

Public Document Pack



NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 14th March, 2023 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting held on 24 January 2023.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. PROPOSALS TO VARY SERVICES (Pages 11 - 40)

To consider the report on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.

- a) Project Fusion: Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)
- b) Acute Services Partnership (Portsmouth Hospitals University NHS Trust)

7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 41 - 70)

To consider a report on issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.

- a) Independent Review of Southern Health NHS Foundation Trust
- b) Care Quality Commission Inspection – Safeguarding (South Central Ambulance Service)

8. NHS 111 (Pages 71 - 86)

To receive a regular update on the performance of the NHS 111 service.

9. WORK PROGRAMME (Pages 87 - 102)

To consider and approve the Health and Adult Social Care Select Committee Work Programme.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

This page is intentionally left blank

Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Tuesday,
24th January, 2023

Chairman:

* Councillor Bill Withers Lt Col (Retd)

- | | |
|---------------------------------|-------------------------------|
| * Councillor Ann Briggs | * Councillor Lesley Meenaghan |
| * Councillor Jackie Branson | * Councillor Sarah Pankhurst |
| * Councillor Pamela Bryant | * Councillor Kim Taylor |
| Councillor Graham Burgess | * Councillor Andy Tree |
| * Councillor Rod Cooper | * Councillor Julie Butler |
| * Councillor Tonia Craig | * Councillor Karen Hamilton |
| * Councillor Debbie Curnow-Ford | |
| * Councillor Alan Dowden | |
| * Councillor David Harrison | |
| Councillor Adam Jackman | |
| Councillor Andrew Joy | |

*Present

94. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Burgess, Garton, Andrews and Joy.

95. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

96. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 29 November 2022 were agreed as a correct record and signed by the Chairman.

97. DEPUTATIONS

The Committee did not receive any deputations.

98. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman drew Members' attention to the email sent on 10 January regarding the Framework for Assessing Change and requested that all Members ensure that they were familiar with the attached document. The Chairman highlighted that Assessing Change was a statutory responsibility of the Committee and that officers would be able to assist where queries arose.

The Chairman noted the Menopause Workplace Pledge that the County Council had signed up to. In doing so, the Council committed to:

- recognising that the menopause can be an issue in the workplace and that women need support
- to talking openly, positively and respectfully about the menopause and
- to actively supporting and informing employees affected by the menopause.

The Chairman also noted that he had recently met with Frimley NHS Trust to be briefed on their proposals to redevelop part of the site at Frimley Park Hospital to increase capacity and enhance services currently provided on site.

99. **CQC LOCAL AUTHORITY ASSURANCE - HAMPSHIRE 'TEST AND LEARN' EXERCISE AND ONGOING PREPARATIONS**

The Committee considered the report updating on the future introduction of the Care Quality Commission's (CQC) assessment of local authority social care functions.

RESOLVED:

The Committee noted the report and acknowledged the achievement of staff, alongside the contributions of wider partners, stakeholders, and those accessing health and care services and carers, to achieving the Test and Learn rating of Good.

100. **2023/24 REVENUE BUDGET REPORT FOR ADULTS' HEALTH AND CARE**

The Committee considered the report and presentation setting out the proposed revenue budget for 2023/24 for the Adults' Health and Care Directorate.

Members noted the outcomes of the Local Government Finance Settlement including the difference between the settlement figures and those anticipated within the December 2022 Cabinet report. Members also noted the impact of high inflation in comparison to budgets previous years.

It was confirmed that no new savings had been proposed as part of the budget. Existing savings programmes, namely T21 and SP23, were ongoing with savings expected to be achieved later than originally anticipated not least due to the extremely challenging circumstances within Adult Social Care. Members

acknowledged that this reflected the challenges being experienced on a national scale such as an increase in demand and complexity of clients across older and younger adults, workforce challenges, cost of living and inflation.

It was noted that the Public Health grant allocation was expected to be confirmed in March 2023.

In response to Members' questions, it was confirmed that:

- The County Council had the ability to increase Council Tax by up to 4.99% without a referendum and that every 1% that wasn't increased represented a £7.5million impact on the Council's finances.
- Savings targets were under continual review and if they are ultimately deemed unachievable then they could be offset with savings needing to be sought elsewhere. It was also noted that recurrent savings needed to be funded from recurrent funding and that reserves could not be utilised in this instance.
- Budget forecasting within the care sector was always challenging due to the unknown increase, or decrease, in complexity and demand of service users.
- Workforce pay increases had been factored in to the budget.
- Hospital discharge services had been funded as a one off source between the NHS and the County Council in 2022/23. This funding was no longer available for 2023/24 and consideration would be given to how these services would be funded and or coordinated with significantly reduced level funding available through specific grants in 2023/24.

The recommendation to support the proposals being put forward to the Executive Lead Member for Adult Social Care and Public Health was put to the vote. The outcome of the vote is below.

For: 10
Abstain: 3

RESOLVED:

That the Committee agree to support the proposals being put forward to the Executive Lead Member for Adult Social Care and Public Health as below:

To approve for submission to the Leader and the Cabinet:

- i. The revised revenue budget for 2022/23 as set out in Appendix 1.
- ii. The summary revenue budget for 2023/24 as set out in Appendix 1
- iii. The proposed fees and charges as set out in Appendix 2.

101. CAPITAL PROGRAMME FOR 2023/24 TO 2025/26

The Committee considered the report setting out the proposed capital programme for 2023/24 to 2025/26 for the Adults' Health and Care Directorate. In response to a Member question it was noted that an increase in numbers of service users attending the Kershaw Centre was not anticipated but rather an investment into the improvement of facilities.

RESOLVED:

That the Committee agree to support the proposal being put forward to the Executive Lead Member for Adult Social Care and Public Health as below:

To approve for submission to the Leader and the Cabinet the capital programme for 2023/24 to 2025/26 as set out in Appendix 1 and the revised capital programme for 2022/23 as set out in Appendix 2.

102. **PROPOSALS TO VARY SERVICES**

a) Whitehill and Bordon Health Hub update (Hampshire and Isle of Wight Integrated Care Board)

The Committee considered an update from the ICB on progress with developing the Whitehill and Bordon Health Hub. (Since the meeting of HASC on 24 January 2023, Members of HASC have also been sent a link to a publicly available presentation, via the Whitehill and Bordon Town Council website, which includes some further details.)

The purpose-built Health Hub was intended to combine primary care (provided by Badgerswood and Forest GP Surgery) and community health services onto a single site, together with services currently provided at Chase Community Hospital. In presenting, the ICB noted that this was not a merger but rather co-located services. They also confirmed that the IT systems used at the Health Hub would be compatible with one another.

There was discussion regarding the importance of including certain services within the Hub – such as menopause support, women’s health services and linking to preventative health care and health checks. It was anticipated that the planning application for the Health Hub would be submitted in April 2023.

RESOLVED:

- i) That the Committee continue to monitor the progress of the development of the hub and request an update at the June HASC meeting ahead of the planned patient group engagement activity.

b) Integrated Primary Care Access (Hampshire and Isle of Wight Integrated Care Board)

Members heard that, from October 2022, new arrangements came into place across England for additional primary care capacity outside core hours (8.00am to 6.30pm Monday to Friday excluding public holidays). These were available from 6.30pm to 8.00pm Monday to Friday and 9.00am to 5.00pm on Saturdays. It was noted that the changes were designed to improve access, promote patient choice and support primary care resilience. Members were pleased that more provision, not only to GP appointments but also other healthcare professionals,

was being offered and were keen to continue to monitor the progress of the initiative.

In response to Members' questions it was confirmed that:

- Some additional analysis of how the new arrangements were working (monitoring figures, numbers of patients seen out of hours) would be provided for the Committee at the June HASC meeting.
- The IT software tool 'Apex' was used by the majority of GP practices and was designed specifically as primary care business intelligence tool to extract and present data.
- That the online eConsult tool was used differently by different practices. A large number of eConsults being submitted had potential to be unsafe as it was impossible to ascertain the severity of issues without reading each individual submission – it was noted that some practices were receiving unsustainable numbers of forms submitted. Members discussed the importance of utilising pharmacies as a first port of call for non-urgent treatment and suggested that a note be added to the system front page for patients information, advising them to visit their local pharmacy where applicable.

RESOLVED:

- i) That the Committee continue to monitor the item given the importance of enabling access to primary care and request a further update on progress with the new arrangements for providing 'out of hours' care at the June HASC meeting.

- c) Andover Community Diagnostic Centre (Hampshire Hospitals NHS Foundation Trust)

Members heard that, Hampshire Hospitals (HHFT) had secured investment of £8.2million to create a Community Diagnostic Centre at Andover War Memorial Hospital and that, as part of HHFT's on-going investment in Andover it would also provide more modernised facilities for the Minor Injuries Unit and Maternity departments.

The Committee were pleased to hear that the proposals would mean patients had greater access to vital services whilst staying closer to home, speeding up early diagnosis and reducing waiting times.

In response to Members' questions it was confirmed that the Andover Birthing Unit was for low risk births. Patients requiring more critical care would be best placed in a hospital to receive the appropriate clinical services.

RESOLVED:

- j) That the Committee monitor the progress of the project and request a further update at the June HASC meeting if appropriate.

103. **WORK PROGRAMME**

RESOLVED:

That the Committee's work programme be approved.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	14 March 2023
Title:	Proposals to Develop or Vary Services
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving an update on the following topics:
 - a) Project Fusion: Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)
 - b) Acute Services Partnership (Portsmouth Hospitals University NHS Trust)

Recommendations

2. That the Committee agrees the recommendations as set out below for each item.
 - a) Project Fusion: Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)
 - i) That the Committee decide whether the proposals constitute a substantial change to health services or not.
 - ii) That the Committee continue to receive regular update with the next presentation on progress to be requested for the June 2023 HASC meeting.
 - b) Acute Services (Portsmouth Hospitals University NHS Trust)
 - iii) That the Committee request a further update on progress with the Partnership at its June 2023 meeting following the appointment of the joint leadership team.

Executive Summary

3. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.

4. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting [Framework for Assessing Substantial Change and Variation in Health Services](#)). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
5. This Report is presented to the Committee in three parts:
 - a. *Items for information*: these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
 - b. *Items for action*: these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - c. *Items for monitoring*: these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
6. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

Items for Information

a) **Project Fusion: Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)**

Context

7. The Committee received notification in October 2022 that, in January 2022, Hampshire and Isle of Wight Integrated Care System had commissioned an independent review of community and mental health services. The review had put forward five key recommendations which were being taken forward in a joint programme of work including the recommendation that a new organisation be formed, bringing together all NHS community and mental health services provided in Hampshire and the Isle of Wight. A business case is being developed which will describe the rationale and benefits of the recommendation to create a single NHS organisation for these services.

Recommendations

8. That the Committee decide whether the proposals constitute a substantial change to health services or not.
9. That the Committee continue to receive regular update with the next presentation on progress to be requested for the June 2023 HASC meeting.

b) Acute Services Partnership (Portsmouth Hospitals University NHS Trust)

Context

10. The Committee has heard from Portsmouth Hospitals University NHS Trust (PHU) for a number of years regarding difficulties at the Accident and Emergency Department at the Queen Alexandra Hospital in Portsmouth. While this hospital is in the Portsmouth City Council area, a number of Hampshire residents from surrounding areas use these services.
11. The Committee has been contacted by PHU regarding changes to the Trust's Acute Services in partnership with the Isle of Wight NHS Trust. Initially, the Trusts report that they will confirm a single Chief Executive Officer with the mandate to create a single Executive Team and single clinical leadership approach across the two Trusts. A briefing note has been provided which is appended to this report.

Recommendation

12. That the Committee request a further update on progress with the Partnership at its June 2023 meeting following the appointment of the joint leadership team.

Finance

13. Financial implications of any proposals will be covered within the briefings provided by the NHS appended to this report.

Performance

14. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

Consultation and Equalities

15. Details of any consultation and equalities considerations of any proposals will be covered within the briefings provided by the NHS appended to this report.

Climate Change Impact Assessment

16. Consideration should be given to any climate change impacts of proposals where relevant.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	no

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

This page is intentionally left blank

Hampshire Health and Adult Social Care Select Committee Project Fusion Update

March 2023

At the HASC meeting in November 2022, the Committee considered a paper providing an overview of the findings of the review of community, mental health and learning disability services.

That paper described the following next steps:

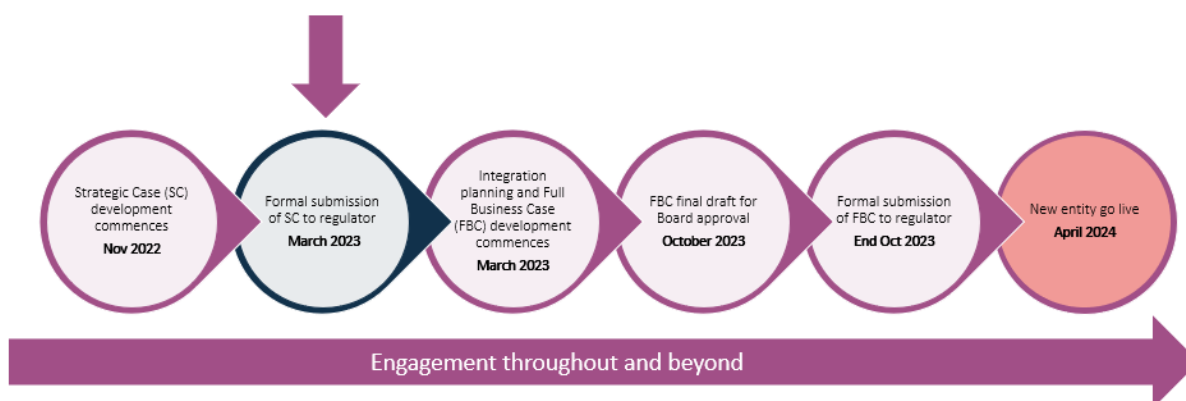
- That all partners are committed to ensuring patients are front and centre of our approach, which will be clinically-led, transparent, and inclusive.
- That the review was the beginning of a more detailed programme of work that will involve extensive engagement with our communities, colleagues working in local community and mental health services and partners.
- That local services will continue to be delivered, and that the recommendations from the review are about improving the way these service providers work together.

