

Health Overview and Scrutiny Panel

Thursday, 29th November, 2012
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Pope (Chair)
Councillor Lewzey (Vice-Chair)
Councillor Claisse
Councillor Jeffery
Councillor Parnell
Councillor Tucker
Councillor Keogh

Contacts

Karen Wardle
Democratic Support Officer
Tel: 023 8083 2302
Email: karen.wardle@southampton.gov.uk

Caronwen Rees
Policy & Performance Analyst
Tel: 023 8083 2524
Email: Caronwen.rees@southampton.gov.uk

PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel

The Health Overview and Scrutiny Panel is responsible for undertaking the statutory scrutiny of health across Southampton. This role includes:

- Responding to proposals and consultations from NHS Trusts and other NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises
- Liaising with the Southampton LINK and responding to any matters brought to the attention of overview and scrutiny by the Southampton LINK
- Scrutinising key decisions of the health agencies in the City and the progress made in implementing the Health & Well-being Strategic Plan and Joint Plans for Strategic commissioning
- Considering Councillor Calls for Action for health matters

Southampton City Council's Seven Priorities

- More jobs for local people
- More local people who are well educated and skilled
- A better and safer place in which to live and invest
- Better protection for children and young people
- Support for the most vulnerable people and families
- Reducing health inequalities
- Reshaping the Council for the future

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest

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

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2012/13

2012	2013
21 June 2012	31 January 2013
15 August	21 March
10 October	
29 November	

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

CONDUCT OF MEETING

Terms of Reference

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Business to be discussed

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

Rules of Procedure

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

DISCLOSURE OF INTEREST

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

DISCLOSABLE PERSONAL INTERESTS

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

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

- (iv) Any beneficial interest in land which is within the area of Southampton.

- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

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

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

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

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

In exercising discretion, the decision maker must:

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

AGENDA

Agendas and papers are now available via the City Council's website

1 STATEMENT FROM THE CHAIR

2 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

4 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

5 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 27th September and 10th October 2012 and to deal with any matters arising, attached.

7 CONSULTATION ON WESTWOOD HOUSE SHORT BREAK SERVICE

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), attached.

8 SOUTHAMPTON SAFEGUARDING ADULTS BOARD - SERIOUS CASE REVIEW – MR A

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, attached.

9 UPDATE ON VASCULAR SERVICES

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, attached.

10 PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO KEY HEALTH DELIVERY SITES

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, attached.

Wednesday, 21 November 2012

HEAD OF LEGAL, HR AND DEMOCRATIC SERVICES

Agenda Item 6

To approve and sign as a correct record the Minutes of the meetings held on 27th September and 10th October 2012 and to deal with any matters arising, attached.

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2012

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

Apologies: Councillors Lewzey and Morrell

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

The Panel noted that, in accordance with Council Procedure Rule 4.3, Councillor Morrell replaced Councillor McEwing as a Panel Member for the remainder of the Municipal Year.

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

RESOLVED that the Minutes of the Meeting held on 15th August 2012 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

21. **TRANSFER OF MEDICINE FOR OLDER PEOPLE WARD FROM SOUTHAMPTON GENERAL HOSPITAL TO ROYAL SOUTH HANTS**

The Panel considered the report of the Senior Manager (Customer and Business Improvement) providing details of the proposed temporary transfer of elderly care beds from Southampton General Hospital to Royal South Hants. (Copy of the report circulated with the agenda and appended to the signed minutes).

Dr Sandeman, Southampton General Hospital and Mr Richards, Southampton City Clinical Commissioning Group (CCG) were present and briefed the Panel on the present situation.

The Panel noted the following:-

- that the rationale for the move was the increased demand for urgent care leading to a knock on effect on waiting times for elective surgery. Southampton General Hospital was under pressure with bed capacity running at 103% occupancy compared with national guidelines of 85% and they were having to cope by cancelling surgical procedures;
- that the environment at Southampton General Hospital, whilst meeting the required standards, was not ideal for elderly care as all the space was utilised as bed space. Royal South Hants Hospital was a much better environment with for elderly patients;
- that CCG's concerns relating to the transfer of patients, their safety and quality of care, adequate staffing and correct environment had been mitigated and in August they had subsequently agreed that they would be willing to support the move as a short term expedient measure, subject to certain provisos. It was recognised that the move was not a long term solution to the problem and there

was a wider strategic aim to tackle the issue of unscheduled/urgent care demand and in the Southampton area and implement whole system changes to deal with the capacity issues in accordance with the Emergency Care Intensive Support Team's recommendations;

- that it was important that the transfer of patients to the temporary ward was undertaken as soon as possible to ensure winter pressures could be addressed. . A review of the success of the initiative so far should take place in January 2013
- that the creation of an additional ward was not the right model of care, but a temporary measure implemented to assist with the current crisis. It was important that a long-term strategic plan be put in place to change adult care pathways in order that the right level of care was received at the right place and that Southampton General Hospital was developed not only as a specialised centre but as a good hospital for the City;
- that HOSP members were invited to visit the ward at Royal South Hants on 10th October.

RESOLVED that after consideration of the issues:-

- (i) the Panel were satisfied that the transfer of elderly care beds from Southampton General Hospital to Royal South should go ahead for a temporary period of 6 months;
- (ii) that a copy of the report of the Emergency Care Intensive Support Team current review into the health system in Southampton would be forwarded to panel members as soon as it was received; and
- (iii) that a follow up review report on the situation would be tabled at the HOSP meeting on 31 January 2013. The January meeting would also consider the wider issue of capacity within the health system in the City.

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 10 OCTOBER 2012

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

Also in Attendance: Mrs Jane Freeland – Deputation from 38 Degrees

22. **STATEMENT FROM THE CHAIR**

The Chair made the following statements:-

- as the Chair had received a deputation request from “38 Degrees” relating to Item 9 on the agenda and members were present, this item would be moved to the first item of business;
- members were welcome to participate in “Movember”, a way of raising money to fight prostate and testicular cancer, by growing a moustache; and
- as there had been problems and delays with updating equipment used by the Southampton breast screening service, it was AGREED that officers would arrange a meeting with UHS, the CCG and the Chair and Vice-Chair of HOSP to discuss the issues.

23. **SOUTH CENTRAL AMBULANCE SERVICE UPDATE AND CLINICAL QUALITY INDICATORS**

The Panel received and noted the report of the Senior Manager Customer and Business Improvement providing members with the background to the new ambulance service clinical quality indicators to enable understanding and monitoring in the future. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from South Central Ambulance Service (SCAS) and the following was noted:-

- that Southampton’s performance was good and above the national average;
- that all vehicles were issued with a full set of keys, enabling them to access areas that were barricaded or were in sheltered accommodation;
- that a campaign had been launched in a bid to reduce the number of hoax/inappropriate calls being received;
- that ambulance turnaround times were being delayed by hospitals’ inability to manage queues to free up ambulance crews; and
- that an update on when the 111 service would come into operation would be provided after the meeting.

24. **DRAFT CARE AND SUPPORT BILL**

The Panel considered the report of the Executive Director of Health and Social Care summarising key issues set out in the draft Care and Support Bill and requesting that they identify any comments they wished to make in response to the consultation. (Copy of the report circulated with the agenda and appended to the signed minutes).

RESOLVED that the Panel would respond to the draft bill stating their concerns regarding the lack of progress on the future funding of adult social care.

25. **UPDATE ON VASCULAR SERVICES**

The Panel considered the report of the Director of Nursing, SHIP PCT Cluster providing an update on actions taken since the Vascular Services seminar held on 11 June 2012. (Copy of the report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- that a meeting had been held on 3rd October between Portsmouth and Southampton clinicians. It had been positive and progress had been made as the Trusts had agreed to work together in the following areas :-
 - * training;
 - * research;
 - * joint weekend working rota; and
 - * that complex aorta surgery would be handled at Southampton;
- no deadlines had been set for the integration and delivery of the services;
- that officers felt it was important not to jeopardise the current position and if the Panel used their powers and referred this issue to the Secretary of State it would delay the situation for a further period and would not be in the interests of the local people; and
- it was imperative that the HOSP receive a written agreement of commitment between the parties;

Upon putting to the vote, the following was resolved:-

RESOLVED

- (i) that the Chair would write to both Chief Executives informing them that the issue would be referred to the Secretary of State if the HOSP had not received a written agreement of commitment between the parties signed by both Chief Executives by 26th October 2012; and
- (ii) that the PCT Cluster provided the Chair with details of the Portsmouth Hospitals NHS Trust in relation to the **Clinical Governance Framework for the provision of Vascular Surgery**

26. **IMPLEMENTING THE NHS REFORMS IN SOUTHAMPTON, HAMPSHIRE, ISLE OF WIGHT AND PORTSMOUTH**

The Panel considered the report and received a presentation from the Director of Communications and Engagement, SHIP PCT Cluster, providing an update on the changes to local NHS commissioning organisations as a result of the Government reforms. (Copy of the report circulated with the agenda and appended to the signed minutes).

The following points were noted:-

- the over-arching National Commissioning Board would be a single, nationwide organisation, with matrix-working at its heart to provide simplicity, aid and efficiency to ensure a consistent approach it will take up its full statutory duties and responsibilities on 1 April 2013 ;
- there would be 27 Local Area Teams,(LAT's), each having the same core functions which would take on direct commissioning of GP services, dental services, pharmacy and certain optical services;
- there would be 4 regions providing clinical and professional leadership at a sub-national level and Southampton was part of the Wessex Local Area Team which included SHIP, Dorset Bournemouth and Poole. This area comprised of 7 Local Authorities, 9 CCGs and 6 Health & Wellbeing Boards;
- CCG's were groups of GPs and other key health professionals responsible for 80% of the healthcare budget in their area and would buy in services. All GPs would be a member of the CCG in their area and each CCG would have a governing body and would be responsible for engaging with local people to ensure that services met their needs;
- authorisation would be the process by which CCGs would be assessed as ready to take on responsibility for health care budgets for their local communities and Southampton was timetabled in Wave 4, with the authorisation decision due in January 2013;
- CCG's were public bodies/statutory NHS organisations under the umbrella of the National Commissioning Board.
- CCG members and the local care team were represented on the Health & Wellbeing Board, which was a statutory Board and was a crucial vehicle for setting the strategic direction of the new Health and Social Care Act;
- the Southampton CCG and Local Area Team was based in Oakley Road;

The Chair had received a deputation from 38 Degrees who had asked that they be permitted to ask officers a few questions in relation to the above item. The following questions were answered by officers. Members of the organisation had also been given contact details for the Southampton CCG and Link who would be able to assist them if they had any further queries/questions:-

- **Structure of Consultation** - the consultation structure being adopted by Southampton CCG to enable concerned individuals to engage with them would be the same consultation process as previously used and there were robust mechanisms in place to engage with the public.

- **Election of Lay Members/CCG Board** - Lay members/representatives had been appointed and were qualified persons who had applied for the positions. The current 5 members of the CCG Board had been voted in by GP's by way of an internal election.
- **Externalisation/Privatisation** - The proposed model constitution was set by statutory guidelines and would eventually become a public document. This would be shared with the public and published on the SHIP's website.
- **Dr Richard McDermott position** - Dr McDermott was a member of Southampton's CCG and also the managing director of a company called Solent Medical. Officers confirmed that there was strict governance and guidelines around "conflict of interest" issues and this was strictly scrutinised.

Panel members expressed concerns that the CCG and commissioning support units may be fragmented making them less efficient; the private sector might "cherry pick" services that would provide them with more money; and if delivery of services was dominated by cost due to lack of funding, this could lead to inadequate and less efficient services/supplies and subsequently endanger people's lives, the large number of health bodies would require a good communications structure. Officers conceded that there were financial issues but that their core vision and promise was to improve the quality and outcomes for their customers as well as driving costs down.

