

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	UPDATE ON "GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES"		
<b>DATE OF DECISION:</b>	26 NOVEMBER 2015		
<b>REPORT OF:</b>	DIRECTOR OF SYSTEM DELIVERY - NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
This report provides an update on progress of the decommissioning of the Bitterne Walk-In Service (BWIS) and the actions that were agreed at Clinical Commissioning Group (CCG) Governing Body and Health Overview and Scrutiny Panel (HOSP).			
The Clinical Commissioning Group board will meet on 25 November 2015 to consider the progress on the decommissioning of the BWIS.			
A verbal report will be made to the Panel on 26 November 2015 to inform them of the outcome of the CCG Board meeting.			
<b>RECOMMENDATIONS:</b> That the Panel:			
	(i)	Note the progress on decommissioning of the BWIS;	
	(ii)	Note the revised communications plan that supports the CCG's actions; and	
	(iii)	Consider the proposed approach to monitoring the impact of the closure over the next six to 12 months.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	The Health Overview and Scrutiny Panel has requested regular updates on the impact and implementation of the closure of the Walk-In Service.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	Not applicable.		
<b>DETAIL (Including consultation carried out)</b>			
	<b>Overview</b>		
3.	Following a public consultation in the summer, the CCG decommissioned the Walk-in service at Bitterne Health Centre on 31 October 2015.		
4.	Subsequent to the decision by the Governing Body, Southampton City		

	<p>Health Overview and Scrutiny Panel (HOSP) accepted the decision and made the following monitoring recommendations:</p> <ul style="list-style-type: none"> <li>• That the draft Urgent and Emergency Communication Plan is circulated to the Panel for comment.</li> <li>• That response times and key performance information relating to the NHS 111 and GP Out of Hours services are circulated to the Panel.</li> <li>• That the proposal for a community hub on the east side of Southampton is considered at a future meeting of the Panel if the scheme progresses.</li> <li>• That the Panel scrutinise the impact and implementation of the closure of the Walk-In Service at each HOSP meeting until the Panel informs the CCG that the information is no longer required.</li> </ul>
	<p><b>Decommissioning the BWIS</b></p>
5.	<p>The CCG has been working closely with Solent NHS Trust on the decommissioning of the service. The project had three work streams: publicity, partners and people.</p> <ul style="list-style-type: none"> <li>• <b>Publicity.</b> The CCG undertook a comprehensive publicity campaign to ensure that people throughout Southampton were aware of the closure of the walk-in service.</li> <li>• <b>Partners.</b> The CCG wrote to system partners (UHSFT, Care UK, PHL, SCAS 111 and 999, West Hampshire CCG, Fareham &amp; Gosport CCG) on 12 October 2015 to confirm the closure date of the Walk-In service and request written assurance on the actions being taken. All parties acknowledged the correspondence and provided a satisfactory response and assurance regarding actions being taken. In addition, the CCG also wrote to City GPs, the GP Federation and pharmacies to inform them of the decision. The CCG Primary Care Team also followed up with face-to-face meetings in east Southampton to ensure the pharmacies were aware of the closure.</li> <li>• <b>People.</b> Solent NHS Trust have confirmed that all staff have either redeployed or (in the case of a small number of admin and clerical staff) opted to take Mutually Agreed Redundancy Scheme.</li> </ul>
	<p><b>Increasing public awareness on urgent and emergency care – communications plan</b></p>
6.	<p>The initial focus for communications works was aimed at ensuring people were aware of the closure of the walk-in service and the alternative services in place to support people when they become unwell. Following the closure of the service, attention has turned to building confidence in urgent care services across the city. The project plan is at Appendix 5.</p>
	<p><b>Monitoring the Impact</b></p>
7.	<p>The CCG approach to monitoring the impact of the closure is being measured using both qualitative and quantitative information.</p> <ul style="list-style-type: none"> <li>• <b>Quantitative info.</b> A pack of baseline data has been produced for all</li> </ul>

	<p>key providers in the local urgent care system including Pharmacy Minor Ailments scheme, GPs, Primary Care Hubs, NHS111, GP Out of Hours, COAST, Minor Injury Unit and Emergency Department. Where possible this focusses on SC CCG and East GP registered patients' activity and quantified patient experience. This will be updated and reviewed on a monthly basis so that any impact can be measured, monitored and acted upon as necessary. The impact monitoring data will be made available to Governing Body and HOSP as required. See Annex E of the attached board paper.</p> <ul style="list-style-type: none"> <li> <b>Qualitative info.</b> The CCG will monitor feedback through established mechanisms which include our Patient Experience service, Patient Forum, Engagement reference group, Healthwatch as well as the GP Friends and family test. In addition we will have a market stall in Bitterne during December 2015 to ask members of the public about the impact locally. </li> </ul>
8.	Members are asked to consider the information presented at the meeting and following discussions comment on the report.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
9.	None.
<b><u>Property/Other</u></b>	
10.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
11.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<b><u>Other Legal Implications:</u></b>	
12.	None
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
13.	None
<b>KEY DECISION</b>	
	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	
	None directly as a result of this report

**SUPPORTING DOCUMENTATION**

**Appendices**

1.	Southampton CCG Board Paper: Getting the Balance Right in Community Based Health Services
2.	Letter to partners (Annex A to CCG report)
3.	Provider responses to letter regarding BWIS closure (Annex B to CCG report)
4.	Pharmacy First minor ailments scheme (Annex C to CCG report)
5.	Urgent and emergency communications plan (Annex D to CCG report)
6.	BWIS closure impact monitoring – baseline data at October 2015 (Annex E to CCG report)

**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
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**Privacy Impact Assessment**

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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**Other Background Documents**

**Equality 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.	None