Supported by the Integrated Care Board, the four NHS providers of community mental health and learning disability services across Hampshire and the Isle of Wight established a programme of work, with the working title of Project Fusion, to take forward the recommendation to create a new organisation. 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 paper provides an update on Project Fusion.

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.

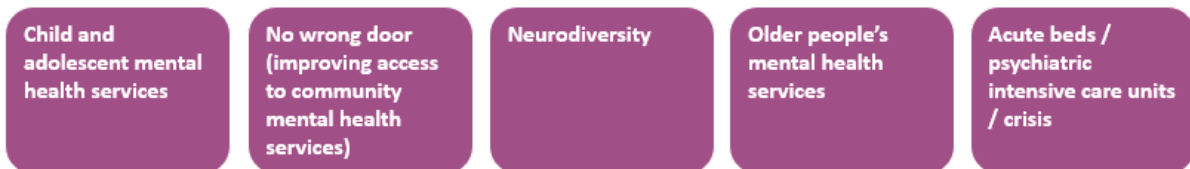
Clinical strategy

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 a recent event on 20 February with over 300 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:

Hopes	Concerns
<ul style="list-style-type: none"> • 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 • Improved / equitable access and more co-production of services • Addressing health inequalities with a focus on removing barriers (cultural, organisational and practical) to access for all • Improved partnership working with the voluntary and charitable sector • Reduced duplication of resources • Reduced competition for staffing • Joined up services with effective communication between teams and services • Services based on what matters most to the local community 	<ul style="list-style-type: none"> • New Trust too big / not sufficiently focused on local need • Disruption during transition • Losing staff / workforce capacity • Culture – concerns from staff about identity loss • Levelling down / will there be funding to truly deliver benefits

<ul style="list-style-type: none">• Increased focus on prevention and people supported to look after themselves• Services delivered close to home• System wide and effective use of digital solutions for those who can and wish to use them	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

Hampshire Health and Adult Social Care Select Committee

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
Author and role: Chris Evans, Chief Operating Officer	Contact details: communications@porthosp.nhs.uk	Date: February 2023
<p>Purpose of the paper : To update the committee on the strengthening of the partnership between Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust.</p>		
<p>Brief summary: NHS partners in Hampshire & Isle of Wight have been working together for a number of years to resolve the challenges of delivering sustainable health services for the Isle of Wight population. On 31 January 2023, Isle of Wight NHS Trust (IWT) and Portsmouth Hospitals University NHS Trust (PHU) announced plans to further strengthen their partnership to enable the provision of high quality, safe, and sustainable services to the populations they serve. The first steps of this plan are to change the leadership and governance across IWT and PHU. Ongoing further support will be needed to transform services over the coming months and years to achieve the shared system goal of sustainable, highquality care for all.</p>		
<p>Background: Due to its island location, the Isle of Wight NHS Trust needs to provide a wide range of services to a comparatively small population. This makes services expensive to run and difficult to recruit to. As a result, they are neither financially, operationally nor clinically sustainable. Many of the clinical services it provides are so fragile they rely on a single member of staff.</p> <p>Together, partners across the Hampshire and Isle of Wight integrated care system (ICS) have been exploring how services on the Isle of Wight could be better organised to ensure that the improvement of recent years continues, and that healthcare is made sustainable for the long-term.</p> <p>This includes a review of community and mental health services across Hampshire and Isle of Wight to understand how to better meet the demands of the future (Project Fusion), looking at sustainable acute services and strengthening the partnership with South Central Ambulance Service NHS Foundation Trust.</p> <p>In 2020 PHU and IWT formed an acute services partnership to tackle the challenges faced by acute services on the Isle of Wight and improve care for people who live in Portsmouth, Southeast Hampshire and the Isle of Wight.</p> <p>The partnership is underpinned by three key principles:</p> <ul style="list-style-type: none"> • The maximum possible proportion of healthcare should be delivered on the Island. • Where services are not of sufficient clinical scale to be delivered sustainably by Isle of Wight NHS Trust they should be delivered in partnership with Portsmouth. • Patients will continue to receive specialist care on the mainland where necessary. 		

Teams have been working together to identify the critical risks in Island services and agree the best way forward. You can read the Acute Services Strategy [here](#).

Since its creation, the Partnership has delivered improvements in services on the Island including Stroke, Cardiology, and Urology.

Update:

In February PHU and IWT announced plans to strengthen the Acute Services Partnership through the formation of a single Chief Executive, Executive Team and single clinical leadership across our two organisations.

Strong, experienced operational leadership teams will be retained in both Portsmouth and on the Isle of Wight. Our clinical leadership will lead the design and delivery of services across our two main hospital sites, for the benefit of all the populations we serve.

By working in partnership, both organisations will be able to create job roles which are more attractive, with more chance to take part in training and research, more opportunities for progression, and a wider range of clinical experience available across the two hospitals.

We know that in some areas both Trusts face similar challenges in recruitment, where there are recognised shortages of staff nationally. However, closer partnership working means we will work together to recruit colleagues into single services, rather than compete with each other. It means neither organisation is facing those challenges alone.

Timeline:

- **31 January** – Plans for a strengthening of the partnership with a single Executive Team and Clinical Leadership.
- **April 2023** – Single Chief Executive announced
- **June 2023** – Single Executive Team and Clinical Leadership confirmed
- **July 2023** – Clinical, corporate and support services will be reviewed in line with full public, patient and staff engagement where necessary.

Engagement to date:

System partners – All our system partners have been involved in partnership and its development. They have been regularly briefed and engaged with our projects and ambition to provide the high quality and sustainable services across our populations.

MPs – MPs from across IoW, Portsmouth and South East Hampshire have received a full briefing and been offered a more detailed briefing where needed. MPs will continue to receive regular updates.

Healthwatch – IoW and Portsmouth Healthwatch have received full briefings.

Staff – A number of virtual staff briefings have been held with staff to answer questions and concerns. In total over 900 staff across both organisations attended. Regular updates are being through internal channels.

Public/Patients – the announcement has been shared with the local media and on our websites to allow the public and patients to be aware of the management changes. If any changes to services are planned, patients and the public will be fully involved and engaged with.

Next Steps:

- Appointment of the single Chief Executive, leadership team and clinical leaders throughout March – June 2023.
- We will return to the committee in June following the appointments and give further information on the next steps and plans.

This page is intentionally left blank

Hampshire County Council Health and Adult Social Care Select Committee: Arrangements for Assessing Substantial Change in NHS provision

Purpose and Summary

- 1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Hampshire area, and for those that may impact on the Hampshire population.
- 2) It describes the actions and approach expected of relevant NHS bodies or relevant health service providers and the Hampshire Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) when proposals that may constitute substantial service change are being developed, and outlines the principles that will underpin the discharge of each parties' role and responsibilities.
- 3) The document is the fifth refresh of the 'Framework for Assessing Substantial Service Change' originally developed with advice from the Independent Reconfiguration Panel (IRP)¹ and updates the guidance relating to the key issues to be addressed by relevant NHS bodies or relevant health service providers when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.
- 4) This framework was substantially amended in 2013 following the publication of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'². This latest refresh relates to the 'hospital bed closure' test which was introduced in April 2017 by NHS England³.
- 5) The legal duties placed on relevant NHS bodies or relevant health service providers and the role of health scrutiny are included to provide a context to the dialogue that needs to be taking place between relevant NHS bodies or relevant health service providers and the HASC to establish if a proposal is substantial in nature. In this document, the term 'NHS' and 'NHS bodies' refer to:
 - NHS England
 - Integrated Care Boards
 - NHS Trusts and NHS Foundation Trusts
- 6) It is intended that these arrangements will support:
 - Improved communications across all parties.

¹ <http://www.irpanel.org.uk/view.asp?id=0>

² <http://www.legislation.gov.uk/ukxi/2013/218/contents/made>

³ <https://www.england.nhs.uk/2017/03/new-patient-care-test/>

- Better co-ordination of engagement and consultation with service users carers and the public.
 - Greater confidence in the planning of service change to secure improved outcomes for health services provided to communities across Hampshire
- 7) Section 242 of the NHS Act places a statutory duty on the NHS to engage and involve the public and service users in:
- Planning the provision of services
 - The development and consideration of proposals to change the provision of those services
 - Decisions affecting the operation of services.
- 8) This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.
- 9) Section 244 of the NHS Act 2006 places a statutory duty on relevant NHS bodies or relevant health service providers to consult Local Authorities on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.
- 10) Significant development and substantial variation are not defined in the legislation but guidance published by the Department of Health and Centre for Public Scrutiny on health scrutiny make it clear that the body responsible for the proposal should initiate early dialogue with health scrutineers to determine:
1. If the health scrutiny committee consider that the change constitutes a significant development or substantial variation in service
 2. The timing and content of the consultation process.
- 11) Where it is agreed that a set of proposals amount to a substantial change in service, the NHS body or relevant health service provider must draw together and publish timescales which indicate the proposed date by which it is intended that a decision will be made. These timescales must also include the date by which the local authority will provide comments on the proposal, which will include whether the NHS Body has:
- Engaged and involved stakeholders in relation to changes; and,
 - Evidenced that the changes proposed are in the interest of the population served.
- It is therefore expected that the NHS body or relevant health service provider works closely with health scrutineers to ensure that timetables are reflective of the likely timescales required to provide evidence of the above considerations, which in turn will enable health scrutiny committees to come to a view on the proposals.

- 12) The development of the framework has taken into account the additional key tests for service reconfiguration set out in the Government Mandate to NHS England. Where it is agreed that the proposal does constitute a substantial change the response of a health scrutiny committee to the subsequent consultation process will be shaped by the following considerations:
- Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service? (*This should take account of the relevant equality and data protection legislation and be clear about the impact of the proposal on any vulnerable groups.*)
 - The extent to which commissioners have informed and support the change. (*This has been somewhat superseded as the expectation from NHS England is that commissioners should lead all service changes.*)
 - The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
 - How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.
 - Whether one of the three considerations in relation to bed closures have been met (NHS England must approve this before a Health Scrutiny Committee can take a decision on this element):
 - Alternative sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the workforce will be there to deliver it.
 - Specific new treatments or therapies will reduce specific categories of admissions.
 - Where bed use has been less efficient than the national average, that NHS bodies have a credible plan to improve performance without affecting patient care.
- 13) NHS organisations and relevant health service providers will also wish to invite feedback and comment from the relevant Local Healthwatch organisation. Local Healthwatch has specific powers, including the ability to refer areas of concern to health scrutineers and Healthwatch England, and also specific responsibilities, including advocacy, complaints, and signposting to information. Health scrutiny committees hold good relationships with patient and public representatives and expect evidence of their contribution to any proposals for varying health services from the NHS.
- 14) The framework attached at Appendix One identifies a range of issues that may inform both the discussion about the nature of the change and the response of health scrutiny committees to the consultation process. The intention is that this provides a simple prompt for assessing proposals, explaining the reasons for the change and understanding the impact this will have on those using, or likely to use, the service in question. It aims to inform any report or briefing you may be asked to

present to HASC, in order to answer the likely questions from the Committee on the nature and impact of any proposed change.

- 15) The framework is not a 'blueprint' that all proposals for changing services from the NHS / relevant health service provider are expected to comply with. The diversity of the health economy across Hampshire and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned. It is designed for use independently by organisations in the early stages of developing a proposal, or to provide a basis for discussion with health scrutineers regarding the scope and timing of any formal consultation required.
- 16) Although it remains good practice to follow Cabinet Office guidance in relation to the content and conduct of formal consultation, health scrutiny committees are able to exercise some discretion in the discharge of this duty. Early discussions are essential if this flexibility is to be used to benefit local people.
- 17) Any request to reduce the length of formal consultation with the HASC will need to be underpinned by robust evidence that the NHS body or relevant health service provider responsible for the proposal has engaged, or intends to engage local people in accordance with Section 242 responsibilities. The 2017 statutory guidance⁴ on 'Patient and public participation in commissioning health and care' states that '*Involvement should not typically be a standalone exercise such as a formal consultation. It will generally be part of an ongoing dialogue or take place in stages.*' Such engagement requires the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:
 1. Not just when a major change is proposed, but in the on-going planning of services
 2. Not just when considering a proposal, but in the development of that proposal, and
 3. In decisions that may affect the operation of services.
- 18) All proposals shared with health scrutiny committees by the NHS body or relevant health service provider – regardless of whether or not they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.
- 19) The HASC will come to its own view about the nature of change proposed by an NHS body or relevant health service provider. Where a proposal is judged to be substantial and affects service users across

⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

local authority boundaries the health scrutiny committees affected are required to make arrangements to work together to consider the matter.