27. **ANY OTHER BUSINESS**

Visit to Royal South Hants Hospital – 10th October – Transfer of Elderly Care Beds

Councillor Parnell provided the panel with a brief update on his recent visit to Royal South Hants Hospital, stating that a lot of work was being undertaken in relation to the bed transfer including with the ambulance service and talking with patients – as a result there were less reservations about the changes. Some equipment was already on site at the hospital and recruitment for a consultant was underway. The transfer should be completed in approximately 6 weeks and there was a big improvement in the patients' environment at Royal South Hants.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	CONSULTATION ON WESTWOOD HOUSE SHORT BREAK SERVICE
DATE OF DECISION:	29 NOVEMBER 2012
REPORT OF:	DEPUTY DIRECTOR OF INTEGRATED STRATEGIC COMMISSIONING, NHS SOUTHAMPTON
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This paper sets out proposals that have been developed by children's commissioners in NHS Southampton and Southampton City Council for the PCT to de-commission short breaks from Westwood House (Solent NHS Trust) and transfer the commissioning responsibility with funding to the City Council in order that the Council can commission all short breaks from its existing range of short break providers as part of a consistent city wide service offer.

The proposals were presented to the HOSP on 15 August 2012 and approval given for a targeted consultation to be carried out by the PCT with the Southampton City service users of Westwood House. This consultation began 8 October and will officially conclude on 14 December 2012, and will be presented to the PCT board later that month for a decision. Contact has now been made with all families and so this paper provides an update of the feedback received.

RECOMMENDATIONS:

- (i) To note the consultation process and the feedback received.
- (ii) To support 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.

REASONS FOR REPORT RECOMMENDATIONS

1. Robust pre-consultation engagement has been undertaken with service users, the messages from which informed the consultation proposal. A robust targeted consultation process has taken place with service users and others including special schools, GPs and local MPs. The majority of service users accepted the rationale for change and some welcomed the opportunity to look at alternative arrangements.
2. Social Care has statutory responsibility for short breaks and the current system of having two separate referral and assessment routes with different criteria is potentially unfair and inequitable.
3. This proposal enables the PCT to maintain provisions for existing children whilst achieving better value for money and freeing up resources to re-invest in health provision for disabled children e.g. community equipment, therapy provision, community specialist nursing.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. Option 1 – Do Nothing (no change) - this is not recommended on the basis that Social Care has statutory responsibility for short breaks and the current system is potentially unfair and inequitable.
5. Option 2 – Transfer directly to Social Care’s current range of providers - This option would involve the Westwood children transferring directly into currently contracted social care providers. This option was rejected following the engagement exercise, given the parental feedback regarding nursing support.
6. Option 3 – Transfer to Social Care current range of providers but with a Health commissioned peripatetic nursing team to in reach into the short break setting, providing professional supervision, training and where appropriate direct nursing care. **This is the preferred option.**
7. Option 4 - Personal Budgets - This option would involve identifying a personal budget (based on level of need and market value) that could increase the choices for the families. This is likely to be an option for some families alongside the options identified above as opposed to an option it its own right.

DETAIL (Including consultation carried out)

8. Westwood House is an NHS short break provision managed by Solent NHS Trust which provides a range of short breaks for children with complex health needs aged up to 18 years. Short breaks are provided as overnight residential care, outreach into the home or day-care. The staff team is made up of qualified nurses and health care support workers with a nurse on duty at all times when the residential unit is open.
9. Statutory responsibility for the assessment of need and the provision of short breaks for children with disabilities lies with social care. Health responsibilities relate to providing health based support that enables children to access short breaks.
10. An anomaly has developed where health have separately commissioned, as a single agency, short breaks for a small group of children at Westwood House effectively creating an alternative referral, assessment and choice of service provision to that which the majority of children with disabilities in the city access. Operating outside statutory systems creates the potential for inequity in both the ability to access resources and the level of service delivered; unnecessary duplication procedurally; and inappropriate and inefficient use of resources.
11. Southampton PCT is thus looking to transfer lead responsibility and funding for the short breaks currently provided at Westwood House to social care from April 2013 to ensure parity, equity of access and greater choice for all children needing short breaks and focus scarce resources on health priorities and responsibilities. This group of children would cease to receive their short breaks at Westwood and instead receive them from the City Council’s providers.

12. The consequence is that Westwood House may cease to operate as a short break provision. The PCT with Solent and Hampshire PCT will work together to determine the future of this resource. The PCT would particularly like to redeploy staff into the peripatetic nursing team described above at Option 3.

13. Pre-consultation engagement

Southampton City PCT in partnership with Southampton City Council undertook a pre-consultation engagement with parents of Southampton children currently using Westwood. The overriding message was around the importance of qualified nursing support. This was therefore built into the consultation options.

14. Feedback from consultation

Parents and Carers

The consultation was with Southampton families only. A parallel engagement exercise has been undertaken with Hampshire families using Westwood and the messages are broadly the same. Although originally thought to be 23 Southampton families using Westwood, it transpired that, owing to changes in family circumstances or further information received (i.e. two families were actually receiving continuing health care packages which would continue as currently and a further 3 were receiving day care and would shortly be moving into nursery provision), there were actually only 17 affected by the proposals.

- a) All parents were offered the opportunity of a face to face meeting to discuss the proposals. 12 out of 17 parents took up this offer. Those that chose not to were sent a consultation document by post.
- b) The majority of parents understood the rationale for change.
- c) The majority of families welcomed the introduction of the peripatetic nursing service and recognised that this is a positive initiative for all children receiving short breaks, not just those currently using Westwood.
- d) Some concerns were raised that PCT funding for the proposals would be withdrawn at a later date.
- e) There were also some concerns that other local short break providers would not have the capacity to meet additional demand. Commissioners are in ongoing discussion with local providers about this. Conversations to date have not given cause for concern with regard to capacity.

Other stakeholders

- a) Solent NHS Trust will not be in a position to formally consult with their staff until the current formal consultation is completed; however they have undertaken an early engagement exercise. The consultation document has also been shared with the staff team.
- b) The main staff feedback thus far has related to concerns about comparable standards of quality within other short break provision. However it is envisaged that through tighter contract management and with the peripatetic nursing team providing some clinical based staff training, care planning and, where appropriate, direct involvement in care, quality will be enhanced across the city.

- c) The Friends of Westwood, a charity organisation that supports Westwood House, has also been engaged. The Friends understood the rationale for change; their main concern was around maintaining quality.
- d) Meetings have taken place with John Denham and Alan Whitehead who again understood and accepted the rationale for change. Their main feedback related to the potential impact of city council budget proposals on short break provision and the need to ensure that this is understood alongside the Westwood proposals. They also raised the issue of continuity of health funding.
- e) Consultation documents have also been sent to the special school heads, GPs, social care and voluntary sector leads and the consultation process discussed with the PCT's Patient Forum and LINKS.

15. Next Steps

- a) The formal consultation period finishes 14 December 2012.
- b) Consultation feedback will be presented to the PCT Board in December to inform decision making.
- c) If the proposal is agreed, the next step will be to meet again with families individually to discuss their child's needs/ wishes and plan for their future short breaks. This will be undertaken jointly by health and social care staff, in collaboration with the short break providers.
- d) This will also including working with Solent NHS Trust to develop the peripatetic nursing team to be operational by April 2013.

RESOURCE IMPLICATIONS

Capital/Revenue

- 16 The PCT would meet the additional costs to the City Council via a transfer of funds under a Section 256 Partnership Agreement. A similar agreement already exists for the Rose Road contract. It should be noted that outside of this Agreement, the PCT will separately meet the additional costs of:
- those children/young people currently using Westwood who do not meet the City Council's eligibility criteria (to be kept under review).
 - any additional support required to enable a child/young person with complex health needs to access their short break – this would include the proposed nursing team referenced in Option 3.

Any remaining funding over and above this will be re-diverted to make improvements in health provision for children and young people with complex health needs.

Property/Other

- 17 Westwood House is owned by Southampton City PCT but under DH guidelines is proposed to transfer to Solent NHS Trust as sole occupant on 31 March 2013. Should Solent's occupation fall below 50% then Solent would be obliged to offer the entire property back to the Secretary of State.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

18. The arrangement to transfer commissioning responsibility and funding to the City Council would be made pursuant to Section 256 of the National Health Service Act 2006.
19. The statutory duty of Local Authorities to provide short breaks for children with disabilities is set out in Section 17 of the Children Act and the Breaks for Carers of Disabled Children Regulations 2011.
20. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

21. None.

POLICY FRAMEWORK IMPLICATIONS

22. The proposals outlined above are in line with the City Council's short break policy and statement agreed by Cabinet and published in October 2011.

AUTHOR:	Name:	Donna Chapman	Tel:	023 80296004
	E-mail:	Donna.chapman@scpct.nhs.uk		

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:

SUPPORTING DOCUMENTATION

Appendices

1.	Consultation document.
2.	Distribution list for consultation document
3.	Communications and engagement plan

Documents In Members' Rooms

1.	N/A
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Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	Integrated Impact Assessment	NHS Southampton City Trust Headquarters Oakley Road Millbrook Southampton
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Westwood Short Breaks Consultation

Introduction

Westwood House is a Southampton based service operated by Solent NHS Trust that primarily provides short breaks to children and young people with complex health needs. Short breaks are provided as overnight residential care, outreach into the home, or day-care. The staff team is made up of qualified nurses and health care support workers with a nurse on duty at all times when the residential unit is open.

Statutory responsibility for the assessment of need and the provision of short breaks for children with disabilities lies with Local Authority social care departments. The NHS is responsible for providing the necessary healthcare to support the short breaks including financially contributing towards Local Authority short break contracts when appropriate.

An anomaly has developed where the NHS, as a single agency, has commissioned short breaks for a small group of children at Westwood House, effectively creating an alternative referral, assessment and choice of service provision to that which the majority of children with disabilities in the city access.

This creates the potential that not all families have the same opportunity to access the full range of short breaks available. This may be unfair and can also lead to unnecessary duplication and inappropriate and inefficient use of resources.

We want to ensure that all children with disabilities can access the right support through the same routes and the current arrangements do not support this.

Southampton CCG is therefore looking to transfer lead responsibility for the short breaks currently provided at Westwood House to Local Authority commissioned provision to ensure fairness of access for all children needing short breaks.

Services provided through the city council include:

- Residential overnight
- Family based overnight
- Outreach
- Direct payments
- Children and Young Peoples Information Service (CYPIS)
- The Buzz Network (play schemes and 1-1 service)
- Universal activities (school activities, leisure activities, support for parents and access to employment and training)

Further information about these services can be found on the City Council website;
<http://www.southampton.gov.uk/living/scchildren/ah/statement.aspx>

At this stage Southampton CCG is in the process of developing its proposals as to how it might transfer responsibility to the Local Authority. We have undertaken engagement with parents and carers through focus groups and one to one meetings in order to inform and involve them in our plans and would now like to consult with you on them.

What have parents and carers already told us?

One of the key messages from the engagement discussions we recently undertook with parents and carers was the importance of qualified nursing support. Therefore, we have ensured this is an option moving forward by proposing the development of a nursing team that could provide support as required to children in their short break.

As a result of the feedback we have received so far, we have been considering the following options.

- Option 1 – **Do Nothing**. As explained, we do not believe that we can leave things as they are on the basis that the current system is potentially inequitable. Health commissioners need to prioritise their resources appropriately. By transferring responsibility to Local Authority provision, we are able to achieve better value for money and free up resources to re-invest in health provision for disabled children e.g. community equipment, therapy provision, community specialist nursing
- Option 2 – **Transfer directly to the Local Authority's current range of providers** – following the engagement we have already undertaken with parents and carers, we no longer believe that we can transfer care directly to the current range of Local Authority providers without putting in place some support for children's nursing needs.
- Option 3 – **Transfer to the Local Authority's current range of providers with NHS commissioned nursing support as part of the transfer package**. The nurses could support non-health settings by providing professional supervision and training focusing on either the needs of individual children or children with complex health needs as a group. When necessary the nursing team could also give direct nursing care to children in the place where they receive their short break. This is our preferred option and we would like to seek your views.
- Option 4 – **Direct Payments and Personal Budgets** - This option would involve identifying a personal budget that could increase the choices for families. This is likely to be an option for some families alongside the options identified above as opposed to an option in its own right. Again we are seeking your views on personal budgets.

