
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 22 JUNE 2011

Present: Councillors Capozzoli (Chair), Daunt, Payne, Thorpe and Turner

Apologies: Councillors Fitzgerald and Parnell

1. **ELECTION OF VICE-CHAIR**

RESOLVED that this item be deferred.

2. **ESTABLISHING THE SHIP PCT CLUSTER**

The Panel considered the report of the Director of Corporate and Support Services - Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Cluster, requesting that the Panel note the establishment of cluster working across Primary Care Trusts (PCTs) in SHIP area. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from Debbie Fleming, Chief Executive of the NHS Southampton, NHS Hampshire, NHS Isle of Wight and NHS Portsmouth (SHIP) Cluster.

Main themes of the presentation included:

- PCTs were due to be abolished on 31 March 2013 and the aim of the clustering was to ensure PCTs continued to be resilient during the transition, as well as aid the establishment of GP consortia, Health and Well Being Boards and future arrangements for public health
- there was no choice to making changes – this was mandated following legislative changes set out in the White Paper ‘Equity and Excellence: Liberating the NHS’, and its associated policy documents ‘Operating Framework for the NHS in England 2011/12’, ‘PCT Cluster Implementation Guidance’
- there was however a choice for PCTs on which other PCTs they could cluster with - there had been a great deal of successful joint working previously between the four local PCTs which had agreed to work as a cluster during the transition to the new GP-led commissioning system
- SHIP was the third largest cluster in the country and would have a combined allocation of £2.9 billion commissioning health care for nearly two million people across the four local authority areas
- that the previously robust arrangements in Southampton were recognised and valued. The cluster headquarters had been established in Southampton in a deliberate move to switch the emphasis from Hampshire.
- Sandy Hogg, Nominated Director/Executive Lead for Southampton City at NHS Southampton City had been appointed as the representative for Southampton on the cluster board
- There were many developments moving the cluster and associated governance arrangements forward and much had already been done following the

appointment of the cluster board and Chief Executive earlier this year, work on delivery was progressing. However, further guidance was expected from the Department of Health

- A cluster HQ executive team and the 4 PCTs would increasingly work together under the joint Board, supported by a single management team. The first meeting of the cluster board had taken place on 6th June. The priorities for the SHIP Cluster were:
 - o Focusing on delivery, so that financial and operational performance is maintained, along with safe, high quality services. Work must continue to drive out unnecessary duplication and waste, so that all patients receive the right care, in the right place at the right time, thus delivering savings for the local health system
 - o Facilitating the establishment of the new GP Clinical Commissioners (GPCCs), including all the support services that they will need in the future
 - o Supporting the development of the new Health and Well-being Boards and the transfer of the Public Health function into each of the local authorities
 - o Working with local NHS Trusts so they all achieve Foundation Trust status by 2014
 - o Continuing to commission services that will in future become the responsibility of the National Commissioning Board (for example, primary care commissioning and specialised commissioning).

The Panel discussed issues arising from the presentation, including that of adequate representation for the interests of Southampton on the cluster board. The Panel highlighted their concern at the apparent lack of representation for Southampton on the board having only 1 in 13 places whereas Hampshire and Portsmouth had 8 and 3 respectively. It was clarified that executive appointments had been made on the basis of ability and appropriate skills set rather than location / PCT representation. There were 3 non-executive appointments per Trust on the cluster board, representing a 25% share. A detailed breakdown of the appointments to other posts was given.

The Panel also questioned the method of consultation used. It was explained that the cluster were enacting national policy and that there whilst there had been no consultation as such, there had been a great deal of joint working and internal staff consultation / sharing of information although there was no obligation to do so.

The challenge of bringing together three disparate areas and dealing with issues such as deprivation were acknowledged.

The mechanism for dealing with disputes and problems that might arise and decisions made by the cluster board was discussed in detail

RESOLVED that the report and presentation be noted.

3. **UPDATE FROM SOUTHERN HEALTH NHS FOUNDATION TRUST (FORMERLY HAMPSHIRE PARTNERSHIP FOUNDATION TRUST) ON CHANGES TO ADULT AND OLDER PEOPLE'S MENTAL HEALTH SERVICES**

The Panel considered the report of the Head of Consumer Experience and Engagement, Southern Health NHS Foundation Trust, requesting that the Panel note and comment on proposals to relocate Adult Mental Health Services in the Southampton area and to note the consultation activity in relation to Older People's Mental Health. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from Dr Lesley Stevens, Clinical Director and Dr Tom Schlich, Clinical Service Director of Southern Health NHS Foundation Trust, Adult Mental Health Directorate, in connection with proposals to relocate Adult Mental Health Services in the Southampton area.

Pam Sorenson, Southern Health NHS Foundation Trust, was present and with the consent of the Chair, addressed the meeting.

The presentation included an outline of current services and the background leading up to the changes, main themes included:

- The need to ensure patient independence and provide choice and empowerment in patient care through individualised packages of care
- A focus on recovery
- Greater flexibility in service responses to need
- Alternatives to in-patient care
- The importance of the issue of the use of acute beds

Current services through integrated Health and Social Care Services included Acute Care, Community Services and Rehabilitation:-

- The Acute Care Pathway consisting of possible residential or more intensive care was outlined
- The Community Services Pathway involved:
 - Community Mental Health Teams linked to GPs
 - Early Intervention
 - Assertive Outreach
- The Rehabilitation Pathway included in-patient beds provided at Abbots Lodge, Forest Lodge, Crowlin House, Milton House and links with supported accommodation. A lot of services had been built up in the past ten years in this area of service.

