Public Document Pack

Scrutiny Panel B

Thursday, 10th June, 2010
at 6.30 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Capozzoli (Chair)
Councillor Daunt
Councillor Drake
Councillor Harris
Councillor Marsh-Jenks
Councillor Payne
Councillor Willacy

Contacts

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PUBLIC INFORMATION

Southampton City Council's Six Priorities

- Providing good value, high quality services
- Getting the City working
- Investing in education and training
- Keeping people safe
- Keeping the City clean and green
- Looking after people

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.

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 2010/11

2010	2011
Thurs 10 June	**Thurs 13 Jan**
Thurs 15 July	Thurs 10 Feb
Thurs 9 Sept	Thurs 17 Mar
Thurs 14 Oct	**Thurs 21 Apr**
Thurs 11 Nov	

** **bold** dates are Quarterly Meetings

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the Audit Committee are contained in Article 8 and Part 3 (Schedule 2) of the Council's Constitution.

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.

Quorum

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

Disclosure of Interests

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

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Personal Interests

A Member must regard himself or herself as having a personal interest in any matter

(i) if the matter relates to an interest in the Member's register of interests; or

(ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-

  (a) any employment or business carried on by such person;

  (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;

  (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or

  (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/……

Prejudicial Interests

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

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 APPOINTMENT OF VICE-CHAIR

To appoint a Vice Chair for the Panel for the 2010/2011 Municipal Year.

2 APOLOGIES AND CHANGES IN PANEL 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 PREJUDICIAL INTERESTS

In accordance with the Local Government Act, 2000, and the Council's Code of Conduct adopted on 16th May, 2007, Members to disclose any personal or prejudicial 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 Panel Administrator prior to the commencement of this meeting.

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 STATEMENT FROM THE CHAIR

7 NHS SOUTHAMPTON 5 YEAR STRATEGY

To consider the report of the Chief Executive of NHS Southampton City. presenting the Southampton Strategy in light of the Coalition Government Manifesto, attached.

8 HEALTH AND ADULT SOCIAL CARE - PRIORITIES AND WORK PROGRAMME FOR 2010/2011

To consider the report of the Head of Health and Community Care detailing the priorities and work programmes for the 2010/2011 municipal year, attached. .

9 SLINK DRAFT WORK PROPOSALS FOR YEAR 2010/2011

Report of the Head of Policy and Improvement detailing the Southampton Local Involvement Network's (S-LINk) draft work programme for 2010/2011, attached.

10 SCRUTINY PANEL B (STATUTORY HEALTH SCRUTINY FUNCTION) – FUTURE WORK PROGRAMME

Report of the Head of Policy and Improvement, providing an overview of the role of the panel in health scrutiny and sets out a suggested work programme for the next 2 years, attached.

11 TANNERSBROOK STOKE UNIT PROPOSAL

Report of the Director for Clinic Excellence and Delivery detailing the options for change and consultation and engagement plan for Tannersbrook Stroke Unit, attached.

WEDNESDAY, 2 JUNE 2010 SOLICITOR TO THE COUNCIL

DECISION-MAKER:		SCRUTINY PANEL B		
SUBJECT:		NHS SOUTHAMPTON 5 YEAR STRATEGY		
DATE OF DECISION:		10 JUNE 2010		
REPORT OF:		CHIEF EXECUTIVE NHS SOUTHAMPTON CITY		
AUTHOR:	Name:	Bob Deans	Tel:	023 8029 6949
	E-mail:	bob.deans@scpct.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

To note the NHS Southampton Strategy in light of the Coalition Government Manifesto.

RECOMMENDATIONS:

(i) To receive a presentation from the NHS Southampton City Chief Executive Officer

REASONS FOR REPORT RECOMMENDATIONS

1. To update the panel to the priorities for NHS Southampton, likely impact of the new Coalition Government and assist the panel in taking an informed view on their future work programme.

