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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 21 JUNE 2012

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Present: Councillors Parnell, Jeffery, Lewzey, Pope (Chair), Tucker, Claisse and Thomas

Apologies: Councillor McEwing

1. **ELECTION OF VICE-CHAIR**

RESOLVED that Councillor Lewzey be elected Vice-Chair for the Municipal Year 2012/2013.

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

The Panel noted that Councillor Claisse had been appointed as a new Member of the Panel to replace Councillor Baillie and that Councillor Thomas was in attendance as a nominated substitute for Councillor McEwing in accordance with Council Procedure Rule 4.3.

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

RESOLVED that the Minutes of the Meeting held on 29 March 2012 be approved and signed as a correct record.

4. **SOUTHAMPTON, HAMPSHIRE, ISLE OF WIGHT AND PORTSMOUTH HEALTH OVERVIEW AND SCRUTINY COMMITTEES: ARRANGEMENTS FOR ASSESSING SUBSTANTIAL CHANGE IN NHS PROVISION**

The Panel considered the report of the Senior Manager, Customer and Business Improvement seeking agreement to the arrangements for assessing substantial change in NHS provision. (Copy of the report circulated with the agenda and appended to the signed minutes)

There was a discussion regarding the arrangements. The Panel wanted to review the framework before agreement was given. It was reported that the framework had been agreed by all the HOSC's across the SHIP area and by the previous Health Overview and Scrutiny Committee.

RESOLVED that the Panel review the arrangements for assessing substantial change in NHS provision in association with LINK and present the new framework to the next Health Overview and Scrutiny meeting for approval.

5. **UPDATE FROM JOINT SEMINAR RE VASCULAR SURGICAL SERVICES**

The Panel considered a report of the Chair of the Health Overview and Scrutiny Panel seeking to facilitate a locally negotiated solution to the future of vascular services. (Copy of the report circulated with the agenda and appended to the signed minutes).

Beverley Meeson, Cardio Vascular Network was present and upon request briefed the Panel on the background vascular services and gave an explanation of vascular services.

A seminar had been held on 11 June, chaired by an independent expert with stakeholders which provided an update on the vascular review and future commissioning arrangements. It was felt that this had been positive and it was hoped that a way forward would be established.

### **RESOLVED**

- (i) to maintain the view that a locally negotiated solution to the issue be reached as soon as possible and it would continue to work with the PCT Cluster, HOSCs and Providers to achieve this. However, the Panel did not rule out exploring other options available, including referral to the Secretary of State if progress was not made locally;
- (ii) that the Chair write to the PCT Cluster to ask how much money had been spent so far on the review of vascular services from the start of the process up to and including the meeting on 11 June;
- (iii) that the Chair also ask the PCT Cluster to provide full details of all the network models that had been proposed to date and the reasons provided by providers as to why they had not been agreed;
- (iv) that the Chair also ask the PCT Cluster to provide details of the results of monitoring against the 'Clinical Governance Framework to monitor Portsmouth Hospitals NHS Trusts' arrangements for the provision of Vascular Surgery to date and on an ongoing basis; and
- (v) that the Chair write to both Southampton University Hospitals Foundation Trust and Portsmouth Hospitals NHS Trust to seek clarity on the staffing (whole clinical team not just consultants) requirements and finance modelling for each of their proposed models.

## 6. **HEALTH AND SOCIAL CARE ACT - KEY IMPLICATIONS FOR LOCAL AUTHORITIES**

The Panel considered the report of the Executive Director of Health and Adult Social Care seeking to identify any issues for discussion at a future meeting. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received a presentation from Martin Day, Directorate Strategic Business Manager.

The main points from the presentation included the following:

- The idea that the patient would be at the heart of everything;
- The interests of local people would be represented by local Healthwatch. Healthwatch was the successor to LINK but its role was wider than that of LINK;
- Healthwatch would be at a local and national level;
- It was anticipated that Healthwatch for Southampton would be established in April 2013;
- Membership of the Health and Wellbeing Board was outlined. There were 11 members on the board. 5 were Councillors and there must be one from each political party. The Councillors were elected at the AGM of the Council in May. There were also 3 Directors on the Board;
- The Joint Health and Wellbeing Strategy was being reviewed. The Panel would be asked to comment on the draft strategy at a future meeting.