The proposed Future Model of Service was described in detail, some of the main points included:-

- Single point of access to services consisting of: 24 hour duty service including 24 hour phone service (a service not currently available), advice and signposting to other services including initial assessment, counselling, which would provide a better service for patients, carers and GP referrals

Benefits of the new model were:

- Simplified assessment
- Integrated community service
- Personalised, recovery focused and local care
- Rapid 24 hour access
- Partnership with carers
- Closer working with other care providers

The Panel noted that whilst there had been no formal consultation with service users there had been involvement throughout the process of developing the proposed new model.

The Panel were provided with a verbal update on the consultation activity in relation to proposals affecting provisions for Older People's Mental Health in the Southampton area.

Harry Dymond, Southampton Local Involvement Network, was present and, with the consent of the Chair, addressed the meeting.

The Panel noted that five events had been held in May that had provided direct feedback to the effect that there was general support for the proposals however, the main issue related to access and travel implications for service users which the Panel felt needed to be further addressed. The consultation was now at an end and the feedback currently being analysed. A further update on the consultation would be brought to the next meeting of the Panel on 26th July 2011.

RESOLVED

- (i) that having had regard to the level and range of engagement activity in respect of proposals to relocate Adult Mental Health Services in the Southampton area, formal consultation in respect of these proposals was not necessary; and
- (ii) that Southern Health have properly and adequately consulted with regard Older People's Mental Health services in the Southampton and South West Hampshire area.

4. HEALTHWATCH SOUTHAMPTON AND TRANSITIONAL LINK SUPPORT ARRANGEMENTS

The Panel considered the report of the Head of Integrated Strategic Commissioning, Health and Adult Social Care, providing details on progress for Southampton City Council's contribution towards the establishment of a Department of Health-sponsored local HealthWatch pathfinder project – in partnership with Hampshire County Council, the Isle of Wight Council and Portsmouth City Council – and new support arrangements for Southampton's LINK (S-LINK) from 1st July 2011 that will continue to be a statutory requirement during the period of transition. (Copy of the report circulated with the agenda and appended to the signed minutes).

Harry Dymond, Southampton Local Involvement Network, was present and, with the consent of the Chair, addressed the meeting.

The Panel were informed that the start date for HealthWatch had slipped from 1st July 2011 to October and that Southampton Voluntary Services would take over host services support for S-LINK – the Panel had been appraised on proposals at an earlier meeting.

RESOLVED

- (i) that the report and presentation regarding the new arrangements for supporting Southampton's Local Involvement Network (LINK) and the plans being put in place for establishing a new local HealthWatch organisation for the City to replace the current LINK, following legislation later this year be noted; and
- (ii) that the Panel acknowledged the value of the arrangements outlined and identified the importance of protecting Council funding to Southampton's LINK in particular those funds identified for supporting LINKs and preparing for HealthWatch during 2011/12 (£140,000).

5. **SOUTHERN HEALTH NHS FOUNDATION TRUST QUALITY ACCOUNT 2010/11**

The Panel considered the report of the Interim Deputy Director of Governance (Mental Health and Learning Disabilities), Southern Health NHS Foundation Trust, providing details on the Hampshire Partnership Foundation Trust Quality Account 2010/11. (Copy of the report circulated with the agenda and appended to the signed minutes).

Harry Dymond, Southampton Local Involvement Network, was present and, with the consent of the Chair, addressed the meeting.

The Panel received a presentation from Dr Huw Stone and Ruth Pullen, Southern Health NHS Foundation Trust, regarding the Trust's Quality Account.

The Panel discussed issues arising from the presentation including that of the accessibility of the report and, whilst acknowledging that it was written in line with guidance from the Department of Health and Monitor (the NHS Foundation Trust regulator), the Panel welcomed the development of a more accessible public summary of the document.

RESOLVED that the report was a fair reflection of the healthcare services provided.

6. **SOUTHAMPTON UNIVERSITY HOSPITALS TRUST QUALITY ACCOUNT 2010/11**

The Panel considered the report of the Director of Nursing, Southampton University Hospitals NHS Trust (SUHT) providing details on the draft Quality Account 2010/11 for SUHT. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from Judy Gillow, Director of Nursing SUHT regarding the draft Quality Account.

The Panel noted that a summary version of the report, to include patient stories, would be made available to the Panel for the July meeting.

The Panel also noted and discussed the following points:-

- the high patient satisfaction scores achieved by the Trust
- the progress being made on reducing the incidence of pressure ulcers and that this remains a key priority for 2011/12.
- that problem areas had been identified in the Quality Account and that plans were in place to address them
- the Panel were supportive of the priorities identified for 2011/12.

RESOLVED that the Panel were content that, to the best of its knowledge, the Southampton University Hospitals Trust's Quality Account for the 2010/11 was a fair reflection of the healthcare services provided by the Trust.