- 20) Although each issue will need to be considered on its merits the following information will help shape the views of the HASC regarding the proposal:
1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
 2. The extent to which service users, the public and other key stakeholders, including clinical commissioners, have contributed to developing the proposal. Regard must be given to the involvement of 'hard to reach groups' where this is appropriate, including the need for any impact assessments for vulnerable groups.
 3. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.
 4. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
 5. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider. This includes any impact that may be caused by bed closures.
- 21) This information will help the HASC to come to a view about whether the proposal is substantial, and if so, whether the proposal is in the interest of the service users affected.
- 22) The absence of this information is likely to result in the proposal being referred back to the responsible NHS Body or provider of NHS services for further action.
- 23) If an NHS body or relevant health service provider consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the HASC should be advised immediately and the reasons for this action provided. Any temporary variation to services agreed with the HASC, whether urgent or otherwise, should state when the service(s) affected will reopen.
- 24) If the HASC are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:
- Valid and robust evidence to support the health scrutiny committee's position. This will include evidence that sustainability has been considered as part of the service change.

- Confirmation of the steps taken to secure local resolution of the matter, which may include informal discussions at NHS Commissioning Board Local Area Team level.

Guiding Principles

- 27) The HASC will need to be able to respond to requests from the NHS or relevant health service providers to discuss proposals that may be significant developments or substantial variations in services. Generally in coming to a view the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.
- 28) Early discussions with the HASC regarding potential for significant service change will assist with timetabling by the NHS and avoid delays in considering a proposal. Specific information about the steps, whether already taken or planned, in response to the legislation and the five tests (outlined in paragraph 12), will support discussions about additional information or action required. NHS organisations should also give thought to the NHS' assurance process, and seek advice as to the level of assurance required from NHS England, who have a lead responsibility in this area.
- 29) Some service reconfiguration will be controversial and it will be important that HASC members are able to put aside personal or political considerations in order to ensure that the scrutiny process is credible and influential. When scrutinising a matter the approach adopted by the HASC will be:
1. Challenging but not confrontational
 2. Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
 3. Based on evidence and not opinion or anecdote
 4. Focused on the improvements to be achieved in delivering services to the population affected
 5. Consistent and proportionate to the issue to be addressed
- 30) It is acknowledged that the scale of demand on services currently being experienced in the NHS and social care coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and the HASC may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS bodies. In these circumstances it is expected that the responsible NHS body or relevant health service providers will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.
- 31) If the HASC is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.

- 32) All parties will agree how information is to be shared and communicated to the public as part of the conduct of the scrutiny exercise.

Appendix One – Framework for Assessing Change

Key questions to be addressed

Each of the points outlined above have been developed below to provide a checklist of questions that may need to be considered. This is not meant to be exhaustive and may not be relevant to all proposals for changing services

The assessment process suggested requires that the NHS or relevant health service providers responsible for taking the proposal forward co-ordinates consultation and involvement activities with key stakeholders such as service users and carers, Local Healthwatch, NHS organisations, elected representatives, District and Borough Councils, voluntary and community sector groups and other service providers affected by the proposal. The relevant health scrutiny committee(s) also need to be alerted at the formative stages of development of the proposal. The questions posed by the framework will assist in determining if a proposal is likely to be substantial, identify any additional action to be taken to support the case of need and agree the consultation process.

Name of Responsible (lead) NHS or relevant health service provider:

Name of provider:

Brief description of the proposal:

Why is this change being proposed?

Description of Population affected:

Date by which final decision is expected to be taken:

Name of key stakeholders supporting the Proposal:

Date:

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>Case for Change</p> <p>1) Is there clarity about the need for change? (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)</p> <p>2) Has the impact of the change on service users, their carers and the public been assessed?</p> <p>3) Have local health needs, and/or impact assessments been undertaken (including equality and privacy impact assessments)?</p> <p>4) Do these take account of :</p> <p> a) Demographic considerations?</p> <p> b) Changes in morbidity or incidence of a particular condition? Or a potential reductions in care needs (e.g due to screening)</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>programmes)?</p> <p>c) Impact on vulnerable people and health equality considerations?</p> <p>d) National outcomes and service specifications?</p> <p>e) National health or social care policies and documents (e.g. five year forward view)</p> <p>f) Local health or social care strategies (e.g. health and wellbeing strategies, joint strategic needs assessments, etc)</p> <p>5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience?</p> <p>6) Do the clinicians affected support the proposal?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>7) Is any aspect of the proposal contested by the clinicians affected?</p> <p>8) Is the proposal supported by the lead clinical commissioning group?</p> <p>9) Will the proposal extend choice to the population affected?</p> <p>10) Is bed closure involved in this change? If so, has one of the three conditions been met and assessed by NHS England?</p> <p>11) Have arrangements been made to begin the assurance processes required by the NHS for substantial changes in service?</p> <p>Impact on Service Users</p> <p>12) How many people are likely to be affected by this change? Which areas are the affecting people from?</p> <p>13) Will there be changes in access to</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>services as a result of the changes proposed?</p> <p>14) Can these be defined in terms of</p> <ul style="list-style-type: none"> a) waiting times? b) transport (public and private)? c) travel time? d) other? (please define) <p>15) Is any aspect of the proposal contested by people using the service?</p> <p>Engagement and Involvement</p> <p>16) How have key stakeholders been involved in the development of the proposal?</p> <p>17) Is there demonstrable evidence regarding the involvement of</p> <ul style="list-style-type: none"> a) Service users, their carers or families? 		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>b) Other service providers in the area affected?</p> <p>c) The relevant Local Healthwatch?</p> <p>d) Staff affected?</p> <p>e) Other interested parties? (please define)</p> <p>18) Is the proposal supported by key stakeholders?</p> <p>19) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?</p> <p>Options for change</p> <p>20) How have service users and key stakeholders informed the options identified to deliver the intended change?</p> <p>21) Were the risks and benefits of the</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>options assessed when developing the proposal?</p> <p>22) Have changes in technology or best practice been taken into account?</p> <p>23) Has the impact of the proposal on other service providers, including the NHS, local authorities and the voluntary sector, been evaluated?</p> <p>24) If applicable, has the impact on community services been assessed?</p> <p>25) Has the impact on the wider community affected been evaluated (e.g. transport, housing, environment)?</p> <p>26) Have the workforce implications associated with the proposal been assessed?</p> <p>27) Have the financial implications of the change been assessed in terms of:</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
a) Capital & Revenue? b) Sustainability? c) Risks?? 28)How will the change improve the health and well being of the population affected?		

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	14 March 2023
Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
 - a) Independent Review of Southern Health NHS Foundation Trust
 - b) Care Quality Commission Inspection – Safeguarding (South Central Ambulance Service)

Recommendations

5. Independent Review of Southern Health NHS Foundation Trust
 - i) That the Committee welcomes the actions the Trust has taken to date in response to the recommendations made in the Independent Investigation Report.
 - ii) That the Committee notes the review that had taken place as noted in Section 1 of the Trust's briefing note (appended to this report) and that, as such, the themes from the Stage 2 Independent Investigation Report will, as appropriate, be worked into the Trust's regular cycle of reporting to the HASC.

6. Care Quality Commission Inspection – Safeguarding (South Central Ambulance Service)
- i) That the Committee notes the progress made so far against the CQC recommendations and requests a further update at the September HASC meeting.

Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
<p>a) Stage 2 Independent Investigation Report: Action Plan update</p> <p>(concerning the tragic deaths of five people who were in the care of Southern Health in the period 2011-2015, and the Trust’s response to the families of those who died)</p>	Southern Health NHS Foundation Trust	<p>The Trust presented their Action Plan setting out their response to the Independent Report recommendations at the January 2022 meeting (Appendix 2 Southern Health Stage 2 Pascoe Report Action Plan.pdf (hants.gov.uk).</p>	The Trust last presented to the Committee in November 2022 outlining the actions taken against the action plan.
b) CQC inspection/action plan re. safeguarding issues	SCAS	CQC carried out a focused inspection in November 2021 to check on the safety and quality of safeguarding governance processes. Update on actions taken to be provided.	The most recent update was received by HASC in November 2022.

Scrutiny Powers

9. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for ‘Scrutiny of the provision and operation of health services in Hampshire’. Health scrutiny is a fundamental way

by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.

10. The Committee has a role to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire'. Health scrutiny functions are not there to deal with individual complaints, but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources for example local Healthwatch.
11. The Committee has the power 'to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised'. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g. the work of regulators.

Finance

12. Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

Performance

13. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

Consultation and Equalities

14. Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report where relevant.

Climate Change Impact Assessment

15. Consideration should be given to any climate change impacts where relevant.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	no

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

This page is intentionally left blank

Stage 2 Independent Investigation Report: *'Right First Time'* Progress report: **March 2023**

1. The table below summarises the work done by the Trust to implement the recommendations of the Stage 2 Independent Investigation Report. The table describes the actions taken since the report was considered at the HASC meeting in November 2022. Progress is monitored by the Southern Health NHS Foundation Trust Board and its Quality Safety Committee.

These assurance processes commenced during March 2022 and evidence against each recommendation has been considered by the Quality Governance leads in both the Integrated Care System (ICS) and NHS England's (NHSE) South East Office. The ICS developed a clear governance process for reviewing Trust progress, which was shared and signed off by NHSE. The ICS and NHSE reviewed the progress made at an extraordinary meeting on 31 October 2022. **At this meeting, it was noted that all of the recommendations had either been 'fully completed' or were 'on track/ongoing.'**

Of the 37 recommendations, 12 (32%) have been fully completed and 25 (68%) are on track. It is important to note that the 'on track' recommendations cannot be fully completed due to the nature of the recommendation and the need for ongoing monitoring to ensure that the actions continue to be embedded in practice.

The ongoing monitoring will be part of the Trust's business as usual and continue to be monitored by the ICS. This will be reviewed on a 6 monthly basis.

2. **The committee is asked to consider this Progress Report and to note that themes from the Stage 2 Independent Investigation Report will, as appropriate, be worked into the Trust's regular cycle of reporting to the HASC.**

Recommendations		Progress since November 2022
R1	<p>SHFT's Complaints, Concerns and Compliments Policy and Procedure documents should be urgently reviewed and reformed. They should be combined into a single document. The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must undertake mandatory training on the new Policy and Procedure.</p>	<p>The updated policy and procedure, which was approved in February 2022, is now business as usual. This is monitored via quarterly reporting to the Trust Quality & Safety Committee.</p> <p>The Trust has been a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO). The pilot started in summer 2021 and finished in November 2022, after which a report was submitted to the PHSO for evaluation.</p> <p>The Trust received the draft evaluation report in February 2023 - at the time of writing, the content of the report was confidential and embargoed.</p>
R2 Completed	<p>SHFT should clarify what complaints management system is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.</p>	<p>Responses from the Q3 2022/23 complaint satisfaction surveys have demonstrated that people find the new process more straightforward and easier to understand:</p> <ul style="list-style-type: none"> • <i>'the new system is so simple'</i> • <i>'clear and simple process'</i> • <i>'thank you for making the process better'</i> • <i>'the new timelines are so much better'</i> • <i>'I like the fact there are so many ways to make a complaint now'</i> • <i>'I really did feel safe to raise my concern'</i>.
R3 Completed	<p>SHFT should clarify and define the role of PALS and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.</p>	<p>Our Carer and Patient Support Hub Team are now well established and continue to review and improve the service in response to feedback from service users and carers – see R12 below.</p>

R4	<p>SHFT should urgently implement a process to monitor the quality of the investigation of complaints, complaint reports and responses and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.</p>	<p>The quarterly Complaints Review Panel is now well established with membership from Healthwatch, the ICS, service users, carers and staff. The latest Complaint Review Panel took place on 23 February 2023.</p> <p>The group included external representation from the Integrated Care Board Quality Team and Healthwatch. The group reviewed the Trust's current complaint literature, including the complaint leaflet and poster. Feedback was also requested around the newly published process maps for staff, designed as guidance documents for managing early resolution cases and full investigation complaints. All documents are published on the staff portal. The feedback shared was all positive. An idea was raised about including QR codes on the documents and this will be taken forward by the Trust Survey Lead who was at the meeting. The codes will be added ready for the next print run. A representative also joined the group from the Parliamentary and Health Service Ombudsman to provide an update on the complaint standards work they are undertaking. They confirmed that training will be provided to NHS staff which will include bite-size sessions, in person training in a classroom setting, online learning, and self-led packages. The training available will include early resolution, complaint investigations and response letter writing.</p> <p>It was agreed that complaint satisfaction survey results for the year, will be presented to the next review panel meeting, as well as the work being done to raise the profile of positive feedback within the Trust. The satisfaction results will include staff feedback regarding undertaking complaint investigations, and how staff found interactions about being named in feedback.</p> <p>The new complaint satisfaction survey has been in use since 1 April 2022. The survey questions align with the proposed Parliamentary and Health Service Ombudsman complaint standards. The Complaints and Patient Experience Manager and Trust Survey Lead co-produced the</p>
----	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>new Trust survey with service users, patients, and carers to ensure this was more accessible.</p> <p>In Q3 2022/23, the Trust received 47 responses to the survey regarding first contact with the Complaints Team and 90 responses to feedback on the complaints and concerns process. Overall responses have been positive - the majority of people stated they felt safe to raise their complaint or concern and they were not worried that their clinical care would be negatively affected by raising a concern or complaint.</p>
R5	<p>SHFT should re-develop its Complaints Handling leaflet that reflects the complaints process, outlines expectations and timelines for service users, family members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.</p>	<p>This action has been completed but, as part of continuous improvement, the Complaints Review Panel will review the current complaint literature, including the complaint leaflet and poster at their next meeting. Feedback will also be requested regarding the newly published process maps for managing early resolution cases and full investigation complaints (closer look cases).</p>
R6	<p>During the investigation of complaints, SHFT should offer the opportunity for face-to-face meetings as a matter of course. These meetings should provide the time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain communication with the complainant throughout, with a full explanation for any delays.</p>	<p>Our routine practice includes earlier intervention by our clinical teams, dialogue directly with people to understand their preferences for resolution and putting these in place, regular keeping in touch during the response and improving the way we communicate our findings.</p> <p>This is monitored via the complaint satisfaction survey links to which are shared with every complaint response.</p>
R7 Completed	<p>SHFT should ensure that all complainants that go through its complaints handling process, have access to advocacy services where required. SHFT should be alert to the importance of perceived independence of</p>	<p>This is now business as usual - we have identified local advocacy services and actively promote them through our website and via the Carers and Patient Support Hub.</p>