The Panel expressed concern regarding the current make up of the Health and Wellbeing Board and Healthwatch.

**RESOLVED**

- (i) that the report be noted; and
- (ii) that the Chair of the Health and Wellbeing Board be invited to the next meeting.

7. **SOUTHAMPTON CLINICAL COMMISSIONING GROUP ANNUAL PLAN AND PRIORITIES**

The Panel received and noted the report of the Deputy Director, Southampton Clinical Commissioning Group, giving details of the priorities for the forthcoming year. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received a presentation from Stephanie Ramsey, Deputy Director, Southampton City Clinical Commissioning Group.

The main points from the presentation included the following:

- Clinical Commissions Groups (CCGs) were led by GP's. CCGs commission services on behalf of the community in order to deliver the best outcomes for patients within the resources available. They do not provide services;
- NHS Southampton Clinical Commissioning Group was functioning in a shadow format. It was expected to be authorised by January 2013;
- An aim was to ensure that people have fair access and fair provision. Individuals would be able to make choices regarding their health provision;
- Quality was the core element of being a CCG. Everything would be considered when commissioning services and not just price.

**RESOLVED** that an update be provided to the Panel at a future meeting.

8. **SOUTHERN HEALTH NHS FOUNDATION TRUST ANNUAL PLAN AND PRIORITIES**

The Panel considered the report of the Financial Director, Southern Health NHS Foundation Trust, seeking comments on the current services and vision for future services of Southern Health NHS Foundation Trust. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received a presentation from David Robertson, Director of Finance and Corporate Services, Southern Health and Dr Helen McCormack, Interim Medical Director, Southern Health.

The main points from the presentation included the following:

- There were 3 overlapping aims and goals – to improve patient and user experience, to reduce costs and to improve outcomes for patients and users;
- Southern Health was a NHS Foundation Trust commissioned to provide mental health services, integrated community services, social care and learning disability services and forensic services;

- Mental health services had transformed over the years. Specialist care and support services were provided to enable people to live in the community and with a better quality of life;
- In the current economic climate there was more incentive to be innovative to ensure that the best services were provided and that resources were used as effectively as possible.

**RESOLVED**

- (i) that the Panel noted the current services provided by Southern Health NHS Foundation Trust;
- (ii) that the Trust's vision for future services be noted.

9. **SOLENT NHS TRUST ANNUAL PLAN AND PRIORITIES AND FOUNDATION TRUST CONSULTATION**

The Panel considered the report of the Director of Strategy, Solent NHS Trust, giving details of priorities for the forthcoming year and seeking a response to the consultation. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received a presentation from Dr Ros Tolcher, Chief Executive, Solent NHS Trust.

**RESOLVED**

- (i) that comments from members of the Panel be sent to the Chair of HOSP for incorporation into a formal response to Solent NHS Trust on their consultation;
- (ii) that the update from Solent NHS Trust be noted.

10. **UNIVERSITY HOSPITAL SOUTHAMPTON ANNUAL PLAN AND PRIORITIES**

The Panel received the report of the Director of Nursing, University Hospital Southampton giving details of priorities for the forthcoming year. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received a presentation from Judy Gillow, Director of Nursing and Michael Marsh, Medical Director, University Hospital Southampton.

The Panel noted the invitation to attend an additional briefing or a site visit to the hospital. The full 200 page version of the annual plan was offered to the Panel, however a summary plan would be available at the end of June, which could be provided to the Panel.

There was a discussion regarding the Hospitals journey to receive Foundation Trust status and it was reported that it had helped them to focus on the services they provided and how best to run them efficiently and effectively in order to deliver the best outcomes for the community.

The Panel expressed concerns regarding smoking immediately outside of the hospital building. It was acknowledged that this was a difficult issue to address and that campaigns and strategies had been put in place to discourage this, in particular staff had received additional training to deal with smokers in a non confrontational way. Concern was also expressed regarding the cost of car parking at the hospital and the implications for the wider neighbourhood. It was reported that this was a difficult

situation. Should the charges be removed or reduced funding would need to be found from elsewhere to invest in services. Charges were reduced for vulnerable groups. Staff no longer park at the hospital and therefore more spaces were available to patients and their families and visitors. Park and ride facilities were provided by the hospital for staff.

**RESOLVED**

- (i) that the Panel noted the briefing;
- (ii) that a summary of the annual plan be requested.