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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 29 NOVEMBER 2012

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Present: Councillors Pope (Chair), Lewzey (Vice-Chair), Claisse, Jeffery, Parnell, Tucker and Keogh (Except min no 29 and 30)

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

**RESOLVED** that the Minutes of the Meetings held on 27 September and 10 October 2012 be approved and signed as a correct record.

Matters arising

Minutes from 27 September 2012; Minute no 21 – Transfer of Medicine for Older People from Southampton General Hospital to Royal South Hants

The Panel noted a letter had been received from Mark Hackett, Chief Executive of the University Hospital Southampton NHS Foundation Trust dated 28 November 2012. The letter stated that the proposals had been withdrawn and that patients would not be transferring to the RHS Upper Brambles ward because they were unable to recruit enough staff.

The Panel enquired about what would happen to equipment on the Upper Brambles ward given that the move would not take place. An answer could not be provided at the meeting.

Minutes from 10 October 2012, Minute no 22 – Statement from the Chair

The Panel noted an email had been received from Steve Townsend, Southampton City CCG regarding the delay in installing digital mammography equipment in Southampton. It was the intention to install the new equipment in phases between December and mid 2013 and be fully operational by the end of September 2013.

29. **CONSULTATION ON WESTWOOD HOUSE SHORT BREAK SERVICE**

The Panel received the report of the Deputy Director of Integrated Strategic Commissioning, NHS Southampton for the Panel to note the consultation process and feedback received to date and support the PCT's recommendation to its board (subject to the final outcome of consultation being reflective of the feedback so far). (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel noted the following:

- the consultation on Westwood House, Short Break Service commenced on 8 October and was due to conclude on 14 December;
- 17 Southampton families were using Westwood House and had been offered the opportunity for a face to face meeting to discuss the proposals;
- 12 parents had taken up this offer. The majority of these understood and accepted the rationale behind the proposals and welcomed a peripatetic nursing team;

- The 5 families who had not responded would be written to and if they did not want to meet to discuss the proposals, they would be asked to complete a survey.

The Panel expressed concern regarding the fact that staff had not been consulted. It was explained that until the consultation period had concluded it was not possible to formally consult with the staff, however there had been some early engagement with them. It was anticipated that if the service ceased the staff would move into alternative roles so that the expertise would not be lost.

The Panel congratulated the PCT on the engagement and consultation carried out to date on a sensitive issue.

### **RESOLVED**

- i) that the Panel noted the consultation process and the feedback received; and
- ii) that the Panel supported the PCT's recommendation to its board (subject to the final outcome of consultation being reflective of the feedback so far) that lead responsibility for the short breaks currently provided at Westwood House should transfer to Local Authority commissioned provision, supported by the development of a peripatetic nursing team to be commissioned by the PCT.

### 30. **SOUTHAMPTON SAFEGUARDING ADULTS BOARD - SERIOUS CASE REVIEW - MR A**

The Panel considered the report of the Executive Director of Health and Adult Social Care, for the Panel to note the action plan developed by the Southampton Safeguarding Adults Board (SSAB) in response to the findings of a Serious Case Review report and the multi agency governance arrangements in place to oversee the delivery of the actions. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Cabinet Member for Adult Social Care was present and with the consent of the Chair provided a brief update to the Panel.

The Panel noted the following:

- The Safeguarding Adults Board was not currently a statutory body. An independent Chair had been appointed to the board. The Chair of the SSAB had requested an impact assessment on actions taken as a result of the Serious Case Review Report for the next meeting of the SSAB;
- the individual at the centre of the case review had not always been easy to engage with. A pan Hampshire plan on engaging with the dis-engaged has been developed and was being used by Southampton;
- The report evidenced the areas which lead to the failure which included quality control and contract management. Procedures had been put in place to address the issues raised in the report. The SSAB would continue to review and monitor the recommendations in the action plan;
- The Safeguarding Adults Board produces an annual report and the Panel agreed it would be considered annually by the Health Overview and Scrutiny Panel.