	<p>representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This should be co-ordinated so as to be part of the complaints handling process.</p>	
R8	<p>There is a vital and continuing need for SHFT to re-build trust and confidence with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the Duty of Candour and admits its mistakes. To achieve this, SHFT needs to ensure all staff are trained and understand the Duty of Candour and take a positive pro-active approach in all future engagement with families, carers, and service users, to ensure that their needs are met.</p>	<p>This is embedded into our processes and promoted in staff training and in practice. Our Investigating Officers and Family Liaison Officers openly engage with families when they are part of an investigation and check that service leads have shared information openly and honestly.</p>
R9	<p>SHFT should co-produce with service users, carers and family members, a Communications Strategy to identify a 'road map' for improving communications. This should include, but is not limited to, mandatory training on communication across the whole of SHFT, including improving internal communications and the development of a protocol setting out how SHFT will provide support to its service users, carers and family members. It should create specific roles to provide this support. SHFT</p>	<p>This is being embedded into Trust processes and we continue to co-produce more effective communication channels with service users, carers and family members.</p> <p>The Trust is committed to listening to feedback received by those that use our services and their friends, families and those that matter to them. The Trust has increased the number of ways that people can give feedback and opportunities to share their experience.</p> <p>Our People in Partnership Commitment details our commitment to working together with service users, patients, families and carers so that they have a say in their care and treatment and help us to improve.</p>

	<p>recruitment processes should include good and effective communication skills criteria for all roles at every level of the organisation.</p>	<p>This Commitment was reviewed during 2022 with a series of task and finish groups established with representatives from our Working in Partnership Committee, Carers, Families and Friends Group, Governors, Voluntary Sector, Charitable Organisations and Partners. A consultation draft of the refreshed strategy was then produced for wider consultation and comment.</p> <p>The draft document was circulated to more than 1500 people, was shared widely on social media and a survey was also available for people to complete.</p> <p>We took all the feedback into account and made the necessary amendments to the strategy which was approved by the Quality & Safety Committee in January 2023.</p>
<p>R10 Completed</p>	<p>SHFT should develop a Carer's Strategy, in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed annually at a large-scale event with carers at the centre. In future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the Carer's Communication Plan, which must be underpinned by relevant training.</p>	<p>As stated above, our recently updated People in Partnership Commitment details our commitment to working together with service users, patients, families and carers so that they have a say in their care and treatment and help us to improve.</p> <p>The use of Carers Communication Plans is continuously monitored by the Carers, Family and Friends group as well as the Patient Experience and Caring Group on a quarterly basis.</p> <p>The percentage of carers with a carers' communication plan has improved month on month from 56% in February 2022 to 77% in February 2023 - demonstrating the impact of our Triangle of Care training and delivery of our strategy.</p> <p>Insights (our performance data system) is currently launching a caseload view for individual clinicians to rapidly check whether carers' communication plans are in place or due for review (as well as care</p>

		plans, risks assessments etc). This can be easily amalgamated up to service, divisional and Trust level.
R11	SHFT should ensure all staff are all rapidly trained to understand the Triangle of Care and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.	<p>The Triangle of Care is one of the approaches the Trust has for supporting carers.</p> <p>Triangle of Care training is ongoing and available weekly for all staff. 17 Carers Leads and 14 nurses/practice development nurses have been trained to facilitate the training. The face-to-face Healthcare Support Worker induction includes Triangle of Care training and has been delivered since November 2022. This ensures buy-in from all delegates and provides them with the skills and knowledge going forward into their new careers.</p> <p>Feedback from delegates is always positive for both the content and the delivery of the course. Face to face training is available to all teams across Southern Health and has been delivered by request.</p> <p>Further training about working with carers has been undertaken in the form of Forum Theatre – Think Carer workshops and Carers Rights training delivered by Hampshire Carers Together on Carers Rights Day.</p> <p>The Trust achieved Star 1 Triangle of Care Accreditation in December 2021. The self-assessments for Star 2 have been completed and are currently being reviewed prior to submission to the Carers Trust.</p> <p>The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles. Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends, and key staff.</p>

<p>R12 Completed</p>	<p>SHFT should set up regular localised drop-in sessions and groups for carers and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.</p>	<p>We currently have six active Carers & Patients Support Hubs with a further six in development at various locations across Hampshire. We also have dates arranged for six drop-in clinics in 2023.</p> <p>For the remainder of 2023, the Carers & Patients Support Team aims to focus more on community settings as, over the last 12 months, there has been more success in community settings, rather than our clinical settings. By focusing more on the community, we will create a wider network of people who will be aware of our service, who will know where they can go when they need support.</p> <p>We have a number of carers groups across the Trust, as well as supporting external groups. Most recently, the Trust has funded and supported the setting up of a BAME carers group in Southampton.</p> <p>Another example is our six-weekly Family and Friends Forum which takes place for our forensic families. Each forum has an education session, followed by time for 'getting to know' each other.</p> <p>The Carers and Patients Support Hub has sent out information regarding what we offer to all libraries run by Hampshire County Council, to support us to reach more people in the community.</p>
<p>R13</p>	<p>The Panel recommends that SHFT strengthens its links with the local Hampshire Healthwatch, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.</p>	<p>The Trust continues to link with the local Hampshire Healthwatch groups in a variety of meetings and forums, including their membership of the Trust's Complaints Review Panel.</p>

R14	SHFT should pay due regard to the 7th principle and 8th principle of the UK Caldicott Guardian Council in recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality . Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.	The Trust already promotes the importance of both principles, and they are included with our Triangle of Care work and information governance (IG) training. IG training is completed annually by every member of staff which ensures the principles are embedded into practice.
R15	SHFT should seek to improve both the quality of the handover and the sharing of information between clinicians involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings, including, SHFT and General Practices across its divisions.	<p>Improvements in internal communication continue to be embedded with developments to our electronic clinical record system and ensuring dedicated time for handovers.</p> <p>Additionally, in February 2023 we improved access to primary care records for our community and mental health staff. A link from RiO to primary care records within England has been implemented using GP Connect, a national solution. This enables staff to directly access their patients' primary care records in real-time without needing to log in to another system or search for their patient. These records include consultations, problems, medications, referrals, immunisations, administrative items, clinical items, and observations.</p> <p>External communications also continue to improve with more collaborative working with our partners across Hampshire and the Isle of Wight. This will continue to strengthen over the next 12 months as the Fusion Project progresses to bring together mental health, community and learning disability services across Hampshire and the Isle of Wight.</p>
R16	SHFT must make swifter progress in developing the Patient Experience Dashboard to ensure that it is able to triangulate data and information effectively. It	The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis as part of our business-as-usual quality monitoring.

	should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.	The Trust has increased the number of ways that people can give feedback and opportunities to share their experience. This is reported to the Working in Partnership Committee and the Patient Experience and Caring group as part of our business-as-usual reporting.
R17	SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE in March 2020) for reporting and monitoring processes, when they are introduced nationally.	In line with the national roll-out, the Trust Patient Safety Response Incident Framework (PSIRF) Implementation Team are currently working through phase two 'Diagnostic and Discover' within the project plan where a gap analysis is being completed to compare current processes of incident and complaints management against the PSIRF standards. It is estimated that phase two will be completed by 31 March 2023.
R18	It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the different needs of patient groups , such as physical health, mental health and learning disability and the unique context in which the incident took place.	<p>Phase three 'Governance and Quality Monitoring' also began on 1 February 2023. In this phase, the Trust will be reviewing a range of data from the previous two years to create the incident profile and begin conversations on the governance processes for learning response decision making in preparation for drafting the PSIRF Plan and Policy. The draft plan and policy will be going to the Quality Safety Committee in July 2023.</p> <p>Communications have started with staff, patients, families and carers by attending meetings/forums to introduce PSIRF as well creating e-booklets for staff to refer too.</p> <p>Following the Trust gaining accreditation from the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN) in October 2021, we successfully passed their mid-term review in February 2023.</p>
R19	SHFT should provide a clear and transparent definition of ' independence ' and an open and accessible explanation about its processes for ensuring its investigations are 'independent'.	This is now business as usual - patients and families are provided with a clear explanation of our approach to independence and a letter confirming this is sent to the family prior to investigation.

	The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.	
R20	In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a fully independent and experienced Chair , the background and qualities of whom should be specific to the facts of the case subject to investigation.	This is current practice. The Trust in conjunction with NHS England will commission fully independent reviews where appropriate.
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access external legal advice, support, or advocacy services , as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-profit organisations, to facilitate access or signpost their availability.	This is now business as usual with the Carers and Patients Hubs and Family Liaison Officers sign-posting families and carers to the available support.
R22 Completed	The job description for SHFT's Investigation Officer role should include specific qualities required for that post. The minimum qualities should include integrity, objectivity and honesty .	Completed
R23	SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members,	In line with the national roll-out, the Trust Patient Safety Response Incident Framework (PSIRF) Implementation Team are reviewing training requirements and we have started to enrol staff in courses

	carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.	available online through the Healthcare Safety Investigation Branch (HSIB).
R24	SHFT should urgently change and improve the Ulysses template for investigation reports to ensure that all completed investigation reports are accessible, readable, have SMART recommendations and demonstrate analysis of the contributory and Human Factors.	This was updated and has now been fully embedded into business as usual. Further improvements will be made over the next 12 months as part of our Patient Safety Response Incident Framework (PSIRF) implementation plan.
R25 Completed	All completed investigation reports in SHFT should explicitly and separately document the details of family and carer involvement in the investigation, in compliance with any data protection and confidentiality issues or laws.	This is current practice and is a requirement for the completion of investigation reports.
R26 Completed	SHFT must share learning more widely throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.	This is an area that the Trust will always be working to continuously improve. Recent improvements include the establishment of Quality Improvement Oversight Groups, bringing clinicians and managers together across divisions within service lines to share learning and deliver Trust-wide quality improvement. These groups take feedback from serious incidents, complaints, surveys, inspections and performance data to inform the priorities.
R27	SHFT should have in place, as a priority, a mechanism for capturing the views and	The Family Liaison Officer (FLO) feedback form, which was co-produced with families, is now embedded within our process. Any feedback

	<p>feedback of the service user, family member and carer about the entire SI investigation process. This should be monitored at regular intervals for learning purposes and should be shared with the central investigations team and the Board.</p>	<p>received is included in the quarterly report presented to the Families, Carers and Friends Involvement Group and the Patient Experience, Engagement and Caring Group.</p> <p>The survey for those family members and carers involved in the investigation process is currently being finalised following feedback and will be in place by the end of March 2023.</p>
R28	<p>SHFT should improve the quality of the Initial Management Assessments (IMAs) that are provided to the 48-hour Review Panel to ensure that the decision-making process for the type of investigation required is robust, rigorous and timely. This should be done through a systematic training model and quality assurance mechanisms should be put in place</p>	<p>The initial redesign of the Trust's incident review panel processes was completed in March 2022. Further improvements have been implemented during 2022/23 with the separation of 48hour panels (now called Corporate Incident Review Panels) and mortality review panels.</p> <p>This will be continuously reviewed and improved as we work with the local Medical Examiners (ME) to implement their new processes.</p>
R29 Completed	<p>SHFT should produce a quarterly and annual Serious Incidents Report, which should provide a mechanism for quality assurance. It should be presented to the Board and available to the general public, in compliance with data protection and laws.</p>	<p>This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.</p>
R30 Completed	<p>The SHFT Board and the Quality and Safety Committee should receive more information on the degree of avoidable harm and the lessons learnt, through regular reporting. Thereafter, that information should be discussed by the Board and shared through the Quality Account and Annual Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative</p>	<p>This is current practice with quarterly serious incident reports and learning from deaths reports presented to the Quality and Safety Committee and summarised annually in the Quality Account and Annual Report, as part of our business-as-usual reporting.</p> <p>The Trust is also currently updating the Integrated Performance Report to have a clearer focus on Outcomes, with metrics mapped under the headings of Patient Experience, Outcomes, Access, Quality & Safety, and Value. This will allow the Board greater visibility of the high-level</p>

	analysis of all incidents, but it should also reflect a thorough qualitative analysis to identify the relevant themes of current error and future themes for learning.	metrics across these differing outcome domains, to better target areas for improvement and learning.
R31	SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.	We continue to work closely with the Medical Examiners at UHSFT, HHFT and PHU to support the roll out of the national programme.
R32 Completed	SHFT should examine the potential of expanding and bringing together the Patient Safety Specialists into a team, led by a Director of Patient Safety, from the Executive level.	This is in place - the Trust has a group of Patient Safety Clinical Leads (introduced in 2019), embedded within our clinical divisions, who report into the Patient Safety Specialist and are led by the Deputy Director of Nursing – Quality Assurance & Safety.
R33 Completed	SHFT should develop a co-produced Patient Safety Plan , which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.	As described in R17/18 above, the draft PSIRF plan and policy will be going to the Quality Safety Committee in July 2023 in line with the national roll-out of the new framework. Although delayed due to COVID-19, following the publication of the Patient Safety Partner's job description, the Trust commenced recruitment into these roles with support from the Families, Carers and Friends Involvement Group. Sixteen patient safety partners have been recruited to date and it is anticipated that the induction programme for the partners will commence March 2023.
R36	All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.	The standardised action plan template, which was developed for Trust-wide and divisional improvement plans, has been implemented to ensure actions are outcome focused.
R37	SHFT should introduce a Board-level monitoring system for action plans and the	This is in place as part of business-as-usual reporting - the Learning from Events Forum provides a key role in ensuring actions of