Summary of what we are planning to do?

We are committed to ensuring that all children currently using Westwood will receive the same amount of short breaks as they are currently getting. We also plan to:

1. Transfer Short Breaks to Local Authority short break providers provision

- a. Southampton CCG is planning to transfer short break provision from April 2013 (i.e. those provided by Westwood House) to local Authority short break providers.
- b. Having engaged with the majority of families using Westwood House we recognise that we need to work with them individually to develop short break packages that meet their individual needs.
- c. Parents have told us they gain increased confidence in the quality and safety of the short break their child receives when qualified nurses are involved. We therefore plan to commission a nursing team to provide support as required to children in their short break.

2. Development of a nursing team to support short breaks

- a. This nursing team, which may have some health care support worker involvement, would be adaptable enough to work flexibly in different environments as required.
- b. The team will support the transition into alternative short break arrangements for children currently using Westwood House.
- c. When appropriate they will work directly with children with complex health needs and/or undertake training and supervision of those involved with providing care to individual children.
- d. The team would also develop training packages that support service providers working with children with complex needs who don't currently have nursing involvement.
- e. It is envisaged that this team would also be the team that supports the work of the school nurses in Cedar and Rosewood Schools.

3. Increase the use of Personal Budgets

- a. Southampton City Council and Southampton City Clinical Commissioning Group (CCG) are championing the use of personal budgets/direct payments which we believe will increase flexibility and family choice. Southampton is currently involved in a national pathfinder.
- b. Social Care offer 'direct payments' to some families in receipt of their services which is an arrangement where families are allocated the monetary value of the resources they are assessed as needing which they can then use flexibly to buy their own services
- c. Effectively a personal budget is similar to a direct payment except it involves utilising resources from other sources which could include health funding.
- d. We would hope that some families will choose to use this opportunity to investigate whether a personal budget would be advantageous to their family.

Feedback Form

We want to hear your views on our planned proposals. This consultation will run from 8 October 2012 to 14 December 2012.

Please tell us what you think of our proposals by taking a few minutes to answer the questions below and returning this form to Laura White at FREEPOST RRYC-AUHZ-EHKE, Southampton City PCT, NHS Southampton City HQ, Oakley Road, Southampton SO16 4GX Attn: Communications Team or laura.white@scpct.nhs.uk

1. I understand the reasons why things need to change

Strongly
agree

Agree

Disagree

Strongly
disagree

2. What would your concerns be about transferring provision of the short breaks you receive at Westwood to Southampton City Council providers?

3. What do you think about the development of a nursing team to provide support to children in their short breaks?

4. What do you think about increasing the use of direct payments / personal budgets?

5. Is there anything else you would like to say about 'short breaks' in Southampton?

What happens next?

The consultation will close on 14 December 2012 when we will collate all the feedback received into a report which will be presented to the Clinical Commissioning Group in December in order that a decision can be made about our plans moving forward. This will be communicated to all families using Westwood, staff and referrers.

Contact for further information

If you have any concerns or would like to discuss our proposals in more detail, please contact:
Jamie Schofield, Senior Commissioning Manager on 023 8029 6284 or communications@scpct.nhs.uk

About you

We want to make sure that everyone has had a chance to share their views. It would be helpful if you could provide us with a few details about yourself to help us see who has responded.

Are you

- Parent/Carer
- Staff member
- Representing an organisation – please state

Are you? Male Female

What is your age?

- Under 20 20-29 30-39 40-49 50-59
- 60-69 70-79 80-89 90+

What is your ethnic group?

- White:** British Irish Any other white background
- Mixed:** White and black Caribbean White and black African
- White and Asian Any other mixed background
- Asian or Asian British:** Asian Indian Asian Pakistani Asian Bangladeshi
- Any other Asian background
- Other ethnic groups:** Chinese Other ethnic group Rather not say

Thank you for taking the time to give your feedback. Please return your form free of charge to:

FREEPOST RRYC-AUHZ-EHKE, Southampton City PCT, NHS Southampton City HQ, Oakley Road, Southampton SO16 4GX Attn: Communications Team

The deadline for responses is 5pm on 14 December 2012

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Agenda Item 7

Appendix 2

Westwood Distribution List

SCCG Board and key officers

West Hampshire CCG clinical lead

SHIP CEO

Southampton HOSC

Hampshire OSC

Solent

NHS Hants

Locality Managers

Jigsaw

MPs

SCC

Hampshire CC

Cedar School

Rosewood School

Southampton Councillors

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Westwood House Communications and Engagement Plan September 2012

1. Introduction

Westwood House is a Southampton based service operated by Solent NHS Trust that primarily provides short breaks to children and young people with complex health needs. Short breaks are provided as overnight residential care, outreach into the home or day-care. The staff team is made up of qualified nurses and health care support workers with a nurse on duty at all times when the residential unit is open.

Statutory responsibility for the assessment of need and the provision of short breaks for children with disabilities lies with social care. Health responsibilities relate to providing health based support that enables children and young people to access the short breaks provided by social care.

An anomaly has developed where health has commissioned, as a single agency, short breaks for a small group of children at Westwood House effectively creating an alternative referral, assessment and choice of service provision to that which the majority of children with disabilities in the city access.

Operating outside statutory systems creates the potential for inequity in both the ability to access resources and the level of service delivered; unnecessary duplication procedurally; and inappropriate and inefficient use of resources.

Southampton CCG is thus looking to transfer lead responsibility for the short breaks currently provided at Westwood House to social care to ensure parity and equity of access for all children needing short breaks and focus scarce resources appropriately on health priorities and responsibilities.

At this stage SCCG doesn't have a firm proposal as to how they might transfer responsibility to the Local Authority and would like to work with parents, carers and stakeholders to review a range of options that have been developed through an early engagement exercise with parents.

2. Wider engagement

Due to how the service is commissioned and provided there are several organisations involved in this project.

- NHS Southampton City
- Southampton City Council
- NHS Hampshire
- Hampshire County Council
- Solent NHS Trust

Therefore, although to date engagement has primarily involved Southampton parents/carers this plan will be widened to include Hampshire parents and carers and relevant stakeholders.

3. Purpose of communications and engagement

The purpose of this communication and engagement plan is to:

- Ensure engagement regarding the future option for short break services for children and their carers occurs before a final model is decided, to ensure stakeholder feedback informs these proposals and parents are engaged in developing plans for their children
- Ensure that there is an open, clear, consistent and co-ordinated approach to informing and involving key stakeholders in the review of future short break services for children currently using Westwood House
- Outline how the views and ideas of service users and stakeholders will be heard and acted upon
- Establish the process by which key communications messages are agreed by all agencies
- Proactively manage media interest in the project to protect and enhance the reputation of each organisation
- Ensure the need to meet statutory duties to involve (Section 242 NHS Act 2006) is met and/or exceeded that we are compliant with equality legislation

4. Engagement to date

There are currently 23 Southampton children identified as receiving a “short break” service of some type from Westwood House. Therefore early engagement took place with this cohort with the aim of:

- engaging parents in dialogue concerning their short breaks at Westwood House.
- gaining an understanding of how aware parents are of legislation related to short breaks and the associated responsibilities of health and social care agencies.
- gaining an understanding of how aware parents are of short break availability at the universal, targeted and specialist levels.
- broadly sharing future commissioning intentions and using the engagement exercise to inform and support SCCG commissioners in formulating a consultation proposal.

Initially, two workshops were planned for Southampton parents. However due to timing and accessibility, attendance was poor and only four parents attended, one of which was from Hampshire (three Southampton families). Therefore, it was subsequently decided that the families would be contacted by phone to arrange individual visits with the remaining parents over a two week period. At this point a further two young people had formally ceased using the service which left a final figure of 21 families in total with three having attended the workshops.

The level of engagement with the 21 parents included:

Engagement	Number of Parents
Workshop	3
Individual Home Visits	9
Telephone Interview Agreed	1
Cancelled Appointment	1
Unable to Contact	5
Contacted but not wanting a visit	1
Not applicable (e.g. out of area)	1
Total	21

Of the families we were unable to contact, three had the wrong contact details and we understand that at least two may have been on holiday. Additional activity is taking place until

Friday 14th September in an attempt to engage with these parents either via a meeting or a survey.

The key themes of the feedback included:

- Parental experience of Westwood House
- Parental awareness of the roles and responsibilities of agencies involved in providing “short breaks”
- Awareness of other short break options
- Parental response to the SCCCG commissioning intention to hand short break responsibility to social care

The overriding message from this group of parents was that having consistent qualified nursing care for their child whilst they are receiving short breaks, particularly overnight, gives them the necessary confidence and trust required to access the service and gain the maximum benefit from the short break provided.

Nationally this is not the “norm” for most children receiving short breaks; however it must be recognised that through circumstance this group of parents have come to rely on nursing care as a defining factor in determining the quality and the safety of the care provided for their children. This has therefore been built into the recommendations that follow.

HOSC engagement

Engagement has also taken place with the HOSC. This included an informal briefing and subsequently attending to present a paper at the formal HOSC meeting on 16th August. The HOSC agreed to move forward via a targeted consultation with parents and carers currently using the service between September and November 2012, with an update going back to the HOSC in November.

5. Key stakeholders

The key stakeholders moving forward include:

Internal	Responsible lead
Southampton CCG	Donna Chapman
West Hampshire CCG	Tracy McFall-Austin
Hampshire County Council - CEO, leader, Director of Children’s Services	Tracy McFall-Austin
Southampton City Council – CEO, leader, Director of Children’s Services	Sam Ray
Solent NHS Trust	Aileen Patterson
Westwood House manager and staff	Solent – Angela Anderson/Pete Norris
Jigsaw manager and staff	Louise Drury
External	
HOSC - Soton	Donna Chapman
HOSC - Hampshire	Dawn Buck/Tracy McFall-Austin
Friends of Westwood House	Jamie Schofield
Southampton parents and carers	Jamie Schofield
Hampshire parents and carers	Tracey McFall-Austin/Jill Lee
MPs	Donna Chapman/Jamie Schofield/Tracy McFall-Austin
Local councillors - county, district and parish	Donna Chapman/Jamie Schofield/Tracy McFall-Austin
Voluntary organisations (children and CVSs)	Donna Chapman/Jamie Schofield/Tracy McFall-Austin

Local GPs and Locality managers	Donna Chapman/Jamie Schofield/Tracy McFall-Austin
LINks – Hampshire and Southampton	Donna Chapman/Jamie Schofield/Tracy McFall-Austin
Local media	Re: comms protocol

6. Timescales

This plan proposes activity for Southampton families and stakeholders for a period of eight weeks between 17 September and 9 November 2012.

7. Key Messages

The headline key messages include:

Case for change

- Statutory responsibility for the assessment of need and the provision of short breaks for children with disabilities lies with social care. Health responsibilities relate to providing health based support that enables children and young people to access the short breaks provided by social care.
- An anomaly has developed where health has commissioned, as a single agency, short breaks for a small group of children at Westwood House.
- Operating outside statutory systems creates the potential for:
 - inequity in both the ability to access resources and the level of service delivered;
 - unnecessary duplication procedurally; and
 - inappropriate and inefficient use of resources.
- Therefore, Southampton CCG is looking to transfer lead responsibility for the short breaks currently provided at Westwood House to social care to ensure parity and equity of access for all children needing short breaks and focus scarce resources appropriately on health priorities and responsibilities.
- SCCG would like to work with parents, carers and stakeholders to review a range of options that have been developed through an early engagement exercise with parents. These options have been developed using feedback from parents, including:

What you have told us

The early engagement with parents to date has shown us that:

- Nursing support is important to you to provide reassurance. Therefore, we have ensured this is an option moving forward
- You want the same level of quality of care as you receive at Westwood House and this is something we are focussing on specifically to ensure future options are of the same standard
- It is important for your child to maintain friendships – we are looking into how children can go to the same providers together with nursing support.