CONSULTATION

2 NHS Southampton City's Strategic Commissioning Plan 2010/15 have been informed by the findings of the Joint Strategic Needs Assessment (JSNA) developed by Southampton City Council (SCC) and the PCT. This work included significant work with patients and the public to identify their key priorities for health.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL

4. Since 2000, the NHS has received around 5% growth each year to support delivery of the NHS Plan. As a result we have seen fantastic improvements to the health of the population and to the quality and availability of health services. We are now coming towards the end of the current comprehensive spending review and 2010/2011 is likely to be the last year that we can expect to see resource levels grow at the rate they have. Further, given the poor state of the national economy, it is prudent to assume that from 2011/2012 growth in funding for the NHS will be limited to inflation at best for the foreseeable future. This means that NHS Southampton will need to find radically more cost effective ways to meet growing demand and increasingly new technologies: such as drugs, clinical equipment, communications and facilities.

5. NHS Southampton City's strategy describes the actions that we will be taking

across all categories of health care to continually improve value for the people of Southampton City. We will be working closely with stakeholders to concentrate hard on improving treatment quality, illness prevention and service productivity whilst reducing the overall cost of health care through the next five years.

6. This presentation will set out the key priorities for NHS Southampton City and consider the implication of the Coalition's Programme for Government. Copies of the presentation will be made available to members.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

7. None

Revenue

8. None

Property

9. None

Other

10. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

11. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000.

Other Legal Implications:

12. None

POLICY FRAMEWORK IMPLICATIONS

13. None

SUPPORTING DOCUMENTATION

Appendices

1.	None

Documents In Members' Rooms

1.	NHS Southampton City Strategic Commissioning Plan 2010 – 2015

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)
1. None.	

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	

DECISION-MAKER:		SCRUTINY PANEL B		
SUBJECT:		HEALTH AND ADULT SOCIAL CARE - PRIORITIES AND WORK PROGRAMME FOR 2010/11		
DATE OF DECISION:		10 JUNE 2010		
REPORT OF:		HEAD OF HEALTH AND COMMUNITY CARE		
AUTHOR:	Name:	Caronwen Rees	Tel:	023 80 832524
	E-mail:	Caronwen.rees@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

This paper introduces a presentation on the priorities and work programme for the Health and Adult Social Care Portfolio (H&ASC) for 2010/11.

RECOMMENDATIONS:

(i) To receive a presentation from the Head of Health and Community Care on the forward work plan for H&ASC.

REASONS FOR REPORT RECOMMENDATIONS

1. To update the panel to the priorities for H&ASC to assist the panel in taking an informed view on their future work programme.

CONSULTATION

2. None.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL

4. The priories and work programme for 2010/11 have been developed against a challenging policy and financial backdrop. A new Executive Director, Penny Furness-Smith has recently taken up post and a new management structure will follow. The new coalition Government and their emerging programme for change will undoubtedly influence priorities. This comes at a time when resources are already reduced and are likely to decrease significantly over the next three years.

5. During the next year H&ASC priorities will be focused around 5 headline areas:

- Delivering Services to Clients
- Changes to Service Design and Delivery
- Safeguarding, Dignity and Respect
- Responding to Budget Reductions
- Managing Performance

The presentation will include more details what each of these areas will include.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

6. None.

Revenue

7. None.

Property

8. None.

Other

9. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

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

Other Legal Implications:

11. None

POLICY FRAMEWORK IMPLICATIONS

12. None.

SUPPORTING DOCUMENTATION

Appendices

1.	None

Documents In Members' Rooms

1.	None

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)
1. None	

FORWARD PLAN No: No

WARDS/COMMUNITIES AFFECTED:	None

DECISION-MAKER:		SCRUTINY PANEL B		
SUBJECT:		S-LINK DRAFT WORK PROPOSALS FOR YEAR 2010/2011		
DATE OF DECISION:		10 JUNE 2010		
REPORT OF:		HEAD OF POLICY AND IMPROVEMENT		
AUTHOR:	Name:	Caronwen Rees	Tel:	023 80 832524
	E-mail:	caronwen.rees@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

This report provides details of Southampton Local Involvement Network's (S-LINk) draft work programme for 2010/11.

RECOMMENDATIONS:

(i) To note S-LINk's draft work programme and consider overlaps with the work of the Panel.

REASONS FOR REPORT RECOMMENDATIONS

1. To ensure a joined up and complementary approach to the work of Panel B and the role of S-LINk

CONSULTATION

2. Southampton LINk held a 'LINking Up' event on the 12th May to which community and voluntary sector organisations and locally charities were invited. Eighty five participants attended and were encouraged to peruse a list of concerns that have been raised by individuals, organisations and groups since October last year.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL

4. S-LINk's draft work programme has been developed following a broad consultation event. S-LINk has a decision-making process which includes a scoring matrix for prioritising issues. This process is due to be adopted at a Steering Group Meeting on the 7th June when the work programme will be finalised.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

5. None.

Revenue

6. None.

Property

7. None.

Other

8. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000.