	<p>implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.</p>	<p>improvement are undertaken and learning is shared widely across the organisation. This is attended by Patient Safety Leads. Themes from this and our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.</p> <p>Trust level quality improvement programmes are also taken forward for further development through the Quality Improvement Oversight Group and sub-groups, and progress on delivery of their priorities is overseen through the Finance and Performance Committee with a regular milestone report part of the standard committee agenda.</p>
R38	<p>SHFT should adopt the NHS Just Culture Guide and put in place an implementation plan to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT recruitment strategy and within all induction programmes for all staff, to particularly include substantive and locum medical staff.</p>	<p>We have developed a Just Culture Implementation Plan, in line with the NHS Just Culture Guide, ensuring it is embedded in all our people processes. This is an area for continuous improvement.</p>
R39	<p>SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.</p>	<p>Work has continued since the appointment of our Associate Director of Diversity and Inclusion. In March, we will be launching our Reverse Mentoring programme.</p> <p>The programme will be focused on Mentors whose personal characteristics identify with marginalised and minoritised groups in our workforce. This includes those from a Black, Asian and minority ethnic background, the LGBTQ community, those with a disability and long-term health condition, carers and over 50s.</p> <p>Mentees will be sought from the Board of Directors, Senior Leaders and decision makers across the organisation.</p>

Learning Points		
L1	SHFT should avoid terms such as 'upheld' or 'not upheld' in all complaint investigation reports and response letters.	We ceased this practice in late 2019 / early 2020.
L2	SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible helpline or other technical aid in order to lead to a practical response	Our Carers and Patients Support Hubs are in place and the work of the team is continuing to expand to meet the needs of carers.
L3	SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.	As described in R1/2 above, the Trust has undertaken a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which included monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. The draft evaluation report has been received and is currently being reviewed.
L4	SHFT should take a 'team around the family' approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We have several families and carers groups in place and continue to introduce more across Hampshire in response to need. As described in R12 above, the Carers and Patients Support Hubs are in place to provide specific support to individuals, and we will be focusing on outreach sessions in the community during 2023.
L5	SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.	The Trust has appropriate mechanisms in place. The Trust will always consider independent support and encourage advocacy.
L6	SHFT should review its 'Being Open' Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	Our policy has been reviewed and updated in co-production with patients, carers and families. This has been implemented and embedded into our processes and promoted in staff training and in practice.
L7	SHFT should involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in	This is current practice. We offer this opportunity within our current processes.

	place, they should be provided with regular updates on the implementation of the action plan.	
L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement (QI) projects and SHFT's journey of improvement.	During 2022/23 we have continued with our approach to involving service users, carers, family members and staff in QI projects and have run a number of workshops with the people who use our services at the centre of the sessions.
L9	SHFT should, overall, increase its annual and quarterly reporting by committees and divisions to be accessible to the public it serves.	A review of guidance and good practice has been undertaken and agenda frameworks for Committees and the Board have been amended accordingly.

Note: Recommendations 34 and 35 relate to the Clinical Commissioning Group and Integrated Care System so have not been included in this table.

Appendix 3

Further information

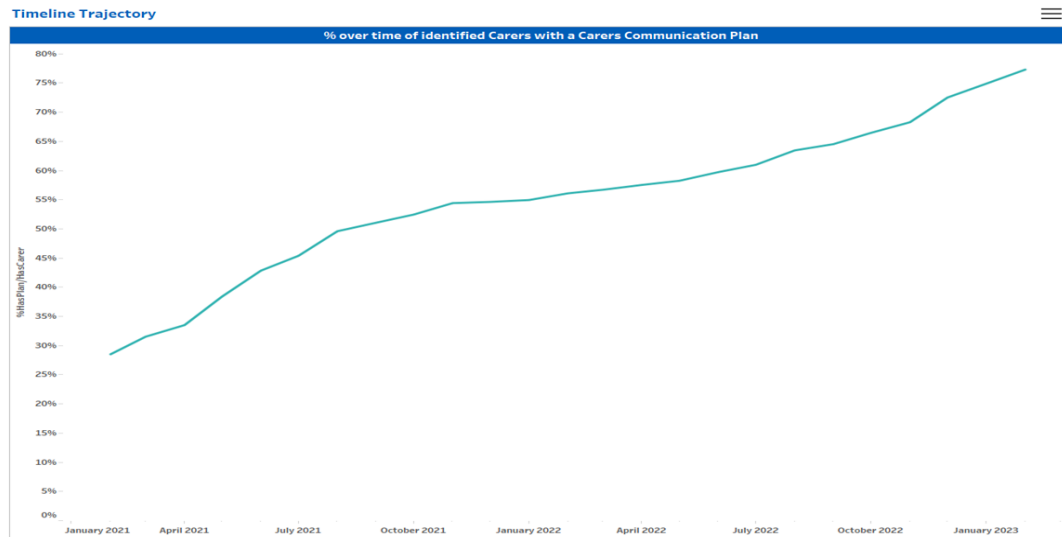
- 3.1 The full report (including an Easy Read version) and the Trust's public statement (issued on the day of publication), can be found on the Trust website here: <https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today>
- 3.2 Additional information, including the Terms of Reference for the review, can be found on the NHSE website here: <https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/>

Appendix 1: Outcomes/Impact Report for HASC (for Stage 2 Independent Investigation Report)

Carers and Families

We have carers support leads or carers champions in most of our services. This has improved the experience for our carers and compliance with carers' communications plans has increased. In many areas the number of complaints has decreased or, with the support of the carers lead, been resolved more quickly.

Increased compliance with Carers' Communications Plans



Page 64

Feedback from carers, showing the impact of a Carers Lead role:

Carer Feedback 1

"I was recommended to contact Ben by my husband's mental health nurse, as I was struggling with coping with my role as a Carer and its effect on my life. I didn't know what to expect when I first met up with Ben, I thought that he was going to help me understand my responsibilities as my husband's Carer and explain what more I should be doing to support his mental health"

issues. However, Ben immediately clarified that these sessions were to support me and to explore how I was dealing with the impact of the experience. On hearing that this was the purpose of our sessions, I burst into tears! To have this opportunity was such a huge relief as it has provided me with the space to express my feelings, fears, and thoughts about how I would manage my own life in my new role as a Carer. Ben's non-judgemental approach has allowed me to talk openly and share the whole range of emotions that I had been experiencing. He also provided me with some valuable information and insight into the various support networks and resources that are available for me to access.

Ben also challenged me on my pre-conceived ideas about my own self-worth and value. He helped me to see that I still mattered, and I didn't have to sacrifice my own life to care for my husband. Ben encouraged me to re-assess my caring relationship with my husband so that we were both clear about what I would be doing, but also what I couldn't do, in my role as his Carer.

From attending my sessions with Ben, I have gained a greater understanding of how my mental wellbeing is of equal importance to my husband's recovery. I learnt that it was not my role to 'fix' my husband's mental health issues or to become a mental health expert. This was a real turning point for me as I had been struggling with how I would cope with this. Ben encouraged me to think through a plan and set some goals that would improve my life and move us both forward. By the end of our sessions, I had taken some actions to achieve these goals - this was a very important development for me and restored my belief that I can still take control of my life.

I would like to thank Ben for all the support he has given me and to strongly advocate the provision of this service to Carers. It is so important for carers to be given the opportunity and space to consider their own wellbeing and recognise that they also deserve time and support. In doing so carers can learn and develop a new purpose to their lives."

Carer feedback 2 (11.07.22)

"We're very grateful as a family for the amazing support we're receiving from you all, it definitely has made a difference."

Carer feedback 3 (10.07.22)

"Thank you for all that you have done, your support has been fantastic. Your Carers Support role is as important as every other at Anchor House."

Carer feedback 4 (19.07.22)

"Your advice about the Triangle of Care helped me to understand that I could have a valuable input with my husband's treatment under the CMHT. Having the opportunity to have someone to talk to is really helpful."

Carer feedback 5 (22.08.22)

“You've done a really good job and equipped me with the tools should I need them to help my daughter. Thanks so much again for your help in what has been a difficult time for us as a family. It really has made a difference...please continue the excellent work!”

Example of Co-production with Carers

Carers' experiences of hospital discharge has remained a topic of interest for NHS England nationwide for the past decade. There are multiple articles, reports and commentaries on the processes and practices involved in hospital discharge and the inclusion of carers. With funding from NHS England, our project aimed to explore carers' experiences of hospital discharge from Adult Mental Health (AMH) and Forensic services at Southern Health.

Three carers led the project, as project leads, with the support of Southern Health's Carers Strategy Project Officer (project manager). The project was user-led and co-produced throughout. The project was developed through three phases: desktop research, carers' survey and interviews, and staff interviews. The final report has recently been completed and the findings and key recommendations will be presented by the carers to the Board in March.

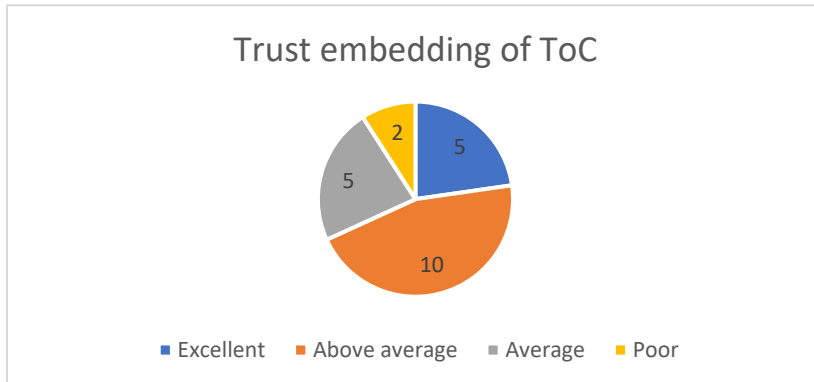
Staff Carers Network

Our Trust has established a staff carers network which has proved to be a great support for our staff. One staff member commented:

“I have been a part of the Staff Carers Together support group since it started. Initially I wasn't a carer for my husband, but the confidential group gave me confidence to know that if I had any questions or concerns I could raise them and that I wasn't the only person in this situation. Now I am a carer and just knowing that there are others within Southern Health in similar situations is very reassuring. Having a member of HR on our meetings means queries can be raised in an informal way and answer something that maybe you hadn't even thought about. The best gift we can all give to people is our time, compassion, and kindness and that is what the Staff Carers Together group provides.”

A survey was conducted with the carers leads to ensure that they were supported to undertake these roles. In particular, responses to two questions show the progress the Trust is making.

How do you feel the Trust is doing, in terms of embedding Triangle of Care?



How do you feel the Trust is doing, to improve the culture of working together with carers, families and friends?



Carer and Patient Support Hub

Examples of how we are making a difference:

- A lady was upset as she still had a temporary death certificate for her husband who passed away in March. We managed find out and signpost her to an organisation who was able to help immediately.
- An inpatient commented *“It’s great to see an impartial team coming in to support the patients away from the wards, I’m very grateful for you coming and listening to my concerns today”*.
- We supported someone who had followed countless leads getting someone to listen to her and failed. We met in the library for a coffee and listened to her story. She felt confident that we were going to open doors that were currently closed to her. After attending a PPG meeting on her behalf, we were able to successfully take her enquiries forward.
- A lady from another outreach clinic was embarrassed and worried about asking for a refund from her husband’s Care Home since his passing a few weeks ago. We contacted the Care Home on her behalf and arranged for her to have £1,000 refunded.

Feedback on service and accessibility

We received 95 responses in Q1 (an increase of 18% from Q4) and 43% of people stated they heard about the Hub from others and 50% of people stated they saw information about the Hub via posters, leaflets, and business cards.

88% of people found it easy to contact the team but 6% of people stated that they didn’t find it easy, as no one is available after 5.00pm. (The Carers & Patient Support Hub is currently covered from 8.00am until 5.00pm, however users are able to leave a voicemail and send us an email which will be dealt with the next working day).

