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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 28 JUNE 2018

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Present: Councillors Bogle (Chair), Bell, Houghton, Leggett, Noon, Savage and P Baillie

Apologies: Councillors

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

It was noted that following receipt of the temporary resignation of Councillor White from the Panel the Service Director, Legal and Governance acting under delegated powers, had appointed Councillor P Baillie to replace him for the purposes of this meeting.

2. **ELECTION OF VICE-CHAIR**

**RESOLVED** that the Panel, in his absence and with his consent, elected Councillor White as Vice Chair for the Municipal Year.

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

**RESOLVED:** that the minutes for the Panel meeting on 26 April 2018 be approved and signed as a correct record.

4. **WINTER PRESSURES 2017/18**

The Panel considered the report of the Director of System Delivery at Southampton City CCG providing the Panel with a summary of winter pressures in 2017/18 and the work of the South West Hampshire Operational Resilience Group

John Richards and Peter Horne (NHS Southampton Clinical Commissioning Group) and Joe Hannigan (Southampton Patients Forum) were in attendance and, with the consent of the Chair, addressed the meeting.

Peter Horne Director of System Delivery for the CCG outlined for the Panel how the CCG and its Partners drew together resources to plan for periods within the year. It was explained to the Panel that the idea was to support colleagues to be able to do their jobs and to avoid unnecessary escalation of tasks to others.

It was explained that this method of working reduced the need for senior officers to engage in tasks that distracted them from their own roles and enabled a fuller overview of the system as a whole. The Panel understood that the planning was evidence based and that the evidence was assessed to ensure that the right level of intervention was available if required.

It was further explained that the data gathered was shared on the basis that it would be used only for the purposes of planning and not to hold each of the partner organisations to account. The Panel were told that this enabled organisations to address periods of high demand without apportioning blame.

The Panel questioned whether the figures indicated that the performance against winter pressures had improved or whether the relatively mild winter had skewed the figures. It was explained that there was an underlying improvement to the overall performance.

It was understood that the system came under additional pressure shortly after the Christmas period. It was explained that people often put off going into hospital over this period and that as a result their conditions worsened resulting in a longer stay in hospital.

Panel Members questioned whether inappropriate referrals to the A&E department was a factor in the ability of the system to cope. Members were informed that the necessarily cautious nature of some areas with the system perhaps did contribute to demand but, that efforts were being made to reduce any incorrect referral, including using doctors within the call centre.

**RESOLVED:**

- (i) That the Panel noted the report and welcomed the overall improvements made in performance and the steps taken to change the culture with the systems partners toward a more collaborative and effective system; and
- (ii) That the matter of overall performance with the system to combat winter pressure would return to a future meeting.

5. **COMMISSIONING OF INTEGRATED URGENT CARE (IUC) SERVICES FOR SOUTHAMPTON**

The Panel considered the report of the Head of Primary Care, NHS Southampton CCG, providing the Panel with an update with regards to the commissioning of integrated urgent care services in Southampton

John Richards and Peter Horne (NHS Southampton Clinical Commissioning Group) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel noted the requirement for local health systems to commission new Integrated Urgent Care services and the decision to co-produce the service over the next 12-18 months with the current providers, South Central Ambulance Service (111 service provider) and Partnering for Health (provider of GP out of hours in Southern Hampshire).

The Panel welcomed proposals to for the new service to include an enhanced clinical assessment service whereby a higher proportion of patients will speak directly to a clinician.

**RESOLVED** that the Panel noted the progress and plans for developing a new Integrated Urgent Care service for Southampton residents.