Other Legal Implications:

10. None.

POLICY FRAMEWORK IMPLICATIONS

11. None.

SUPPORTING DOCUMENTATION

Appendices

1.	S-LINk report - Draft Work Proposals for Year 2010/2011

Documents In Members' Rooms

1.	None

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)
1. None	

Background documents available for inspection at: N/A

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

Briefing note to Healthy City Scrutiny Panel 10th June, 2010.

Draft Work Proposals for Year 2010/2011

Background:

Southampton LINk held a 'LINking Up' event on the 12th May to which many community and voluntary sector organisations and locally based charities were invited. Eighty five participants attended and were encouraged to peruse a list of concerns that have been raised by individuals, organisations and groups since October last year.

These were collated within the following themes:

1. Hospitals and Specialist Services
2. Transport and Ambulance
3. Chronic Conditions and Continuing Care
4. Public Health
5. Community Based Services
6. Adult Social Care
7. Mental Health.

(Members will be aware that Southampton LINk is continuing to raise awareness about concerns re adult social care within Southampton City Council and the Care Quality Commission).

The Process:

The Southampton LINk has a decision-making process which includes a scoring matrix for prioritising issues. This process is due to be adopted at a Steering Group Meeting on the 7th June. The following summary is therefore a draft document which will be considered in parallel with that process.

Summary of work proposals for consideration by the Southampton LINk:

Concern	**Issues relating to**	**Comment**
Cancer Prevention	Obesity, smoking, alcohol, poor diet - children's health and diet.	Southampton LINk to agree at Steering Group 7.6.10 and form a sub-group who will decide best form of action.
Dentistry	Availability, standards of care and promotion of NHS dentists.	As above
Training in dealing with dementia	Carers (family support), standard of agency support, communication between individual patient, carers and professionals in community and hospital settings.	As above
Access to hospital	Bus routes and parking with a focus on access from the east side of Southampton	As above
Community Support for older people	Reducing isolation	As above
Hospital Food	Standards and delivery + communicating with those with dementia, visually impaired and hearing impaired.	As above
Mental Health	Access to out of hours services.	As above

Recommendations:

- Southampton LINk to keep Members of Panel B informed of their developing work programme and highlight urgently any areas where it is felt joint investigations may be required.
- Members of Panel B consider the above and invite Southampton LINk to participate in shaping any agreed inquiry that it may initiate to reduce duplication of effort.

Sue Carley
Southampton LINk Officer
May 2010.

DECISION-MAKER:		SCRUTINY PANEL B		
SUBJECT:		SCRUTINY PANEL B (STATUTORY HEALTH SCRUTINY FUNCTION) – FUTURE WORK PROGRAMME		
DATE OF DECISION:		10 JUNE 2010		
REPORT OF:		HEAD OF POLICY AND IMPROVEMENT		
AUTHOR:	Name:	Caronwen Rees	Tel:	023 80 832524
	E-mail:	Caronwen.rees@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

This paper provides an overview of the role of the panel in health scrutiny and sets out a suggested work programme for the next 2 years.

RECOMMENDATIONS:

(i) To note the role of the panel in undertaking statutory health scrutiny.

(ii) To agree the proposed forward work programme and consider which, if any, of the suggested additional items should be included.

(iii) To agree the suggested approach to dealing with Quality Accounts for 2010/11.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide clarity on the role of the panel and facilitate a structured approach to the meeting agendas.