80% of people felt safe to talk to the Hub. Out of 19 people that stated they didn’t feel safe, 13 people left comments that they were worried about whether it would affect their care. The Carers and Patient Support Hub always reassures people that their feedback will not affect their clinical care.

There were two main themes from the free text:

- **Communications** (i.e. examples of what you can help with and face to face drop in's)
The Carers & Patient Support Hub now has 10 clinics across Hampshire, and is in the process of setting up a social media page to help advertise these further. We also make sure that services advertise our drop-in clinics to their carers and patients.
- **Time** (e.g. have an evening drop in as "I don't finished work until 6pm everyday and why does it close at 5pm - there is no one available to discuss an issue I had)
The Carers & Patient Support Hub is currently covered from 8.00am until 5.00pm, however users are able to leave a voicemail and send us an email which will be dealt with the next working day.

Complaints & Patient Experience

Below is some feedback on Southern Health's complaints process. Responses from the Q3 2022/23 complaint satisfaction surveys have demonstrated that people find the new process more straightforward and easier to understand:

- *"The new system is so simple"*
- *"Clear and simple process"*
- *"Thank you for making the process better"*
- *"The new timelines are so much better"*
- *"I like the fact there are so many ways to make a complaint now"*
- *"I really did feel safe to raise my concern".*

ENDS.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	14 March 2023
Title:	NHS 111
Report From:	South Central Ambulance Service NHS Trust

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. The attached slides provide Members with an update on the performance of the NHS 111 service in readiness for the HASC meeting on 14 March 2023.

Recommendation

2. That the Committee note the update and continue to monitor the performance of the services as part of the Work Programme.
3. That a further update is requested for the HASC meeting in September 2023.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	no

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This is a covering report for an item from the NHS that requires the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

This page is intentionally left blank



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

NHS 111/IUC

Performance Update for HASC – 14th March 2023





NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Headlines

111 Performance

- 111 performance remains a challenge
- Difficult recovery after call volumes experienced in December
- Demand 23% up on Pre Covid year 2019/20 up to end of Feb at IUC ADC level
- December 22 57.5% up on Pre Covid December 2019
- Covid symptom groups spiked again during December – Further Issues From Strep A

111 Health Advisors

- 111 HA recruitment is positive - driven by a strong pipeline, particularly in the MK area
- Regional call handling (SVCC) has increased our call handling requirement

111/IUC outcomes

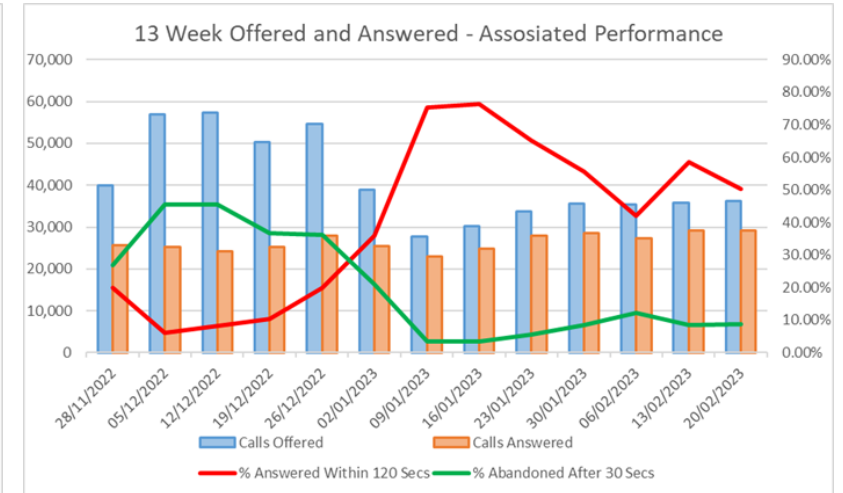
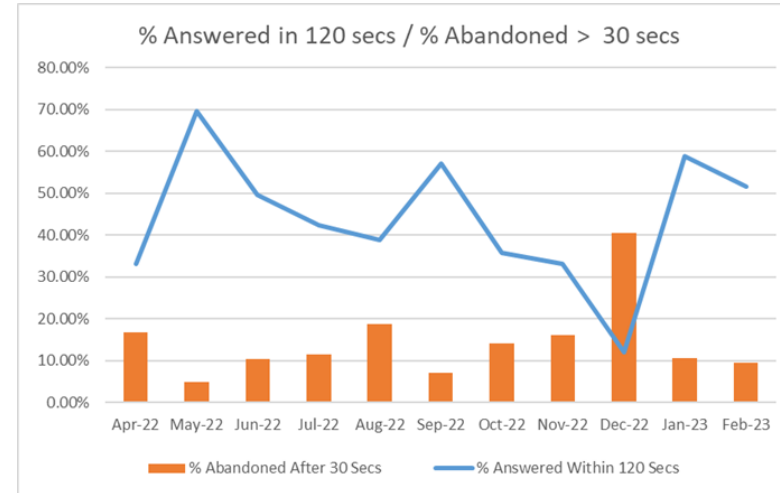
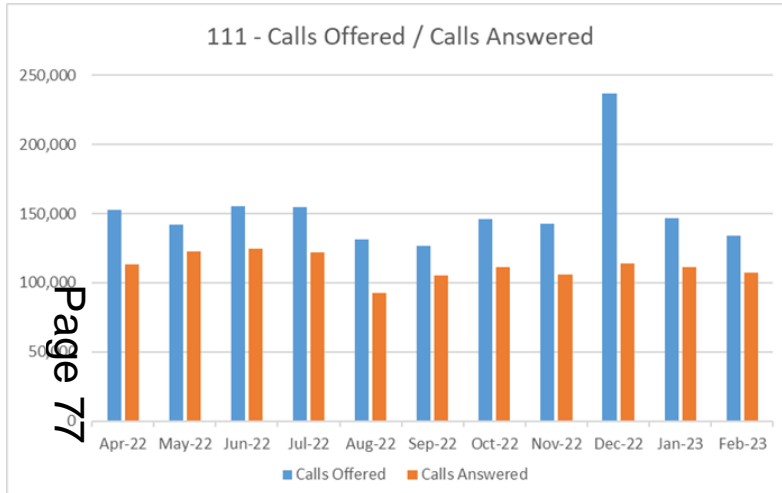
- 999 performance circa 13%, GPs CAS carrying out significant proportion of the ambulance validation with positive results
- Referring into ED with booking appointment rate over 60%
- 60% of 111 calls transferred to a clinician
- Referring into GP and booking appointment rate approaching 40% - driven by capacity available and demand



NHS

South Central
Ambulance Service
NHS Foundation Trust

SCAS Demand / Performance



- Demand fell significantly in Jan but has climbed to the end of the month and into February
- Feb busier per day than Jan – 5158 / average day vs 4728 – 9.1% up
- Corresponding impact on both the number of calls reached in 120 and the abandoned > 30

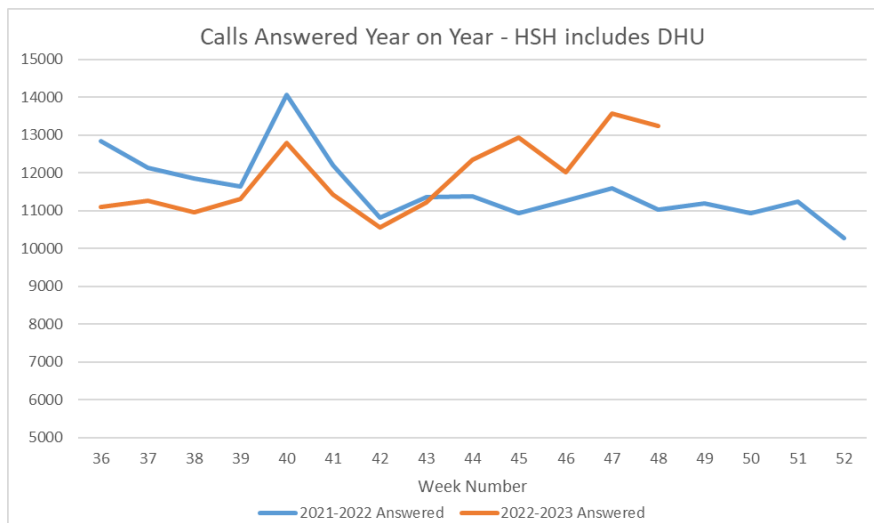
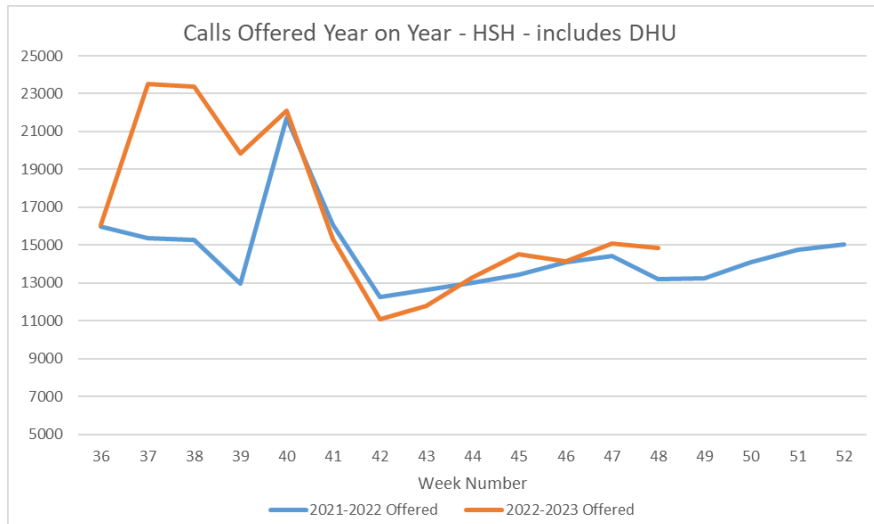


NHS

**South Central
Ambulance Service**
NHS Foundation Trust

HSH 111 Demand

Page 78



- Calls Offered through December considerably higher than previous years
- Incoming call demand reduced in January but has picked up in Feb
- Calls Answer is representative of resource ceiling
- Support from national resilience from 44 onwards improves call answer.

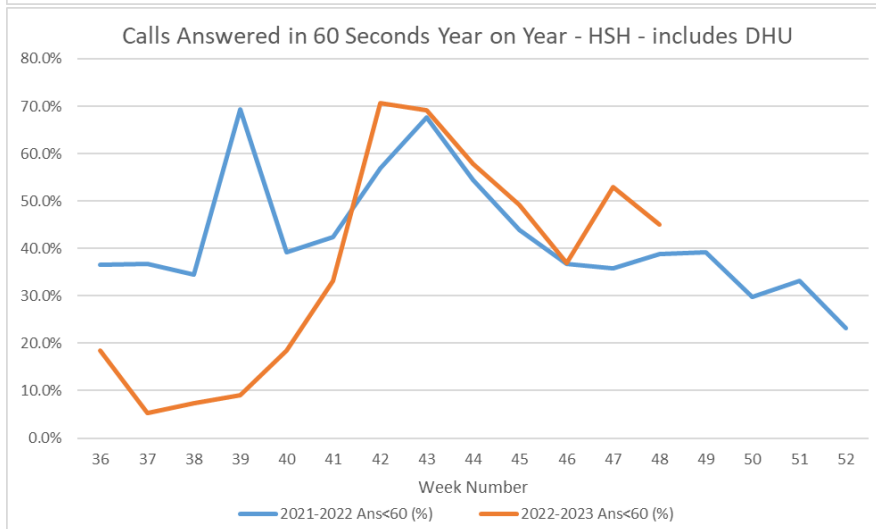
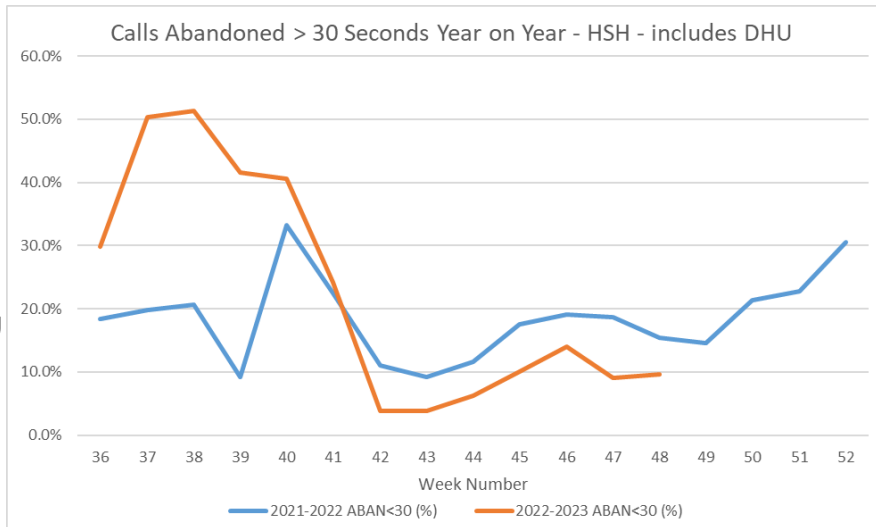


