
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 19 JANUARY 2012

Present: Councillors Capozzoli (Chair), Daunt, Parnell (Minute no's 21-26 only) (Vice-Chair), Thorpe, Turner (Minute no's 19-24 only) and Pope (Minute no's 19-24 only)

Apologies: Councillors Fitzgerald and Payne

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

The Panel noted that Councillor Pope was in attendance as a nominated substitute for Councillor Payne in accordance with Council Procedure Rule 4.3.

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

RESOLVED that the Minutes of the meeting held on 10 November 2011 be approved and signed as a correct record.

21. **ADULT MENTAL HEALTH REDESIGN**

The Panel considered the report of the Head of Engagement, Southern Health NHS Foundation Trust for the Panel advising on the update proposals to relocate services from Abbots Lodge, Netley Marsh to Antelope House located on the Royal South Hants Hospital site. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received an update from Trevor Abbots, Southampton Area Manager, Southern Health Foundation Trust.

The main points from the report and update included the following:

- The adult mental health services provided at Abbots Lodge, Netley Marsh would transfer to Antelope House. The service provided reablement for clients with challenging behaviour;
- Antelope House was considered a more suitable location for the service and offered a more modern environment. It was explained that the location of Abbots Lodge was isolated and it was felt that it could delay the process of integration back into the community;
- 11 clients were currently based at Abbots Lodge. It was anticipated that 4 people would be transferred to Antelope House. The other 7 would have left as part of their proposed care plan;
- Residents and carers had been sent two letters regarding the proposals and been given the opportunity to have meetings with the Unit Manager to discuss the proposals either individually or collectively;
- It was anticipated that the clients would transfer to Antelope House in mid March 2012, if approval to move the service was granted.

The Panel expressed concern regarding the lack of detail in Appendix 1 regarding consultation and engagement of clients and carers in relation to the proposed move. It was explained that the main concerns for both the clients and the families involved was

in relation to the care plans and the move back into the community. People were concerned and apprehensive about what the future held. This would happen regardless of whether the facility moved or not.

The Panel sought reassurance that care would not be affected by the move.

RESOLVED:

- (i) that the level and range of engagement opportunities offered, particularly to service users and their carers be noted;
- (ii) that Southern Health Foundation Trust be advised that the Panel would wish to see the shortcomings previously identified in the consultation process on the service relocation as important learning points that could be used to improve engagement with service users, families and carers in future proposals for service re-design and relocation; and
- (iii) that an update be provided at a future meeting.

22. **UPDATE ON VASCULAR SERVICES PUBLIC CONSULTATION**

The Panel received and noted the report and presentation of Sarah Elliott, Director of Nursing, Ship Cluster updating the Panel on the progress towards public consultation on vascular services and to consider submitting a further response to the consultation. (Copy of the report circulated with the agenda and appended to the signed minutes)

The main points from the report and presentation included the following:-

- that the commencement of the consultation had been delayed;
- three options for vascular surgery had been reviewed by a national panel of experts. They concluded the network model for Southampton General Hospital and Queen Alexandra Hospital in Portsmouth to share vascular services across both hospital sites would be the most sustainable model;
- Portsmouth had requested a stand alone option be considered, however it was felt that the network option would still be the most viable;
- Outpatients would be able to attend their local clinic;
- It was not known whether the consultation would include only the network option or both that option and the Portsmouth stand alone option. A decision was expected in the near future;
- A letter would be sent out shortly from Debbie Fleming, Chief Executive of the SHIP PCT Cluster, to all interested parties providing an update on the situation.

The Panel requested that the cost of parking be considered with the proposed centralisation of the service.

RESOLVED

- (i) to note the update on progress towards public consultation on vascular services;
- (ii) that an update be provided at a future meeting to enable the Panel to consider whether to submit a formal response to the consultation
- (iii) that Councillors be made aware of the consultation so they could make the public aware of the issue and encourage them to respond.