As a result:

We are committed to working with each parent, carer and child to assess individual needs and ensure you have access to the full range of services you are entitled to

Services provided through the city council include:

- Residential overnight
- Family based overnight
- Outreach
- Direct payments
- Children and Young Peoples Information Service (CYPIS)
- The Buzz Network (play schemes and 1-1 service)
- Universal activities (school activities, leisure activities, support for parents and access to employment and training).

Options considered and disregarded

Do nothing (no change, no consultation) - this is not recommended on the basis that Social Care has statutory responsibility for short breaks and the current system is potentially unfair and inequitable. Health commissioners also need to prioritise their resources appropriately. A benefit of this proposal is that it enables the PCT to achieve better value for money and free up resources to re-invest in health provision for disabled children e.g. community equipment, therapy provision, community specialist nursing.

Undertake a full public consultation on the proposals – this is not recommended on the basis that the proposals relate to a small defined group of 26 disabled children with complex health needs using Westwood House. They do not impact on the general population as a whole.

Options

- Option 1 – **Do Nothing** (see above “Alternative Options considered and rejected” – no. 2)
- Option 2 – **Transfer directly to Social Care’s current range of providers** - This option would involve the Westwood children transferring directly into currently contracted social care providers. This option is no longer recommended following the engagement exercise.
- Option 3 – **Transfer to Social Care current range of providers but with a Health commissioned nursing peripatetic team to in reach into the short break setting**, providing professional supervision, training and where appropriate direct nursing care. The proposed nursing team would in reach into a range of non health settings, including schools, thereby providing a level of consistency and nursing care to children. This is recommended as the preferred option, although would need to be properly scoped and costed.
- Option 4 - **Personal Budgets** - This option would involve identifying a personal budget (based on level of need and market value) that could increase the choices for the families. This is likely to be an option for some families alongside the options identified above as opposed to an option in its own right.
- Option 5 – **Individualised planning/cooperation between providers**. This option would effectively mean identifying an individual budget for each child and allocating the resources to a range of providers collectively (including Solent) to meet the needs of the Westwood children. It would rely heavily on provider joint

working and would require strong leadership. It is unclear whether the market is willing to adopt such a model.

8. Communications Protocol

- All communications will be shared with Donna Chapman, Jamie Schofield and Dawn Buck for comment prior to publication/distribution
- All communications will reinforce the agreed key messages above
- All staff enquiries will be referred to Aileen Patterson, Solent
- All media enquiries/approaches will be referred to and shared between:
 - Dawn Buck – SHIP PCT Cluster
 - Elton Dzikiti – Solent NHS Trust
 - Damian Cook - Southampton City Council

9. Evaluation process

The effectiveness of this strategy will be evaluated throughout to adjust activity as necessary throughout engagement taking place.

INTERIM

Westwood House Plan and Record of Engagement Activity

We aim to carry out informing and engagement activity that will:

- Engage all relevant stakeholders in the review of short break services currently provided from Westwood House
- Ensure plans reflect local needs
- Identify key stakeholders who can support the review and future implementation and build relationships for successful plans
- Meet the statutory duty to engage under Section 242 of NHS Act 2006
- Meet the requirements of equality legislation and the Equality and Human Rights Commission

Date	Activity	Stakeholders	Lead	Notes	Outcome
Previous activity					
28/09/11	Informed Staff Side of the review	Staff Side	Andrea Hewitt		
03/10/11	Briefing to Caronwen Rees	Southampton HOSC	Dawn Buck	Discuss engagement approach / no formal consultation required. Share engagement plans. Provide regular updates between now and end of project.	Caronwen agreed approach for 1-1s with parents and children.
23/11/11	Briefing to Steve Townsend and CCG board members	Southampton CCG	Donna Chapman	Ensure agreement on proposed way forward Update regularly as requested throughout project period	There have been several updates to CCG – support for approach
25/11/11	Briefing to Sarah Schofield and CCG board members	West Hampshire CCG	Tracy McFall-Austin	Ensure agreement on proposed way forward Update regularly as requested	Discussed at West CCG Board in December 12 – agreed to set up joint CCG

				throughout project period	meeting
By 25/12/11	Joint meeting West and Southampton CCGs	West Hampshire CCG Southampton CCG	Tracy McFall-Austin/ Donna Chapman	Ensure both CCGs aligned in agreed way forward – agreed to postpone to 2012.	Joint meeting took place 13 December 11 – supported direction of travel but agreed to defer consultation to June 2012.
Early engagement					
5 July 12	Informal briefing with HOSC members	Southampton HOSC	Donna Chapman/ Dawn Buck		Meeting took place 5 July to brief HOSC chair and vice chair about engagement exercise – agreed to bring back to HOSC in August
20 July	Workshop for parents	Southampton Parents (and one Hampshire parent)	Jamie Schofield		Two workshops held 20 July to engage with parents – to inform consultation proposals
23 July – 14 Sept	1-1s with parents	Southampton Parents	Jamie Schofield		Engagement with parents to inform consultation proposals
15 August	Attendance at HOSC meeting to present paper	Southampton HOSC	Donna Chapman	Agreed to targeted consultation over September – November 2012	Agreed targeted consultation – to feedback to HOSC in November 12
Future activity					
TBC	Briefing meeting	Hampshire HOSC	Dawn Buck		Completed in October 12. Going to Hampshire HOSC in Jan 13.
w/c 17 September	Brief chair on options being consulted on and ensure informed	Friends of Westwood House	Jamie Schofield/ Donna	Share consultation doc.	Completed in October in 1 st week of consultation. JS

	of early engagement outcomes and how this has informed options		Chapman		attended Friends of Westwood meeting. Rationale for proposals understood. Main issue raised was maintaining quality of care.
w/c 17 or 24 September	Brief head teachers on options being consulted on and ensure informed of early engagement outcomes and how this has informed options	Special schools	Jamie Schofield/ Donna Chapman	Share consultation doc.	DC had telephone discussion with both Cedar School head (2 October) and Rosewood head (1 October). Consultation document sent to Heads.
w/c 17 or 24 September	Brief locality managers and ask them to share briefing on to their GPs	Local GPs/locality mgrs	Jamie Schofield	Attach consultation doc.	JS briefed locality managers in 1 st week October.
w/c 17 or 24 September September	Provide briefing via email regarding the early engagement to date, how this has developed options and consultation taking place (as agreed by HOSC, focussed on parents and carers)	MPs	Jamie Schofield, Dawn Buck	Offer meeting if they would like. Attach consultation doc.	JS/DC met with Alan Whitehead 5 October; met with John Denham 26 October
w/c 17 or 24 September September	Provide briefing via email regarding the early engagement to date, how this has developed options and consultation taking place (as	Local cllrs across Southampton	Jamie Schofield, Dawn Buck with support from Sam Ray	Offer meeting if they would like. Attach consultation doc.	Consultation document sent out 8 October

	agreed by HOSC, focussed on parents and carers)				
w/c 17 or 24 September September	Briefing via phone with Chair	Southampton LINK	Dawn Buck	Email consultation doc.	Consultation document sent out 8 October
w/c 17 or 24 September September	Briefing via phone with Chair	Hampshire LINK	Dawn Buck	Email consultation doc.	Consultation document sent out 8 October
24 Sept – 16 Nov	1-1s	Southampton parents and carers	Donna Chapman/ Jamie Schofield	Jamie to book in 1-1's with parents as before to go through the consultation document and collect feedback.	Undertaken over consultation period, starting 8 October – 12 out of 17 parents visited; remaining 5 did not want visit and so were sent the consultation document.
September	Share consultation document for Southampton via letter offering a meeting if concerned.	Hampshire parents and carers	Tracy McFall-Austin	Explain Hampshire position, but make them aware of process and Southampton's actions.	Parallel engagement exercise undertaken with Hampshire parents. X visited.
Sept – immediately after parents told consultation is launching and offered meeting or 1-1.	Briefing to Daily Echo detailing consultation and reasons behind it and sharing consultation document.	Local media	Sarette Martin	Ensure it is clear that children will get a range of services still just the provider may change for the reasons in the case for change. Also note our individual focus and support to each parent and child. Ensure someone is briefed to give interviews if required. Have news release drafted to hold on file for other journalists.	NOTE: all journalists to be asked to not visit the site unless arranged through communications team
29 November	Provide report on	Southampton	Donna		

	consultation feedback and conclusions	HOSC	Chapman		
	Provide report on consultation feedback and conclusions	Hampshire HOSC	Dawn Buck/Tracey McFall-Austin		

INTERNAL

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Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	SOUTHAMPTON SAFEGUARDING ADULTS BOARD – SERIOUS CASE REVIEW – MR A
DATE OF DECISION:	29 NOVEMBER 2012
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

The report outlines the actions being taken 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

RECOMMENDATIONS:

- (i) That Health Overview and Scrutiny Panel notes the action plan developed by the Southampton Safeguarding Adults Board (SSAB), and progress that has been made.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide appropriate external scrutiny of the actions being taken by the Southampton Safeguarding Adults Board and the agencies involved in response to the Serious Case Review into the death of Mr A.
2. Overview and Scrutiny Management Committee requested that HOSP consider this item.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The panel could make a decision not to scrutinise the actions being taken.

DETAIL (Including consultation carried out)

4. In December 2010 Mr A, a 49 year old man with a learning disability died. Mr A has his own tenancy in a flat owned by First Wessex and was in receipt of a social care funded support package provided by Wessex Regional Care. Prior to his death he had contact with health services including nursing and GP and issues surrounding the accommodation were known to the police.
5. Mr A's death has been subject to 4 levels of investigation; a Safeguarding Adults Investigation, Internal Management Reviews by all organisations involved, a Coroner's Inquiry and a Serious Care Review commissioned by SSAB.
6. The Safeguarding Adults Investigation lasted 8 months and was led by the multi agency safeguarding team hosted by the City Council. This process focused on ensuring safe and effective delivery of services to individuals continuing to receive support provided by Wessex Regional Care. Following closure of the Safeguarding process there has been continued quality assurance monitoring of the provider.
7. Internal Management Reviews undertaken in December 2010 and January

2011 considered the actions taken by each agency, immediate changes required to ensure safe delivery of care and longer term service change in response to issues identified.

8. An outcome of the City Council's management review action plan was to review the service model being delivered. This concluded that with some investment from the Housing Provider, the service should change focus to support adults with autistic spectrum disorder. Wessex Regional Care did not win the tender for the revised service.
9. A Coroner's Hearing held in March 2012 and called witnesses from all agencies. The Hearing identified that Mr A died from 'natural causes significantly contributed to by systematic failures in contractual and practical arrangements for his care as a vulnerable adult.'
10. The Serious Case Review was commissioned in July 2011. Hampshire County Council chaired the review Board and an independent reviewer was commissioned.