NHS

**South Central
Ambulance Service**
NHS Foundation Trust

HSH 111 Performance

Page 79



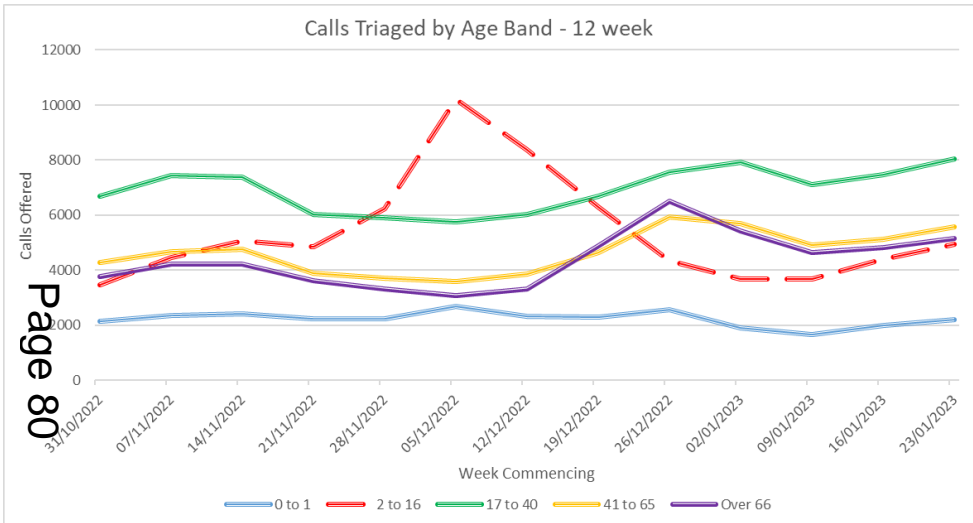
- Demand impacted call answer and abandonment rates in December.
- Both improved in week 41 with demand returning to expectation
- After this point both the answered and abandoned metrics have performed above where we were in the previous year



NHS

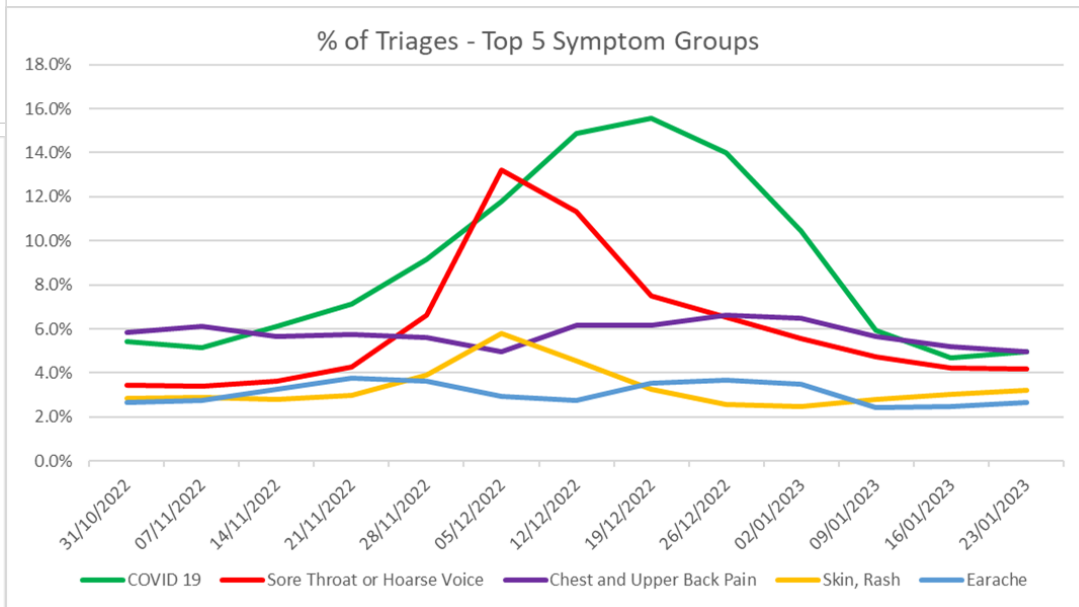
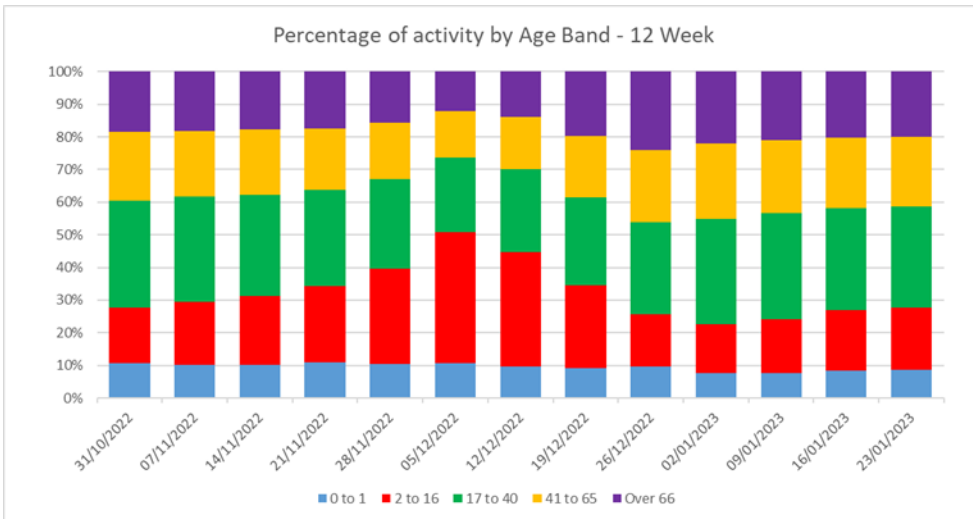
**South Central
Ambulance Service**
NHS Foundation Trust

SCAS Triage Demand Drivers



December Strep A impact:

- 40.3% increase in callers aged between 2 – 16 years old
- Clear spike in symptom groups related to Strep A & COVID





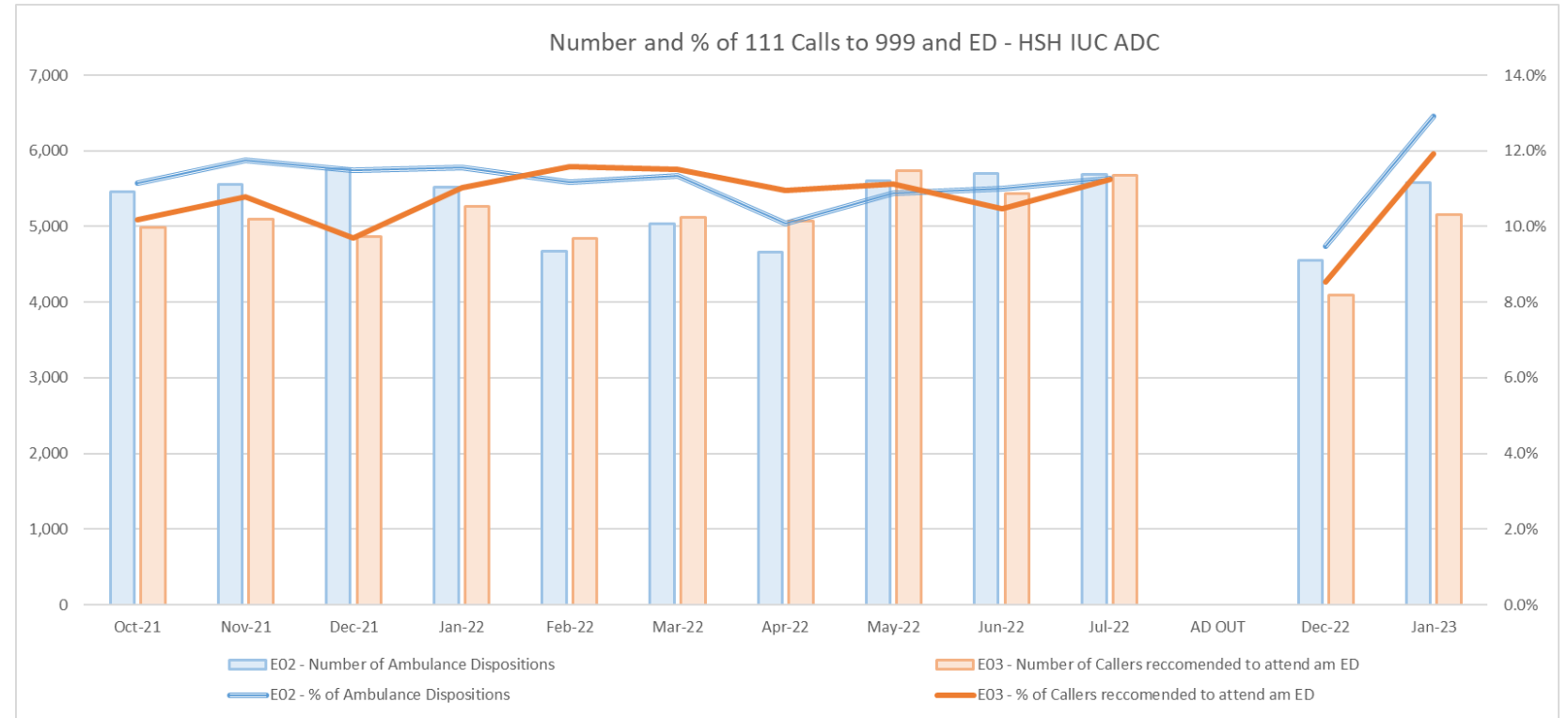
NHS

**South Central
Ambulance Service**
NHS Foundation Trust

111 To 999 and ED

- Sit within national average for 9's & ED referrals
- December an exception due to lower acuity/higher call volumes

