health officer, working within the Planning Policy team.</li> </ul> <p>These activities are important, however, the absence of a local strategic direction may be limiting the reach of these initiatives, both in terms of individuals and communities, as well as influencing organisations and the local system.</p>
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**Next steps**

16.	<p>To build momentum across the Council towards developing a sustainable food environment, a local action plan with high-level recommendations is required. The recommendations, co-produced with stakeholders across the city, would set out the current ambitions and provides the strategic direction needed to support a system change. Local recommendations which can be widely shared, will also drive actions and initiatives led by external partners, and will contribute to supporting the overall aim of creating a sustainable local food environment. Project officer capacity is required to lead this work, increase engagement from stakeholders and external partners, and deliver the local action plan</p> <ul style="list-style-type: none"> <li>• Recommendations <ul style="list-style-type: none"> <li>○ Strategic recommendations to be developed and shared widely</li> <li>○ Project officer capacity, to lead the programme of work.</li> </ul> </li> </ul>
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**RESOURCE IMPLICATIONS**

**Capital/Revenue**

17.	<p>We do not currently have funding identified to commence these plans. Business cases will be developed to deliver the recommendations. Any additional funding will be looked to be sourced from the Public Health grant, subject to prioritisation of the Public Health strategy and programme.</p>
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**Property/Other**

18.	N/A
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**LEGAL IMPLICATIONS**

**Statutory power to undertake proposals in the report:**

19.	<p>The Health and Social Care Act 2012 requires Local authorities to improve the health of their local population</p>
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**Other Legal Implications:**

20.	N/A
<b>RISK MANAGEMENT IMPLICATIONS</b>	
21.	The risks associated with food policy not being delivered effectively are: increased levels of obesity, diet related ill- health and inequality; reduced opportunities to identify best practice approaches for affordability and accessibility to healthy food and reduced opportunities for collaboration to support a sustainable food environment in the city.  These risks will be monitored by oversight from the Director of Public Health and escalated to EMT as part of delivering the Scrutiny Inquiry recommendations to tackle childhood obesity.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
22.	The proposals are in line with policies outlined in Southampton's Corporate Plan 2022-2030

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

#### 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

<sup>i</sup> The National Food Strategy- an independent review for Government. Available from [The National Food Strategy - The Plan](#). [Accessed 16 March 2022].

<sup>ii</sup> Diet-related health inequalities [POST-PN-0686.pdf \(parliament.uk\)](#)

<sup>iii</sup> Health effects of dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017

Afshin, Ashkan et al.

The Lancet, Volume 393, Issue 10184, 1958 - 1972

<b>DECISION-MAKER:</b>		HEALTH OVERVIEW AND SCRUTINY PANEL	
<b>SUBJECT:</b>		MONITORING SCRUTINY RECOMMENDATIONS	
<b>DATE OF DECISION:</b>		6 APRIL 2023	
<b>REPORT OF:</b>		SCRUTINY MANAGER	
<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director – Corporate Resources</b>	
	<b>Name:</b>	<b>Mel Creighton</b>	<b>Tel:</b> 023 8083 3528
	<b>E-mail</b>	<b>Mel.creighton@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Scrutiny Manager</b>	
	<b>Name:</b>	<b>Mark Pirnie</b>	<b>Tel:</b> 023 8083 3886
	<b>E-mail</b>	<b>Mark.pirnie@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None.		
<b>DETAIL (Including consultation carried out)</b>			
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.		
<b>RESOURCE IMPLICATIONS</b>			
<b><u>Capital/Revenue</u></b>			

5.	None.
<b><u>Property/Other</u></b>	
6.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<b><u>Other Legal Implications:</u></b>	
8.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
9.	None.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
10.	None
<b>KEY DECISION</b>	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	None directly as a result of this report
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Monitoring Scrutiny Recommendations – 6 April 2023
<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
<b>Data Protection Impact Assessment</b>	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
<b>Other Background Documents</b>	
<b>Equality Impact Assessment and Other Background documents available for inspection at:</b>	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

# Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 6 April 2023

Date	Title	Action proposed	Action Taken	Progress Status
08/12/22	NHS Dentistry	1) That the Panel are provided with available data on registration with, and access to, an NHS dentist in Southampton.	<p>NHS England:</p> <p>This specific data is not available. Patients are not registered with a dental practice and therefore patient lists for dentistry do not exist. Under the national contract, dental practices are only obligated to see a patient when they have been accepted for a Course of Treatment and after this has been completed, or the patient decides that they have completed all the treatment they are prepared to undertake, the practice has fulfilled its obligations under the contract.</p> <p>Some dental practices will hold a list of 'regular attendees' who tend to return to their practice and who they will see on a recall basis, but this is not a contractual requirement.</p> <p>Patients are advised to continue checking the <a href="#">Find a Dentist</a> website for NHS availability. NHS England is reminding dental practices of their obligation to publish their NHS availability, in line with the most recent of reforms <a href="#">to the national contract</a>.</p>	Completed
		2) That, to provide context to the additional 42,000 Units of Dental Activity (UDA), the ICB provide the Panel with the UDAs currently available in Southampton.	<p>NHS England:</p> <p>There are currently 22 practices in Southampton who are contracted to deliver in total 385,274 UDAs. Contract sizes will differ at each practice; the smallest NHS contract undertakes 2,492 UDAs and the largest undertakes 39,000 UDAs.</p>	Completed

Date	Title	Action proposed	Action Taken	Progress Status
09/02/23	ASC – Performance & Transformation	1) That, to present a more accurate reflection of the performance of Adult Social Care Services in Southampton, moving forward local performance indicators are included in the performance dataset alongside the ASCOF measures.	Local performance figures will be included alongside ASCOF measures.	Ongoing
		2) That, where appropriate, the performance indicators include figures as well as percentages to enhance the Panel's understanding of the metrics.	All standalone percentage figures presented in future will include a baseline number.	Ongoing
		3) That an overview of DOLS performance and trend data is attached to the next iteration of the performance dataset to be considered by the Panel.	DoLs information will be included henceforth.	Ongoing
		4) That the projected Adult Social Care budget overspend for 2022/23 is shared with the Panel.	This information will be made available.	Ongoing
		5) That the Chair and Vice Chair of the Panel meet with the Executive Director to discuss Adult Social Care review activity.	To be arranged when new, permanent chair selected.	Ongoing
		6) That, subject to agreement from the Chair, performance and transformation are considered together when the Panel undertake quarterly reviews of Adult Social Care in 2023/24.	Both to be included in ongoing reports to HOSP.	Ongoing