The terms of reference of the review were

- To review each organisation's involvement with Mr A.
 - B. To establish the circumstances and events surrounding Mr A's death.
 - To examine the contracting arrangements and the management of Mr A's care and his health care needs by individual agencies and to recommend changes as deemed necessary.
 - To review the effectiveness of both multi-agency and individual organisations policies and procedures and methods of operation and to determine whether any changes in these would have altered the outcome.
 - To inform and improve local inter-agency communication and practice and any other areas where improvement is considered necessary, including the need for any commissioning and/or contracting changes
 - To make recommendations to improve future practice and the quality of life for service users and processes to ensure they are implemented
 - To provide the relatives of Mr A with explanation of what happened and the steps taken to prevent any reoccurrence of events of a similar nature
 - To establish the nature and extent of each organisation's contact with Mr A through chronologies.
11. All agencies were required to submit their internal management reviews and were interviewed by the reviewer and the family of Mr A were involved in the process.
 12. The Serious Case Review report was accepted by the SSAB in July 2012. The summary report has been published on the City Council's Safeguarding website page and is attached in Appendix 1.
 13. An action plan has been developed encompassing all actions identified within the 3 review processes. This is attached at Appendix 2. Delivery of the action

plan will be monitored by the SSAB. This multi-agency group has senior representation of all key agencies and has recently appointed an independent chair to ensure effective governance arrangements are in place.

RESOURCE IMPLICATIONS

Capital/Revenue

14. All actions will be managed within the current staffing resources of the agencies involved.

Property/Other

15. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

16. SSAB operates within the National framework guidance.
17. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

18. None.

POLICY FRAMEWORK IMPLICATIONS

19. The actions meet the policy objective of keeping vulnerable adults safe.

AUTHOR:	Name:	Carol Valentine	Tel:	023 8083 4856
	E-mail:	Carol.valentine@southampton.gov.uk		

KEY DECISION? Yes/No

WARDS/COMMUNITIES AFFECTED:	
------------------------------------	--

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Executive Summary
2	Action Plan

Documents In Members' Rooms

1.	None
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Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	N/A	
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SERIOUS CASE REVIEW CONCERNING

Mr A

EXECUTIVE SUMMARY OF THE SERIOUS CASE REVIEW

OVERVIEW REPORT FOR THE

SOUTHAMPTON ADULT SAFEGUARDING BOARD

JULY 2012

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1.0 Background

1.0 This Overview Report for the Southampton Adult Safeguarding Board (SASB) seeks to provide an accurate and detailed account of the deliberations and recommendations of the Serious Case Review Panel instigated by the SASB. This Serious Case Review was set up following the death of Mr A, a vulnerable male adult in his supported living accommodation on 20 December 2010.

1.1 The Panel for the Serious Case Review comprised the following people:

Lucy Butler	Hampshire County Council [Chair]
Jane Duncan	Hampshire County Council
Glenys Jones	Portsmouth City Council
Susan Lawes	NHS SHIP PCT Cluster
Sue Lee	Southampton City Council
Sharon Outhwaite	Southern Health NHS Foundation Trust
Kevin Walton	Hampshire Constabulary
Ian Allured	HASCAS - Independent SCR Author

1.2 The Terms of Reference were agreed by the Serious Case Review Panel and comprised eight specific areas of investigation:

- A. To review each organisation's involvement with Mr A.
- B. To establish the circumstances and events surrounding Mr A's death.
- C. To examine the contracting arrangements and the management of Mr A's care and his health care needs by individual agencies and to recommend changes as deemed necessary.

- D. To review the effectiveness of both multi-agency and individual organisations policies and procedures and methods of operation and to determine whether any changes in these would have altered the outcome.
- E. To inform and improve local inter-agency communication and practice and any other areas where improvement is considered necessary, including the need for any commissioning and/or contracting changes
- F. To make recommendations to improve future practice and the quality of life for service users and processes to ensure they are implemented
- G. To provide the relatives of Mr A with explanation of what happened and the steps taken to prevent any reoccurrence of events of a similar nature
- H. To establish the nature and extent of each organisation's contact with Mr A through chronologies.

1.3 Individual Internal Management Reports (IMRs) were produced by the following seven organisations:

- Choices Advocacy;
- First Wessex;
- Hampshire Constabulary;
- Southampton City NHS (Primary Care);
- Southampton City Community Learning Disability Team;
- Southern Health NHS Foundation Trust;
- Wessex Regional Care Ltd.

1.4 These IMRs were extremely useful to the Panel and provided a detailed and balanced description of both poor practice where discovered, together with examples of good practice.

1.5 A collated chronology was produced to help identify the significant issues leading to the death of Mr A.

2. Mr A

2.1 Mr A had two brothers, one also has a learning disability and the other remained in contact with both his brothers and tried to help them as best he could whenever there were difficulties. Mr A was very fond of his older brother and was reported as being very upset and anxious when he was ill with heart problems in April 2010. There was no other known family.

2.2 Mr A was a 49 year old man who had a mild to moderate learning disability as well as epilepsy and scoliosis. He had lived in supported accommodation since his early twenties following the death of his father. Mr A was initially supported for several years in an Adult Placement and on the breakdown of this placement moved to supported living provided by Wessex Regional Care Ltd in Southampton in December 2006. (This accommodation will be called 'the flats' throughout this Report)

2.3 'The flats' provide tenancies for people with learning disabilities and provide domiciliary support. Wessex Regional Care Ltd provided the domiciliary support, with First Wessex and Wessmaps providing the property and the management of the property. Mr A held his own tenancy at 'the flats'. The Core hours provide a 24 hour presence for the tenants being a 14 hour waking service with a sleep in service on site.

2.4 Mr A had been well settled in the property and had two employment opportunities, working at a gardening/horticultural project and also working in a local branch of Sainsbury's. In the 12 months prior to his death on 20 December 2010 the quality of Mr A's life appeared to deteriorate due to a number of separate but inter-connecting factors which are explored in this Report.

2.5 In the last three months of his life Mr A became physically ill and suffered from recurring stomach complaints. He was also adversely affected by the level of disturbance within 'the flats' caused by both the nature and mix of the residents and the failure of the front door bell and phone system to the office to work properly for a period of at least 12 months. This allowed tenants to let people in without their being 'vetted' by the office.

2.6 In the last week of his life Mr A had continued stomach problems which were not adequately dealt with. On Monday 20 December Mr A died from natural causes, defined by the coroner as a combination of dehydration, colitis and epilepsy. The Serious Case Review Panel was established to investigate how death could have occurred in a supporting living establishment with staff available 24 hours a day.

2.7 The Panel is grateful to Mr A's brother who met the Chair and another member of the Serious Case Review Panel. He provided some helpful information and a unique insight into Mr A's life which has greatly assisted the Panel.

Definitions

2.8 Following the feedback from the Individual Management Reports (IMR) factual accuracy process and the presentation made to the authors of the IMRs it was decided that definitions of 'support', 'care' and 'health care' would be helpful when reading this Report. For the purposes of this Report these terms are defined as:

Support:

2.9 This is usually provided within the framework of the Supporting People procedures and is taken to be low level housing related support necessary to enable the individual to sustain their tenancy. Help with cooking, cleaning and generally coping with shopping and other 'hands-off' non-invasive support.

Care:

2.10 This is care which is 'hands on' and would usually include help with dressing and eating and general personal social care. It is often funded through Social Care via Care Contracts from the Local Authority.

Health Care:

2.11 This is essentially invasive intervention such as the giving of medication and therapy and is available via the local Primary Care Trust.

3. The Findings

3.1 During the last year of Mr A's life a combination of factors led to a deterioration in the quality of his life. The factors which caused the continued deterioration of Mr A's quality of life were:

Reduction in 1:1 Support Hours

3.2 When Mr A first moved to 'the flats' in December 2006 it was agreed that he would be supported for 38 hours a week with 1:1 support. The needs identified were for assistance with cooking, shopping, laundry, cleaning, financial management and correspondence and additional help when he was stressed.

3.3 Mr A's hours of support were reduced to 22 hours a week following a review when he had been resident at 'the flats' for two months. There was no evidence to demonstrate that Mr A had ever had all these 22 hours a week.

3.4 It does appear that some of the staff working at 'the flats' were inexperienced and did not have a clear understanding of their roles. The change of focus from 'support' to 'personal care' as Mr A became unwell was not understood and the manager also did not appear to have made this clear to the staff. In many ways this also mirrors the staffs' lack of assertiveness when Mr A declined their help, as they appeared to think he was independent and therefore was in a position to refuse their help without question. The staff should have challenged his refusal but were not trained in the techniques to achieve this.

The Overall Environment within The Flats

3.5 The lack of the concierge system and the resultant inability for staff to see who was entering 'the flats' meant that there was no proper check on who was actually in

the building. The nature of some of the drink related incidents and violent behaviour were due to 'outsiders' getting into the flats, and to the unacceptable behaviour of Mr C and another two tenants. The termination of tenancies due to anti-social behaviour for these three tenants were thwarted due to elementary mistakes being made in their eviction process, such as quoting the wrong dates for examples of such behaviour.

3.6 The lack of authority of the sleeping in staff who appear to have disregarded the behaviour of some of the residents, or to have summoned the police to deal with matters which were really their responsibility. In the period from January 2006 to December 2010 there had been 149 instances where the police had been called to 'the flats' with 51 during 2010 of which 20 were between 01 November and 20 December. The Serious Case Review Panel considered that when the Hampshire Constabulary Safer Neighbourhood Team and/or a Police Safeguarding Officer notice an increase in the level of calls from an address where vulnerable adults are known to live they should alert the Adult Safeguarding Team. (See Recommendation 7)

3.7 In addition there were several violent and unpleasant serious incidents occurring at 'the flats' during the period from September to December 2010 which were reported by staff. These incidents also contributed to the overall difficult environment experienced by Mr A and Miss B. They also confirm Mr A's fears about leaving Miss B alone during the day and thereby placing his work placement in jeopardy.

3.8 The general poor level of cleanliness and hygiene within Mr A's flat and the effect this could have had on Mr A's diarrhoea went largely unnoticed, and was not addressed until the weekend prior to his death. The confusion of whether Mr A's fridge/freezer was broken or just switched off, which could have been a cause of his stomach problems, and which when reported to the GP caused a change in medication as he could have eaten 'bad' food.

Communication Issues

3.9 GP3, who had visited Mr A on 17 November, explained what the Care Worker should do and how to administer the medication and advised that if staff were

concerned about Mr A they should contact the Out of Hours GP Service over the weekend. When staff were concerned about the health of Mr A they contacted NHS Direct and not the Out of Hours Service. From the information provided by the staff the advice received from NHS Direct was to wait until Monday or Tuesday and if Mr A was still ill to contact the GP. This information, together with GP3 not having sought hospital care for Mr A on 17 December led the staff to think Mr A was not as ill as they had thought.

3.10 One of the main contributory factors leading to the death of Mr A was the level of communication between staff from different professions and agencies, and the assumptions some staff made about who and which agencies were involved in providing support to Mr A. Both the Learning Disability Nurse and GP 3 thought that the general environment was poor but were under the impression that the Adult Social Care Services were involved due to 'the flats' being classified as "supported care".

3.11 There had been at two attempts to provide the GP with a stool for analysis but the one which was provided was too old to be used by the time it reached the laboratory. It remains unclear what happened to the second stool.

3.12 At the Safeguarding Strategy Meeting on 01 December 2010 the Serious Case Review Panel considered that whilst the Meeting had made some moves to provide Mr A with some additional help, assistance and support, his real needs and anxieties were not being addressed. This was because they were in fact being masked by his relationship with Miss B. The meeting appeared to have treated them as a couple, and that the needs of Miss B obscured the specific individual needs of Mr A.

3.13 The Serious Case Review Panel considered that where a Safeguarding Strategy Meeting deals with more than one service user there should be a separate 'Review' within the meeting of each individual. This separate 'Review' should also identify and assess any wider risks, health considerations and safeguarding issues.

3.14 The Commissioning side of the Southampton City Council Learning Disability Team did not visit 'the flats' very often, and would only visit if a complaint had been received. The failure of Wessex Regional Care staff to provide the correct number of 1:1 support hours should have been known, as should the deficiencies in the physical environment, the number of incidents being reported by staff and the high level of police involvement at 'the flats'. All these factors when considered together paint a clear picture of a service which was not fulfilling its contracted obligations, and which was not meeting the needs of its vulnerable tenants.