Page 81



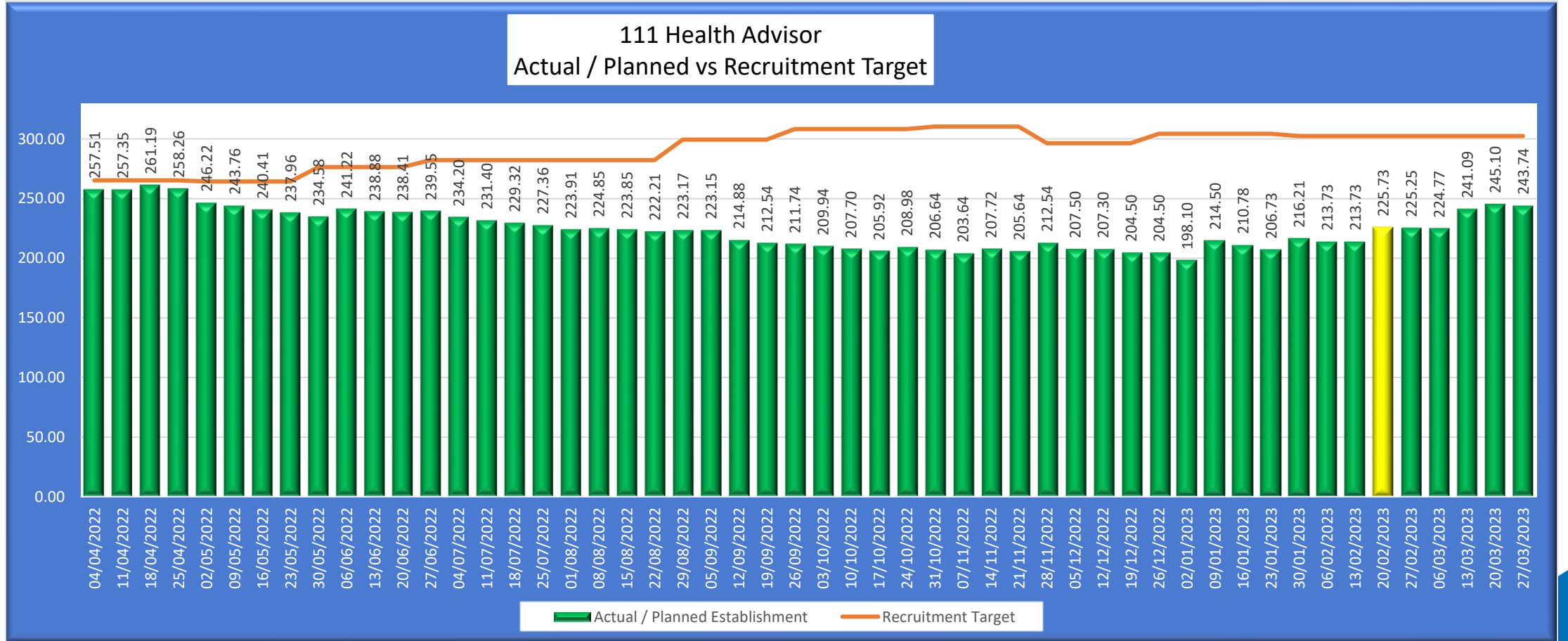


NHS

South Central
Ambulance Service
NHS Foundation Trust

111 HEALTH ADVISOR Actual / Planned vs Recruitment Target

Page 82

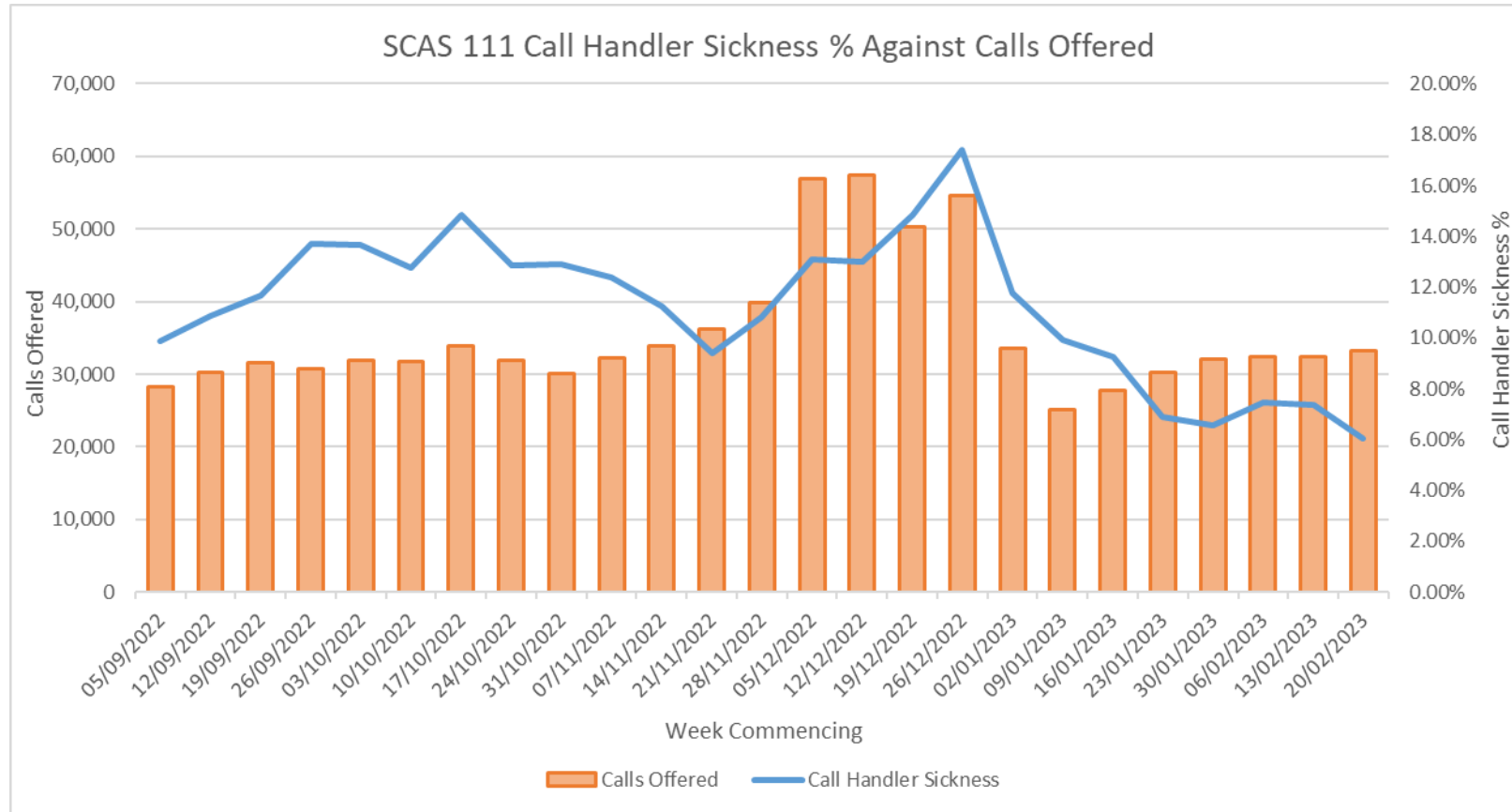




NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Call Handler Sickiness





NHS

South Central
Ambulance Service
NHS Foundation Trust

Improvement Actions

- New call centre premises – MK
- Home working for Health Advisors pilot
- Review of recruitment processes
- Working with call centre specific agencies
- New telephony/new data – re-focus on management of call centre metrics.
- Wellbeing of staff – wellbeing role, store cupboard access, You Matter, team events.
- Career pathways being developed to support progression and retention of staff.



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Thank you

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of meeting:	14 March 2023
Report Title:	Work Programme
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of Report

1. To consider the Committee's forthcoming work programme.

Recommendation

2. That Members consider and approve the work programme.

WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
<p>Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.</p> <p>(SC) = Agreed to be a substantial change by the HASC.</p>									
Whitehill & Bordon Health and Wellbeing Hub Update	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	Hampshire and IOW ICS	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update Jan 2023. Requested June 2023.			x		
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs. (also to incorporate concerns accessing GP appointments)	Living Well Ageing Well Healthier Communities	Both Hampshire ICSs	Presented July 2019, March 2022. Latest update Jan 2023. Requested further update June 2023.			x		
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An	Living Well Ageing Well Healthier	HHFT	Presented September 2019, last update March 2021. Requested further update 2022.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
	elective centre of excellence for large operations in Winchester.	Communities							
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire ICSs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020, March 2021, Sept 2022. Last update to HASC - July 2022.	Joint Committee to continue to monitor progress as appropriate going forward.				
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire ICSs	Presented in July 2020 following informational briefings. Last update rec'd Nov 2022.		x			
Proposal to create an Elective Hub	Spring 2022 notified of plans to create an elective hub to help	Living Well Ageing Well	HIOW ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
	manage the backlog of elective appointments	Healthier Communities		additional theatre space specifically as an elective hub for the Hampshire area. Autumn 2022 – nothing further to note. Defer update to 2023.					
Project Fusion: Recommendation to create a new community and mental health Trust	October 2022 notified of plans to create a joint organisation combining community and mental health services for Hampshire and IOW.		Southern Health FT and Solent NHS Trust	Initial presentation to HASC – Nov 2022. To return in March 2023 – consideration over substantial change.	x				
Andover Community Diagnostic Centre	Expansion of community diagnostic services – opening January 2023.	Starting Well Living Well Ageing Well Healthier Communities	HHFT	Some services opening Autumn 2022 with main opening January 2023. Last update Jan 2023. Requested update June 2023.			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
Acute Services Partnership	Proposal to bring together senior leadership and clinical teams from IOW Trust and PHU to form a partnership.	Starting Well Living Well Ageing Well Healthier Communities	Portsmouth Hospitals University NHS Trust	First presented at HASC – March 2023.	x				
Adult Eating Disorders Services (AEDS)	Propose changes to AEDS across Surrey Heartlands and Frimley.	Living Well Ageing Well Healthier Communities	Surrey and Borders NHS Foundation Trust	Briefing note received – to be presented at a future HASC.		x (TBC)			
Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. PHT last report received Jan 2020, update March 2020. SHFT – latest full report March 2022. Action Plan received May 22. Requested confirmation					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
				<p>when all actions completed.</p> <p>HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Update Nov 22.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p> <p>SCAS – inspection re safeguarding concerns reported Feb 22.</p>	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
				Update on CQC rating given July 22. Further update on action plan - Nov 22.					
Independent Review of Southern Health NHS Foundation Trust			Southern Health NHS FT	Stage 2 Report published in September 2021. Initial item Oct 2021, action plan at Jan 2022 meeting. Latest update Nov 2022.	x				
Dental Services	Concern over access to NHS dental appointments post pandemic	Starting Well Living Well	NHS England/ICS's (dentistry commissioning due to transfer to ICSs)	Initial Item heard Nov 2021, written update March 2022. Last updated Nov 22. No progress with national contracts – Feb 2023 – suggest Chairman to write to Minister.					
Pharmacy closures	TBC								
Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme									
Budget	To consider the revenue and capital programme	Starting Well Living Well	HCC Adults' Health and Care	Considered annually in advance of Council in February (January) Transformation savings pre-scrutiny alternate					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
	budgets for the Adults' Health and Care department.	Ageing Well Healthier Communities	(Adult Services and Public Health)	years at Sept meeting.					
Working Groups – currently none active									
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adults' Health and Care	For an annual update to come before the Committee. Last update Nov 2022. Next update due Nov 2023. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)					x
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	Hampshire County Council Adults' Health and Care	Annual item heard June/July.			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023	21 Nov 2023
NHS 111	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Both Hampshire ICSs	Updates rec'd – March 2021, Nov 2021, July 2022. Requested update in 6 months.	x				
Development of Integrated Care Systems (ICS)	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well Ageing Well Healthier Communities Dying Well	Both Hampshire ICSs	Updates rec'd - Jan 2022, July 2022. Requested further update 2023.		x			
Mental Health and Wellbeing		Living Well Ageing Well Healthier Communities Dying Well	Led through HCC AHC (multi agency)	Collaborative overview of future intentions around mental health and wellbeing to incorporate multi agency updates.					

* Work program to be prioritized and updated accordingly to note items that can be written updates only.

Other Topic Requests for scheduling:

June 2021 – request for update on water fluoridation powers in the Health and Care White Paper

July 2021 – request for a briefing on the ‘Carers and Working Parents Network’ (a HCC Staff Network. Requested by a member as a result of a member briefing on our workforce)

September 2021 – request for item on encouraging responsibility for health

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

Hampshire County Council: Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)

Glossary of Commonly used abbreviations / acronyms across Health and Social Care

Please note this is not exhaustive and is revised on a regular basis.

AAA	Abdominal Aortic Aneurysm
A&E	Accident and Emergency or Emergency Department (ED)
AMH	Adult Mental Health
AOT	Assertive Outreach Team
AWMH	Andover War Memorial Hospital
AS	Adult Services
BCF	Better Care Fund <i>This is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.</i>
BNHH	Basingstoke and North Hampshire Hospital (part of HHFT)
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group <i>A clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area up to June 2022</i>
CHC	Continuing Healthcare
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission <i>The Commission regulate and inspect health and social care services in England.</i>
CX	Chief Executive
DGH	District General Hospital
DH / DoH	Department of Health
DTC	Delayed Transfer of Care
ED	Emergency Department / A&E
ENP	Emergency Nurse Practitioner
F&G	Fareham and Gosport
FHFT	Frimley Health NHS Foundation Trust
FT	Foundation Trust
GP	General Practitioner
G&W	Guildford and Waverley
HASC	Health and Adult Social Care (Select Committee)
HCC	Hampshire County Council
HES	Hospital Episode Statistics
H&IOW	Hampshire and Isle of Wight
HHFT	Hampshire Hospitals NHS Foundation Trust
HWB	Health & Wellbeing Board <i>Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult</i>

	<i>social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health</i>
IAPT	Improving Access to Psychological Therapies
ICU	Intensive Care Unit
ICB	Integrated Care Board (part of the ICS)
ICP	Integrated Care Partnership (part of the ICS)
ICS	Integrated Care System (came in to force 1 July 2022, replaces CCG as local commissioning structures. Hampshire population included in the 'Hampshire & Isle of Wight ICS' and the 'Frimley ICS')
ICT	Integrated Care Team
IRP	Independent Reconfiguration Panel
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment <i>This document looks at the specific health and wellbeing needs of the local population and highlights areas of inequality. It helps public bodies decide what type of local services to commission.</i>
Local HW	Local HealthWatch <i>An organisation who represents the patient voice in Hampshire. They are commissioned by HCC and conduct research and investigations into patient experience and are part of a parent organisation Healthwatch England.</i>
MHA	Mental Health Act
MIU	Minor Injuries Unit
NED	Non-executive Director
NEH&F	North East Hampshire and Farnham
NHS	National Health Service
NHS FYFP/V	NHS Five Year Forward Plan / View <i>This is a national strategy which sets the direction for better prevention, new models of coordinated and personalised support and for localities to decide for themselves how best to make progress.</i>
NHSE	<i>NHS England NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England. It holds the contracts for GPs and NHS dentists, although some of these are co-commissioned with CCGs.</i>
NHSI	NHS Improvement <i>NHSI is responsible for overseeing all NHS trusts, as well as independent providers that provide NHS-funded care. Its focus is to ensure that patients receive consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It includes the functions previously carried out by Monitor.</i>
NHSP	NHS Property Services
NICE	National Institute for Clinical Excellence <i>This body provides national guidance and advice to improve health and social care outcomes.</i>

NSF	National Service Framework
OAT	Out of Area Treatment
OBC	Outline Business Case
OBD	Occupied Bed Days
OOA	Out of Area
OOH	Out of Hours
OP	Out-patients
OPMH	Older People's Mental Health (services)
PCN	Primary Care Network
PFI	Private Finance Initiative
PH	Public Health
PHE	Public Health England <i>PH England is an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.</i>
PHU	Portsmouth Hospitals University NHS Trust
QAH	Queen Alexandra Hospital, Cosham
QSG	Quality Surveillance Group <i>The aim of this group is to identify risks to quality at as early a stage as possible. They do this by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role.</i>
RHCH	Royal Hampshire County Hospital (part of HHFT)
RTT	Referral to Treatment Time (performance indicator)
S&BP FT	Surrey and Borders Partnership NHS Foundation Trust
SCAS	South Central Ambulance NHS Foundation Trust (Service)
SECAMB	South East Coast Ambulance NHS Foundation Trust
SEH	South Eastern Hampshire
SEN	Special Educational Need
SGH	Southampton General Hospital
SHFT	Southern Health Foundation Trust
SHIP	Southampton, Hampshire, Isle of Wight and Portsmouth
SPFT	Sussex Partnership Foundation Trust (provider of CAMHS)
STP	Sustainability (and) Transformation Plan / Partnership / Programme <i>These local plans aim to achieve the goals of the NHS Five Year Forward to achieve better health, transformed quality of care delivery, and sustainable finances. It is a partnership to improve health and care developed proposals built around the needs of the whole population in the area, not just those of individual organisations.</i>
UHS FT	University Hospital Southampton NHS Foundation Trust
UTC	Urgent Treatment Centre
WCH	Western Community Hospital
WiC	Walk in Centre

This page is intentionally left blank