Joe Hannigan, Southampton Local Involvement Network was present and with the consent of the Chair addressed the Panel. He expressed concern regarding the term “close relative” in recommendation 6. He felt this needed to be addressed and should refer to a defined person. A close relative could be abusive to the service user.

**RESOLVED** that the Panel noted the action plan developed by the Southampton Safeguarding Adults Board (SSAB) and progress that had been made.

31. **UPDATE ON VASCULAR SERVICES**

The Panel considered the report of the Senior Manager, Customer and Business Improvement providing an update on Vascular Services since the last meeting of the Panel on 10 October. (Copy of the report circulated with the agenda and appended to the signed minutes)

Sara Elliot, PCT SHIP Cluster, Michael Marsh, Medical Director, University Hospital Southampton and Simon Holmes, Portsmouth Hospitals NHS Trust Medical Director were present and briefed the Panel on the present situation.

The Panel noted the following:

- That there was a clear commitment to commission a network model of service because this would provide the most sustainable service for patients;
- Principles for four areas where the two Trusts would work jointly had been agreed – research; training and education; on call service and major aortic cases;
- That there was a commitment to centralise weekend cover for all vascular emergencies based at the University Hospital Southampton (UHS) with the surgeons from Portsmouth joining the surgeons at Southampton from April 2013. The centralised on call service would then move from the weekend to the whole week;
- Emergency aortic surgery would be centralised at the UHS from April 2013;
- Elective AAA open interventions were to be centralised at UHS from October 2013;
- Progress had been made between the two Trusts and further work would be carried out in order to proceed towards the network model;
- Further work would be undertaken to ensure that the service meets the new national service specification once this was published.

**RESOLVED**

- i) that the progress made be noted;
- ii) that given the commitment to move towards a network model, it was agreed the Panel should not refer the issue to the Secretary of State;
- iii) that a further update be provided at the next Health Overview and Scrutiny Panel meeting on 31 January 2013.

32. **PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO KEY HEALTH DELIVERY SITES**

The Panel considered the report of the Senior Manager: Customer and Business Improvement seeking agreement to undertake a mini review on public and sustainable transport to key health delivery sites in the City. (Copy of the report circulated with the agenda and appended to the signed minutes)

Councillor Thorpe, Cabinet Member for Environment and Transport and Simon Bell, Public Transport and Operations Manager were present.

Councillor Thorpe outlined the reasons why he had proposed a review be carried out by the Panel.

Simon Bell briefed the Panel on some of the issues in relation to transport to and from the key hospital sites, set out below:

#### Southampton General Hospital

- 30 buses arrive / depart every hour;
- Insufficient bicycle parking space was provided;
- No recent data on patient travel;
- Bus journeys could take a long time;
- Bus stops were located in different places around the hospital;
- Increasing demand for patient and visitor parking

#### Royal South Hants

- The evening bus service was proposed to be withdrawn;
- Information was not known on the numbers of staff who use public transport in the evening;
- There was the perception that the car park at the hospital was never full

#### Adelaide Centre

- Transport links were very poor. Only one bus an hour Mon-Sat

#### Bitterne Health Centre

- It was felt that the location of this facility was remote from the bus services

The scope of the review was discussed, which included whether to extend the scope further to include car travel and car parking charges or whether to limit the number of sites to only the General Hospital. Concern was expressed regarding limiting the scope to only the General Hospital particularly as it had been reported that the public transport links to the Adelaide Centre were poor, for example. The Panel considered the proposed scope of the mini review. It was felt that a more limited scope would enable a more thorough and effective review given the time and resources available and therefore the Panel should focus on public transport to the General Hospital. If time allowed, other sites could be included. It was recognised that further reviews could be carried out at a later date.

It was reported that the Overview and Scrutiny Management Committee would need to approve any review the Health Overview and Scrutiny Panel wished to carry out.

**RESOLVED** that the Panel recommended the Overview and Scrutiny Management Committee approve a mini review into Public and Sustainable Transport Provision to Southampton General Hospital be carried out by the Health Overview and Scrutiny

Management Committee. If time allowed access to the Royal South Hants and Western Hospital/Adelaide Centre sites would also be considered.