The Experience and Quality of the Staffing at The Flats

3.15 It is evident that the staff on duty on 19 December 2010 were relatively new and untrained, and the lone sleeping duty member of staff had not had much experience of working with Wessex Regional Care Ltd. In the morning the senior support worker contacted NHS Direct to ask for their advice about Mr A as he was concerned that he appeared to be getting worse. The advice gained served to reassure him that Mr A was not as seriously ill as he had thought.

3.16 Care Support Worker 1 who was the sleep-in night worker on 19 December 2010 had been visiting Mr A every two hours to check how he was. At 20.00 that evening he visited Mr A, who was weaker than he had been in the morning, and was unable to stand and walk and just flopped back onto the settee. He decided not to visit him overnight and Mr A was left for 13 hours until he was found dead at 09.20 on the Monday morning.

4. Conclusion

4.1 The Serious Case Review Panel concludes that Mr A's death was preventable. Had all care staff been aware of all the facts of his illness and the advice of the GP to ring the Duty Doctor, and had used their own observation of Mr A being unable to walk or get out of bed to summon an ambulance, appropriate action would have followed. The actions were not malicious or deliberate, but were the consequence of an organisation having too few experienced care workers and duty managers to

cover an urgent situation and inadequate policies or protocols to describe the actions to be taken if staff thought a tenant at the flats was really ill and required health care.

4.2 The cause of Mr A's death was systemic. A group of contributory factors combined to create a situation where a vulnerable adult was allowed to die in circumstances where he was living in supported accommodation.

4.3 It is noted that the Coroner in his narrative report came to the conclusion that Mr A's death had been "preventable and unnecessary" and "that the systems in place to deal with Mr A's health generally were inadequate and insufficiently robust"ⁱ

4.4 In memory of Mr A it is vitally important that lessons are learned from his death and this Serious Case Review and that recommendations are made which will help prevent further similar incidents.

5. The Serious Case Review Panel Recommendations

1. Where a Safeguarding Adults Strategy Meeting has been called which involves more than one vulnerable adult the meeting must give equal attention to each vulnerable adult. This individual review for each vulnerable adult should ensure that:
 - his/her needs are assessed and appropriate steps taken to address them;
 - wider safeguarding issues are taken into account to include healthcare, the provision of social care and any other risks;
 - the effects of the interrelationship with the other vulnerable adult(s).

Safeguarding Meetings should only deal with one individual at a time and it is strongly recommended that this is taken forward by the four Local Authorities within their pan-Hampshire Review of the Adult Safeguarding Policy.

2. The monitoring of contracts with organisations providing the care and support and/or individual 1:1 support for service users in accommodation for vulnerable adults must include:

- initial monitoring of the level of support needed for each individual tenant, and confirmation that the agreed care plan accurately reflects the identified needs;
- ongoing review of the level of support offered and quarterly checking of the records showing how that support has been provided and the outcomes of the interventions;
- provision for spot checks of the property to ensure the cleaning and maintenance of the physical environment is of a satisfactory standard and that there is the opportunity to talk to service users and to see their personal accommodation if they agree.

These three areas of monitoring should be added to the Contract Review Schedule.

3. When professionals visit service users in accommodation for vulnerable adults the provider staff have the responsibility to write a summary of their assessment, advice or the outcome of their visit in the service user's ongoing record.
4. When professionals visit service users in accommodation for vulnerable adults and have any concerns about the standard of care and/or the general state of the environment they should:
 - raise their concerns with the senior member of staff on duty;
 - ask for details of the provider organisation and the commissioning organisation contracting the service;
 - be aware of their professional code of practice to highlight any sub-standard care;
 - be aware of their responsibilities for the safeguarding of vulnerable adults.

All organisations must ensure that their staff know their responsibilities regarding the safeguarding of vulnerable adults.

5. The senior managers of all provider and commissioning organisations of supported accommodation for vulnerable adults must ensure that their staff are aware that:

- the assessed needs identified and the services arranged to meet those needs in the service users' care plans must be provided;
- when a service user disengages or refuses support there are techniques available to assist service users to positively use their support;
- the use of the Mental Capacity Act 2005 is required so staff can check whether a service user has capacity in relation to a particular decision, such as whether or not to make use of services.

The senior managers must ensure that there is a simple tool outlining the principles of the Mental Capacity Act, which can be used to aid care workers in understanding the Act and its role in decision making.

6. When a service user is ill, and he/she is known to have close relatives, then the care providers should inform the close relatives about the illness and offer them the opportunity to visit so that they can be involved in decision-making around the service user's care.
7. When the Hampshire Constabulary Safer Neighbourhood Team and/or a Police Safeguarding Officer notice an increase in the level of calls from an address where vulnerable adults are known to live they should:
 - alert the Adult Safeguarding Team about the level of incidents at the address;
 - **not** raise a CA 12 Form (Vulnerable Adult at Risk) for each individual living at that address but a general alert regarding the incidents logged from the property.
8. The four Local Authorities involved in the pan-Hampshire Review of Adult Safeguarding Policy should provide a clear Policy Framework for situations where service users disengage from, or refuse, support.
9. It was evident in some of the Internal Management Reviews that there were discrepancies in the accounts given about Mr A's physical condition and the actions taken by care staff. It is therefore recommended that:
 - organisations should revisit their investigations in the light of established facts highlighted by the Coroner's Narrative Verdict and the Serious Case Review Panel's Findings;
 - re-examine the areas where the discrepancies occurred in order to validate their investigation.

**Southampton Safeguarding Adults Board
Serious Case Review re Mr A
Multi-Agency Action Plan**

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
<p><i>1. Where a safeguarding strategy meeting has been called which involves more than one vulnerable adult, the meeting must give equal attention to each vulnerable adult.</i></p> <p><i>Wider safeguarding issues must be taken into account at the meeting to include healthcare, social care support currently provided and any other risks; the effects of the interrelationship with the other vulnerable adult(s).</i></p> <p><i>The meeting should ascertain that each individual's needs are assessed and appropriate steps taken to address these.</i></p>	<p>Update revised local multi-agency Safeguarding Adults policy to include practice standards regarding allocation and case management of interventions involving 1 + people.</p> <p>Ensure separate care managers allocated to each person during the Safeguarding Adults process.</p> <p>Revise Safeguarding Adults meeting templates to include a review of health needs, appropriateness and reliability of current support provided and any other risks.</p> <p>Include in Safeguarding Adults plan template</p>	<p>Enables a clear analysis of the needs and risks of each person involved.</p> <p>Risk and safeguarding assessments undertaken are holistic in nature.</p> <p>Safeguarding interventions identify any gaps in current needs and care and results in more targeted support and improvement in service user's overall well being.</p>	<p>Local Authority safeguarding lead (Sue Lee) in conjunction with IAMC.</p> <p>Southampton City Council Adult Social Care Senior manager and manager (Carol Valentine and Andy Biddle)</p>	<p>October 2012</p>	<p>Southampton City Council Adult Social Care – Safeguarding Adults multi agency policy and procedures have been revised to ensure separate care managers are allocated in cases involving more than one Vulnerable Adult. Safeguarding Adults meeting templates have been revised to address health needs and appropriateness of current support arrangements. A specific addition to trigger consideration of health and social care needs has been included. These amendments have fed into Safeguarding Adults training for Adult Social Care staff.</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
	trigger questions on health and social care needs. Revise the Contract Review Schedule.					
<p><i>2. Monitoring of care contracts must include:</i></p> <p><i>Initial monitoring of the level of support needed for each individual service user and confirmation that the agreed support plan accurately reflects the identified needs;</i></p> <p><i>Ongoing review of the level of support offered and quarterly checking of the records showing how that support has been provided and the outcomes of the interventions;</i></p> <p><i>Provision for spot checks of the property to ensure the cleaning and maintenance of the physical environment is of a satisfactory standard</i></p> <p><i>Discussion with service users to ascertain their views about the support received.</i></p>	Update Quality Monitoring Framework (QMF) to include standards re cleaning, maintenance of the physical environment in residential, supported living and private accommodation. Quality Monitoring Framework to require care agencies, landlords, contract monitoring officers and care managers to monitor the physical environment and to spot check properties to ensure they are maintained to an adequate standard. Quality Monitoring Framework to require care managers to check and sign off support plans and to regularly check the 1:1 support actually delivered a part of the care review.	<p>Implementation by commissioners of a robust Quality Monitoring Framework.</p> <p>Approach enables preventive action and early intervention where risks re maintaining a healthy environment have been identified.</p> <p>Quality monitoring is embedded in the care management role.</p>	Social Care and NHS commissioners Stephanie Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC)	December 2012	SCC Commissioning - plan in place to visit all care homes by the end of March 2013. This includes learning disability care provision in the city and in care homes outside of the city where SCC has a substantial number of residents. New Domiciliary Care contracts are about to be commissioned, with a view to commencing in June/July 2013. The contracts include higher expectations of quality, reporting and reviews. Quality Assurance work has recently concluded visits to 10% of all older people clients. Report being collated of findings. Domiciliary Care Audit Tool in process of agreement. Commissioning will be providing to care managers on Quality	

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			<p>Jaki Metcalfe (Southampton, Hampshire, Isle of Wight, Portsmouth NHS).</p> <p>SCC Adult Social Care (Carol Valentine)</p>		<p>Assurance. Beyond this, there is a need for the care management reviews to be robust as spot packages and the initial support plan are the responsibility of care managers to get right.</p> <p>NHS Southampton – Continuing Health Care nurses are required in statue to review at three months and then annually as a minimum. Frequency increased if concerns raised. In view of monitoring the environment, the quality assessment tool now used by the Continuing Health Care teams has been amended and the tool prompts the nurse to consider safeguarding referrals if standards are below the acceptable level.</p> <p>Review of care management recording tools to include specific care delivery through care plan</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
3. When professionals visit service users in supported accommodation the provider staff have the responsibility to			SCC Housing (Nick Cross)		compliance. Team Manager's to address this through clinical supervision. First Wessex – Review of effectiveness and monitoring underway – due for completion Nov 2012 – initial meetings proved positive – First Wessex to update on completion. Regular formal meetings underway to gather tenant feedback and findings reviewed quarterly to ensure compliance with responsibilities. Resident Involvement Manager responsible for responses, actions and timeframes to address information gathered via consultation and monitoring.	Orange
	Recording guidelines to be issued to all care agencies.	Ensures recommendations made are translated into care delivery and ensures	Social Care and NHS commissioners Stephanie	September 2012	Southampton City Council Commissioning - New Domiciliary Care contracts are about to be	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
<p><i>write a summary of their assessment, advice or the outcome of their visit in the service user's ongoing record.</i></p>	<p>Recording standards to be added to all contracts and service specifications.</p> <p>Visiting professionals on subsequent visit to check actions requested have been carried out.</p>	<p>continuity of care and treatment provided.</p> <p>Promotes accountability.</p>	<p>Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC).</p>		<p>commissioned, with a view to commencing in June/July 2013. The contracts include higher expectations of quality, reporting and reviews. Quality Assurance visits are being undertaken. Issues relating to individuals are related back to Care Management. There is a process for reviewing findings from QA visits – e.g. follow-up visits to check on actions etc.</p> <p>NHS Southampton - A template letter has been introduced to the Continuing Health Care teams for completion following every Continuing Health Care review and safeguarding review. This letter is for the provider and states what good practice was found, what lapses have been identified and the expectations of the provider to improve. It also states whether a safeguarding referral has been made.</p>	