23. **SINGLE POINT OF ACCESS AND OUT OF HOURS GP SERVICE**

The Panel considered the report of the Associate Director Urgent Care and Out Of Hours, Solent NHS Trust updating Members on the Solent NHS Trust on the Single Point of Access and Out of Hours GP Service. (Copy of the minutes circulated with the agenda and appended to the signed minutes)

The Panel received an update from David Meehan, Solent NHS Trust regarding the Single Point of Access and Out of Hours service. The main points included:-

Single point of access

- Solent NHS Trust Single Point of Access (SPA) was launched in April 2011 to enable patients to more easily contact community teams and health professionals to make urgent community referrals through a single telephone number;
- SPA would provide a direct point of access for calls into Solent community services from 111, from September 2012;
- Over 100 services were provided through the SPA.

Out of hours

- The out of hours services during Christmas and Near Year 2010-11 was unable to meet the increased peak demands. This led to a large number of answered calls building;
- There were 17 Performance Indicators for the performance of the GP out of hours service, rated red, amber or green. During early 2011 only half the performance indicators were met (i.e. green). The service however had been improved to 100% green from June-December 2011;
- Christmas 2011: an average of 360 calls had been received an hour which were dealt with within an appropriate time period. It was reported that the improved service was due to improved early planning and financial incentives to encourage GP's and nurses to work unsociable hours;
- All customer complaints were reviewed and fewer complaints were being received, which indicated an improved service.

The Panel noted the improvements made to the GP's Out of Hours service and they looked forward to the higher standards being maintained.

RESOLVED

- (i) that the update from the Solent NHS Trust on the Single Point of Access and Out of Hours GP service be noted; and
- (ii) that the Panel be notified in any event of any significant deterioration in respect of the out of hours performance indicators.

24. **SOLENT NHS TRUST JOURNEY TOWARDS FOUNDATION TRUST**

The Panel considered the report of the Director of Strategy, Solent NHS Trust, regarding the proposed development for Solent NHS Trust's progression towards Foundation Trust and explored and examined these proposals in terms of the pathway towards Foundation Trust. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received an update from David Meehan, Solent NHS Trust regarding the move towards Foundation Trust status.

The Panel noted and discussed the following points:-

- Membership: the aim was to recruit 10,000 Members. Work was being carried out with the local authority, voluntary sector, LINKS to encourage membership. Sharing Membership between the numerous Trusts was also being investigated;
- Membership also included children aged 14 or over and whether this was a good idea. It was reported that youth groups had been enthusiastic and keen to be engaged;
- Consultation in Southampton was being carried out at West Quay later in January. Community groups were being targeted. In March the 12 week consultation would commence on the Foundation Trust application;
- The process to become a Foundation Trust was a challenging one. It was acknowledged that the goals and deadlines had been met on time to date. Targets had been set for the level of membership;
- The steps taken by the Solent NHS Trust in the consultation process was seen as positive.

RESOLVED

- (i) that the proposed development for Solent NHS Trust to progress towards Foundation Trust was noted;
- (ii) that further information be provided to the Panel on engagement activities with young people in the consultation process;
- (iii) that an invite be sent to all Councillors seeking suggestions of community groups which could be targeted as part of the consultation and potential membership to the Foundation Trust; and
- (iv) that a letter be sent to Solent NHS Trust stating that the Panel supports the proposed engagement process.

25. **ESTABLISHMENT OF LOCAL HEALTHWATCH IN SOUTHAMPTON**

The Panel received and noted the report of the Executive Director for Health and Adult Social Care, updating Members on developments since June 2011, seeking a view on how HealthWatch should be developed in Southampton and identify if and how it would engage with local HealthWatch as it developed. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received a verbal update from Martin Day, Health Partnerships and Strategic Business Manager, Health and Adult Social Care and the following points were noted:

- that £5,000 was available to support pathfinder activities;
- economies of scale would be investigated for commissioning of services to achieve value for money, e.g. the complaints advocacy service;
- that the deadline for the introduction of a local HealthWatch for Southampton had been delayed until April 2013;
- procurement of services would need to commence from June 2012;
- local views would need to be sought on what stakeholders want from HealthWatch;

- there were various options for the governance arrangements which would need to be investigated. One consideration was membership and the need to make local HealthWatch as inclusive as possible;
- that the knowledge and experience from LINKS needed to be captured and taken forward into local HealthWatch.

RESOLVED that a further report on the establishment of a local HealthWatch be brought back to a future meeting when more information is available on the possible structure for Southampton HealthWatch.