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			<p>Care Agencies</p> <p>Southampton City Care Adult Social Care (Carol</p>		<p>Wessex Regional Care - A provision and document for professionals to write summaries is available and there is evidence of staff in different services completing detailed summaries of visits to medical appointments. Visitors comment form is available for professionals to utilise. Services actively encourage visiting professionals to complete detailed entries in support plans outlining details of the visit including advice and further instructions.</p> <p>First Wessex – Training completed to ensure staff fully aware and competent re understanding and completion of documentation.</p> <p>Southampton City Council Adult Social Care</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
			Valentine) ; NHS Trusts (Southampton Hospital Foundation Trust, Solent, Southampton Hampshire Isle of Wight, Portsmouth Primary Care Trust)		– recording standards have been reviewed regarding care management staff and areas of improvement identified. Team managers to address this through clinical supervision and ensure standards are unified and raised. Specific attention to be paid at all training delivery re recording standards and best practice guidelines. Solent - All Solent safeguarding policies and date recording guidelines clearly state that staff are to record in a variety of specified ways in patient held health records in their own home. Events are summarised by visiting health professionals such as District Nurse's and ongoing care plans are translated into actions.	
4. When professionals visit service users and have any concerns about the standard of	Include as part of the review of the multi agency safeguarding training	Professionals in health and social care organisations take	Local Authority safeguarding lead (Sue Lee	November 2012	Southampton City Council Adult Social Care – Safeguarding Adults	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
<p><i>care and/or the general state of the environment they should raise their concerns with the senior member of staff on duty; ask for details of the provider organisation and the commissioning organisation contracting the service; be aware of their professional code of practice to highlight any sub-standard care; be aware of their responsibilities for the safeguarding of vulnerable adults.</i></p>	<p>strategy.</p> <p>General Practitioner training linking safeguarding duties to professional codes of practice</p> <p>Ensure referral pathways are clear</p> <p>Publicity, information and awareness training for General Practitioner's and other professionals.</p>	<p>appropriate action if they are concerned about the welfare of vulnerable adults (living in care settings and at home) in line with their safeguarding responsibilities and professional codes of practice.</p> <p>Concerns are reported to the local safeguarding authority in a timely fashion.</p>	<p>Southampton Hampshire Isle of Wight and Portsmouth NHS (Jaki Metcalfe)</p> <p>NHS Trusts (Southampton Hospital</p>		<p>policy and practice guidance updated due for dissemination Jan 2013.</p> <p>Wessex Regional Care – Specific communication form has been devised and distributed to all services and homes. Evidence is in place that this form has been used in some services by visiting professionals. Wessex Regional Care staff will continue to be pro active in encouraging visiting professionals complete the form across all services and to ensure full supply of forms is maintained in each service.</p> <p>NHS Southampton – up date not available - 08/11/12</p> <p>Solent – Safeguarding Adults policies and</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
			Foundation trust, Solent Healthcare).		associated teaching to staff clearly states that if they have any concerns they have a duty to report to a senior manager – 'speaking out'. This is reiterated through out the policy and in flow charts on every ward, in-house units and clinical areas. Staff are instructed to either report to the local authority or Solent. First Wessex – Assumed responsibility for day to day housing management of units therefore front line staff are clearer of roles and responsibilities at Service Level Agreement.	
<p><i>5. Senior managers of all provider and commissioning organisations of supported accommodation for vulnerable adults must ensure that their staff are aware that:</i></p> <p><i>the assessed needs identified and the services arranged to meet those needs in the service</i></p>	<p>Quality Monitoring Framework and Contracts include targets re:</p> <p>Providers' internal quality monitoring activity;</p> <p>Internal Mental Capacity Act training and practice development and</p>	<p>Reliable and consistent support to meet identified needs.</p> <p>A range of strategies are available to support people who refuse or disengage with support.</p>	<p>Social care and NHS commissioners Stephanie Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC).</p>	<p>December 2012</p>	<p>SCC Commissioning - plan in place to visit all care homes by the end of March 2013. This includes learning Disability care provision in the city and in care homes outside of the city where SCC has a substantial number of residents. Domiciliary care Audit tool</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
<p><i>users' care plans must be provided;</i></p> <p><i>when a service user disengages or refuses support there are techniques available to assist service users to positively use their support;</i></p> <p><i>Use of the Mental Capacity Act 2005 is required so staff can check whether a service user has capacity in relation to a particular decision, such as whether or not to make use of services.</i></p> <p><i>Senior managers must ensure there is a simple tool outlining Mental Capacity Act principles to aid care workers in understanding the Act and its role in decision making.</i></p>	<p>Mental Capacity Act in Voluntary Independent Provider Training Calendar.</p> <p>Hampshire 4LSAB to produce practice guidance on self neglect and refusal of care/support.</p> <p>When an individual refuses to engage and attempts to reengage are unsuccessful, then the agency will refer back to the Care Manager, who will carry out review of care.</p>				<p>in the process of being agreed (interim tool in place and being used). Understanding of the Mental Capacity Act is a requirement in commissioned contracts. Southampton City Council is providing training on the Mental Capacity Act for providers via residential forum and for domiciliary care through our training programme. Discussion underway re making attendance on the in-house training mandatory within new contracts. Where there is non-engagement from service users, providers are already expected to liaise with care management teams to flag this up and resolve. This has been reiterated to LD dom care providers recently.</p> <p>NHS Southampton – up date not available - 08/11/12</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
			<p>Local Authority safeguarding lead (Sue Lee) Southampton City Council Adult Social Care Senior manager and manager (Carol Valentine and Andy Biddle)</p> <p>Care Agencies</p>		<p>Southampton City Council Adult Social Care - Full audit of Mental Capacity Act 2005 has been completed to include both Southampton City Council staff and provider services. Action plan from subsequent recommendations being completed. Full review of Mental Capacity Act training to both Southampton City Council staff and Voluntary Independent Private sector – action plan and amendments completed.</p> <p>Wessex Regional Care - Monitoring sheet for each scheduled support session is in place and is being used. Policy and procedure in place for feedback to commissioning bodies when service user has refused support. At each annual service review a Mental</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					<p>Capacity Act assessment is made to ensure that the service user's capacity to make a decision on sharing information has not changed. Care Management team to be advised of changes. Additional training on communication skills in relation to engaging service users in their support hours has been designed and has been scheduled to begin in November 2012. Internal training for Mental Capacity Act is in place and is refreshed along with safeguarding annually. Key members of management staff have attended and completed approved Mental Capacity Act assessment training provided by Hampshire County Council. A clear simple flow chart of the Mental Capacity Act process has been designed and distributed to all services.</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					<p>First Wessex – All roles and responsibilities revisited and reinforced – clear protocol in place for raising concerns. Team Leaders training re Housing law / possession and interrelated issues completed Dec 2010 refresher courses to be completed December 2012.</p>	
<p>6. <i>When a service user is ill, and he/she is known to have close relatives then the care providers should inform the close relatives about the illness and offer them the opportunity to visit so that they can be involved in decision-making around the service user's care.</i></p>	<p>Commissioners to provide guidance to all care providers and to include this requirement in contracts and service specifications.</p> <p>Care providers to clarify and record individual wishes re family involvement.</p> <p>Care providers to ensure that NOK contact details are kept up to date.</p> <p>Care providers to implement an internal illness reporting protocol which includes maintaining</p>	<p>Relatives are kept informed of and are given the opportunity to be involved in decision making where this is agreed by the service user as part of their care plan.</p> <p>Service users are able to access support of family members at time of illness (where this is agreed as part of their care plan)</p>	<p>Social care and NHS commissioners and care providers Stephanie Ramsey (Primary Care Trust), Matthew Waters, Kate Dench (SCC).</p>	<p>September 2012</p>	<p>Southampton City Council Commissioning – In process of writing to providers outlining the expectations. This is part of care management plans and contact details, and also needs to be part of each agency's plans with users, where agreed by the user.</p> <p>There needs to be an ongoing programme within care management reviews to update permissions to share on an annual basis.</p> <p>NHS Southampton – up date not available - 08/11/12</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
	up to date details of NOK and informing them in case of illness or emergency.		Care Agencies		<p>Southampton City Council Adult Social Care– Increased partnership working with families and inclusion in decision making where appropriate supported by team managers and senior practitioners to front line care management staff through regular supervision and via quality audits of casework.</p> <p>Solent as a care provider – Staff are instructed to inform relatives when person is unwell where there is permission to share. The difficulty in cases if the client does not wish information to be shared and complex cases such as self neglect is addressed in policy and teaching to ensure communication wherever possible is made. Staff are to follow the patients wishes</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					<p>unless in immediate danger. Where it is necessary to go against the persons wishes staff will utilise the General Practitioner and social care as they often have a much wider understanding of family dynamics.</p> <p>Wessex Regional Care - Verification of sharing of information with service users' families is established in initial assessment and then re-assessed and updated at annual reviews; respecting Mental Capacity Act and personal choice. Training on illness recognition and management is provided for all members of staff. Specific management of illness protocol and procedure devised. All domiciliary services provide a weekly report to Domiciliary Manager and monthly report to Service Manager which would</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					include health and well-being.	
<p>7. When Hampshire Constabulary Safer Neighbourhood Team and/or a Police Safeguarding Officer notice an increase in the level of calls from an address where vulnerable adults are known to live they should alert the Adult Safeguarding Team about the level of incidents at the address and not raise a CA 12 Form (Vulnerable Adult at Risk form) for each individual living at that address but a general alert regarding the incidents logged from the property.</p>	<p>Guidance to frontline police officers.</p> <p>Designated resource within the Central Referral Unit to complete trend analysis on CA 12's received.</p> <p>Central Referral Unit and local authority safeguarding leads to agree a threshold to trigger a safeguarding referral (on a property).</p>	<p>Better informed risk assessments.</p> <p>More effective responses to Anti Social Behaviour.</p> <p>Prevention and early intervention re Anti Social Behaviour.</p>	<p>Hampshire Constabulary (Bob Maker)</p>	<p>December 2012</p>	<p>Hampshire Constabulary - All Safer Neighbourhood Team and Target Patrol Team officers have been requested to review their beats in order to identify locations of concern and submit CA12s. In addition the Central Referral Unit are now monitoring repeat locations and the Hants Constabulary Safeguarding Adults policy is being updated to include this in guidance to officers.</p>	
<p>8. The pan-Hampshire Safeguarding Adults Policy Review should include guidance on situations where service users disengage from, or refuse, support.</p>	<p>Publication of a policy on managing refusal of or disengagement from support.</p> <p>Dissemination to NHS, ASC staff and care agencies.</p>	<p>Refusal and/or disengagement from care and support is proactively managed within a clear risk management framework. Capacity, consent and best interests are at the centre of this process.</p>	<p>Sue Lee local authority safeguarding lead via Inter Agency Management Committee</p>	<p>November 2012</p>	<p>SCC & Inter Agency Management Committee - Specific self neglect policy written and agreed Southampton Hampshire, Isle of Wight, Portsmouth wide. Disseminated via the Inter Agency Management Committee to both NHS and Adult Social Care staff. To be included within the</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					revised Safeguarding Adults policy and included in relevant NHS staffing policy & procedures. Clear risk management and assessment tool devised to be implemented with Safeguarding Adults policy launch across Southampton, Hampshire, Isle of Wight, Portsmouth Adult Social Care & NHS staff.	
<p>9. Organisations should revisit their investigations in the light of established facts highlighted by the Coroner's Narrative Verdict and the Serious Case Review Panel's Findings and re-examine the areas where the discrepancies occurred in order to validate their investigation.</p>	<p>Contributing agencies to the Serious Case Review should review their Internal Management Review against the findings of the overview report in order to identify any discrepancies.</p>	<p>Individual agency Internal Management Review recommendations are based on reliable and valid evidence.</p> <p>The root causes of the incident are fully understood to enable lessons learned to be implemented within the organisation.</p>	<p>Chief officers of contributing agencies.</p>	<p>Sept 2012</p>	<p>NHS Southampton - review from NHS Hampshire completed. No issues were uncovered regarding the NHS Chronology of previous investigation.</p> <p>SCC Commissioning - Visited social care provider and reviewed management and worker policies and practice. Reviewed housing management arrangements. Ensured relationship and roles of care provider and landlord</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					<p>are clear and understood so that incidents do not reoccur. Built into future contracts electronic monitoring to provide an enhanced level of monitoring with providers. Providers will be monitored based upon risk assessment criteria.</p> <p>Hants Constabulary – This is a standard procedure which is carried out by Police Serious Case Review team who write the Internal Management Review's. Review completion confirmed by Kevin Walton for this specific Serious Case Review.</p> <p>Wessex Regional Care - This agency's Internal Management Review along with the Serious Case Review Final Executive summary and Multi Agency Action Plan, have been examined, revisited and</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					<p>reviewed as of 16/10/12, by the Service Manager; the Internal Management Review Author and the Human Resources advisor. Between the investigations just after the event, the initial investigation and the investigations made by the Internal Management Review author as the report was shaped and revised, under the guidance and instruction of the Serious Case Review panel, no further discrepancies were discovered or resolved. No further evidence was found regarding unresolved situations or events. Full Safeguarding in Provider Services process including improvement plan and specified actions completed and reviewed – findings sent to Safeguarding in Provider Services for information. Contributing factors to the difficulties in establishing events, such as effective report writing, have</p>	

Recommendation	Action required	Intended outcome	Professional and agency responsible	Timescale	Progress (please do not use 'ongoing'). Progress : Red = Not commenced, Amber= Progressed, Green= Completed	RAG status
					<p>been addressed through procedure improvements and training.</p> <p>Solent - did not conduct an Internal Management Review as they do not have responsibility for learning disability in this area – no other community nursing services were involved. Solent were not required to conduct a review.</p>	

DRAFT

Agenda Item 9

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	UPDATE ON VASCULAR SERVICES
DATE OF DECISION:	29 NOVEMBER 2012
REPORT OF:	SENIOR MANAGER CUSTOMER AND BUSINESS IMPROVEMENT
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

The paper provides an update on Vascular Services since the HOSP meeting on 10 October 2012.

RECOMMENDATIONS:

- (i) to note the progress made and decide on the next steps.

REASONS FOR REPORT RECOMMENDATIONS

1. The Panel have requested to be kept informed regarding progress made on Vascular Services.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. N/A

DETAIL (Including consultation carried out)

3. At the HOSP meeting on 10 October the Panel agreed that the Chair would write to the Chief Executives at Portsmouth and Southampton hospitals informing them that the issue would be referred to the Secretary of State if the HOSP had not received a written agreement of commitment between the parties signed by both Chief Executives by 26th October 2012.
4. With the hope of achieving a favourable outcome, the Chair has decided that the letter to the Secretary of State not be sent at this time because of the reassuring words and actions coming from officers in the providers and commissioning organisation. However it must be noted that the Panel has not received written confirmation of the intention to move toward a network model from either hospital.
5. A copy of correspondence received from Debbie Fleming 8 November is attached at appendix 1.

RESOURCE IMPLICATIONS

Capital/Revenue

- 6 None

Property/Other

- 7 None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

- 8 The duty to undertake overview and scrutiny is set out in Section 21 of the

Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

9 None.

POLICY FRAMEWORK IMPLICATIONS

10 None

AUTHOR:	Name:	Caronwen Rees	Tel:	023 8083 2524
	E-mail:	Caronwen.rees@southampton.gov.uk		

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Letter from Debbie Fleming, Chief Executive, SHIP PCT Cluster dated 8 November.
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Documents In Members' Rooms

1.	None
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Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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Southampton, Hampshire Isle of Wight & Portsmouth

Headquarters
Oakley Road
Southampton
Hampshire
SO16 4GX

Tel: 023 8072 5600

8 November 2012

Dear Colleague

As a few months have now passed since my last letter to you on vascular services, I thought it might be an opportune time to write to you with an update.

The SHIP PCT Cluster and CCGs have made it clear throughout that we wish to commission a network model of service as this will provide the most sustainable service for patients going forward. In order to facilitate further discussions about how local Trusts could work together to deliver this model we held a seminar for Trust executives and clinicians and some of our stakeholders in June. At the seminar it was agreed that the Cluster would work with the two Trusts and their clinicians to continue their dialogue about how a network model could be delivered. The Cluster and the CCGs also gave a commitment to monitor the quality of existing services at each of the local Trusts and pay particular attention to their compliance with the Vascular Society of Great Britain and Ireland (VSGBI) standards.

As part of this quality monitoring, all the standards in the VSGBI specification have been included in this year's contract with both Trusts and we have developed a clinical governance framework to allow us to monitor the Trusts against these standards. In practice, this has involved the Cluster scrutinising information about patient outcomes, with cases reviewed on a patient-by-patient basis by our Medical Director, Director of Nursing and GP lead for Cardio Vascular services. I am pleased to report that, as a result of this work, we are confident that patient outcomes and the quality of service at our local Trusts is not a current area of concern.

Nevertheless, as you will recall, Portsmouth Hospitals NHS Trust (PHT) has not been fully compliant with the VSGBI standards because it needed to recruit two additional vascular surgeons, in order to be able to offer the required one-in-six rota. The Cluster had agreed to allow the Trust some time to go through a recruitment process and we are pleased to report that one additional surgeon has now been recruited. As a consequence, the Trust is currently operating a one-in-five rota.

However, we remained concerned that the Trust has not yet recruited the required sixth surgeon and we have formalised our concerns by escalating matters through our contract with the Trust.

Meanwhile, we have continued to work with the Trusts to facilitate discussion between clinicians and a meeting chaired by Jonathan Earnshaw (an expert vascular surgeon from the South West) took place in October. The meeting was attended by Simon Holmes, Medical Director at PHT, Professor Cliff Shearman, Gareth Morris and Mike Phillips, vascular surgeons at UHSFT, Graham Sutton, Associate Medical Director (surgery) at PHT, Mark Pemberton and Perbinder Grewal, vascular surgeons at PHT, Paul Gibbs, renal and vascular surgeon, PHT, and Niall Ferguson, Hampshire clinical commissioner.

At the meeting, clinicians from both Trusts recognised that the impending era of specialist commissioning is likely to result in some complex surgery (for example, thoracic aortic endovascular aneurysm treatment) being restricted to designated (high volume) centres. The clinicians agreed that the possibility of some patients requiring such treatment being sent to centres outside of Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) for their surgery would be reduced by centralising this work in the SHIP area. They also acknowledged that the expected reduction in national training posts is likely to result in increased consultant involvement 24/7.

It was agreed that pooling of consultant resource between Queen Alexandra Hospital and Southampton General Hospital would ensure availability of all the team required to provide this service at all times in the SHIP area.

We have been informed that there was an honest exchange during the meeting regarding the concerns held by teams from both Trusts. For PHT, this centred on the need to retain on-site vascular services to protect other specialties and some concerns that full centralisation would not necessarily improve quality of care for some types of vascular patient. For UHSFT, there were concerns about the increased intensity of out of hours work in Southampton that would result from amalgamation of on-call services on one site.

Having considered these issues together, the consultants came to a number of important agreements which included the following:

1. The principle of centralising weekend cover for acute arterial intervention to UHSFT was discussed and was an area of potential agreement
2. The principle of centralising aortic aneurysm treatment on one site received general agreement
3. They would work together on the development of a bid for a joint training programme across both Trusts

The clinicians involved are now working carefully through the details of how these proposals might work in practice. As a result of this meeting, PHT has now confirmed to us that they do not intend to recruit a sixth surgeon. In order to meet the VSGBI standards, it is therefore imperative that the agreed shared rota with UHSFT is developed and progressed without further delay.

This is very encouraging news indeed, and we have asked both Trusts to write to us confirming their support for the principles agreed by their clinicians.

We are still awaiting publication of the new national specification for vascular services, but I hope you will agree that the recent dialogue between clinicians is a very positive step forwards. We believe that an agreement between the two Trusts will put us in a much better position to work together to meet the new specification. This will ensure that we can develop an innovative 'advanced network' across our two large local centres that will ensure high quality services for all local people as the vascular surgery develops into the future.

As always, I will keep you updated and thank you for your support in taking this forwards.

With best wishes

Yours sincerely



D M Fleming (Mrs)
Chief Executive
SHIP PCT Cluster

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO KEY HEALTH DELIVERY SITES
DATE OF DECISION:	29 NOVEMBER 2012
REPORT OF:	SENIOR MANAGER CUSTOMER AND BUSINESS IMPROVEMENT
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This paper provides background and seeks agreement of Members to undertake a mini review on public and sustainable transport to key health delivery sites in the City.

RECOMMENDATIONS:

- (i) to agree to undertake a mini review into Public and Sustainable Transport Provision to Key Health Delivery Sites.

REASONS FOR REPORT RECOMMENDATIONS

1. To allow members to decide if they wish to undertake the suggested review and receive a background presentation.

DETAIL (Including consultation carried out)

2. Councillor Thorpe, Cabinet Member for Environment and Transport, requested that the Health Overview and Scrutiny Meeting Panel conduct an investigation into travel access issues to the General Hospital. His particular concerns centred on bus access to the hospital, the effect of reductions in subsidies to evening bus services and opportunities to improve access.
3. Following discussion with the Chair of the Panel, the Council's Transport Department and the SHIP Cluster the review proposal at Appendix 1 was developed. The scope of the review covers 5 key strategic health delivery site across the City and all modes of public and sustainable transport. While it was felt that focusing only on the General Hospital would be too narrow, it was also recognised that there is not the capacity to consider all health delivery sites in the City.
4. A decision was also taken to exclude car travel and car parking charges from the review as this would have extended the scope well beyond manageable proportions in the time available. However need for a background knowledge of these issues is recognised.
5. Given the current workload of the panel it is suggested to consider this issue across four meetings with one of these being a dedicated meeting to gather evidence. This will require the panel to commit to an additional meeting in February 2013.

6. The Panel are invited to receive a background presentation on the current position from officers from the Council's Travel and Transport Team.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

7. None

RESOURCE IMPLICATIONS

Capital/Revenue

8. None

Property/Other

9. None

LEGAL IMPLICATIONS

Statutory Power to undertake the proposals in the report:

10. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

11. None.

POLICY FRAMEWORK IMPLICATIONS

12. None.

AUTHOR:	Name:	Caronwen Rees	Tel:	023 80832524
	E-mail:	Caronwen.rees@southampton.gov.uk		

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	HOSP Mini Review Proposal
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Documents In Members' Rooms

1.	None
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Integrated Impact Assessment

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No
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Other Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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Integrated Impact Assessment and Other Background documents available for inspection at:

WARDS/COMMUNITIES AFFECTED:	All
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Public and Sustainable Transport Provision to Key Health Delivery Sites

Aim of the Review:

To try and discover how easy it is for our residents and staff to get to their hospital and walk in-centre using public transport. For those residents who do not drive, have had to give up driving or are simply too ill to drive, what alternatives are there? Is there suitable public and sustainable transport provision? What other means of travel are available?

Scope:

The review will consider access to the following key health delivery sites across the city:

- Southampton General Hospital
- Royal South Hants
- Western Hospital/Adelaide Centre
- Bitterne Health Centre , and
- Moorgreen Hospital

For the purposes of the review public and sustainable transport will include, buses, trains, cycles and walking.

The scope does not include car travel, however it is accepted that a basic understanding of the current position and how this impacts on the use of public transport will be required. Car parking charges are not in scope.

Objectives:

- 1 Find out if there is suitable provision for residents to travel to/from hospital appointments and walk in centres.
- 2 Find out what public or community transport is available, whether it is cost effective and at suitable times.
- 3 Find out which areas, if any, are affected by lack of public transport
4. Consider any barriers to walking or cycling.
5. Consider any actions required to secure improvements

Methodology:

29/11 - Introduction, overview and agreement on the way forward

24/1 Short item – review of background evidence and preparation for evidence gathering session

Addition Feb meeting – Evidence gathering session with officers, transport providers and health site managers.

21/03 Short item - agree report and recommendations.

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