CONSULTATION

2. The draft work programme at has been developed in consultation with partners including NHS Southampton City, Solent Healthcare, Southampton University Hospital Trust Hampshire Foundation Trust and Southampton LINk.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL

4. Under the Health and Social Care Act 2001, local authority scrutiny has the power to:

- review and scrutinise the planning, provision and operation of health services in the area
- require officers of local NHS bodies to attend meetings and answer questions
- make reports and recommendations to local NHS bodies and expect a response within 28 days

- set up joint health scrutiny committees with other local authorities and delegate powers to another local authority

5. NHS Trusts have a statutory duty to:
   - provide information
   - consult on any proposed substantial developments or variations in the provision of services

6. Local authority scrutiny can refer a consultation to the Secretary of State if it considers:
   - the consultation has been inadequate in relation to the content or the amount of time allowed; or
   - that a proposal would not be in the interests of the health service

7. Section 7 of the Health and Social Care Act 2001 (the Act) amends section 21 of the Local Government Act 2000. The effect of the amendment is to require local authorities with social services responsibilities to ensure that their overview and scrutiny committee or committees have the power to scrutinise the planning, provision and operation of health services. It is, therefore, mandatory that such a local authority has in place arrangements to scrutinise health services.

8. Scrutiny in Southampton City Council has been restructured and there are now 3 panels that sit under the Overview and Scrutiny Management Committee. Panel B will undertake the statutory health scrutiny function. There are 4 meetings of the statutory panel per year (although there are only 3 this year as a result of the elections). In addition, Panel B will also carry out one health related inquiry. Discussions on the specific inquiry topic are on going and the Terms of Reference will be brought to the panel for discussion at their next meeting.

9. In addition to the Health Scrutiny that will be carried out by Panel B, Southampton City Council is also represented on 2 informal regional health scrutiny panels - South Central Health Overview and Scrutiny Group (comprising Berkshire, Buckinghamshire, Oxfordshire, Hampshire and the Isle of Wight**)** and the Joint Health Overview and Scrutiny Committee (comprising Hampshire, Portsmouth, Isle of Wight and Southampton).

10. The draft work programme at annex 1 has been developed in consultation with partners including NHS Southampton City, Solent Healthcare, Southampton University Hospital Trust, Hampshire Foundation Trust and Southampton LINk. There has also been reference to the NHS (including the SHA) and SCC business plans, the most recent CQC report and consideration of national requirements. There are several items that have been suggested for inclusion in the programme in addition to those that have clear timescales and have been scheduled into the appropriate meeting. The panel are asked to take a decision on the work programme and any other items they would like to include.

11. The Department of Health introduced from April 2010 a requirement for health service providers to publish annual public reports on the quality of the services they deliver. The aim of Quality Accounts is to improve public accountability and to engage boards in understanding and improving quality

in their organisations. Providers of acute, mental health, learning disability and ambulance services were required to produce a Quality Account this year. Therefore the following providers of services to Southampton were required to produce a Quality Account on part or all of their service this year:

- Southampton University Hospitals Trust
- Hampshire Partnership Foundation Trust
- South Central Ambulance Service

Further work is underway to develop Quality Accounts for primary care and community services providers with the aim to bring these providers into the requirement by June 2011.

12. Health Scrutiny and LINks have a role (albeit a voluntary one) in reviewing and providing a statement for the accounts. This means that commissioning PCTs, LINks and OSCs will have important roles in the development of Quality Accounts and in maximising their success. The statement should be based on year round discussions with providers. Given the process is still evolving, and there are only 2 remaining statutory meetings this year, it is proposed that in 2010/11 the panel focus on Southampton University Hospitals Trust and invite them to attend and present their quality account which will be published in June this year. This will enable a dialogue on progress towards their objectives and enable the panel and LINk to comment on the accounts next year in an informed way.

13. The process for how the panel approaches its role in relation to Quality Accounts in future years can be assessed following the success of the approach taken with Southampton University Hospitals Trust.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

14. None.

Revenue

15. None.

Property

16. None.

Other

17. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

18. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000

Other Legal Implications:

19. None.

POLICY FRAMEWORK IMPLICATIONS

20. None.

SUPPORTING DOCUMENTATION

Appendices

1.	Panel B Forward Work Programme – 2010/12

Documents In Members' Rooms

1.	None

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)
1.	None	

KEY DECISION? no

WARDS/COMMUNITIES AFFECTED:	

ITEM NO: 10 Appendix

Panel B Forward Work Programme (Statutory Meetings)– 2010/12

Scrutiny Panel B	**Suggested meetings topics**
2010	
September 9th	JSNA Consultation S-LINk – Annual Report Planned Service developments and changes in relation to mental health and learning disability services in Southampton (Hampshire Partnership Foundation Trust) Merger of Solent Healthcare with Hampshire Partnership FT (Solent Healthcare)
2011	
January 13th	Quality Accounts (presentation from Southampton University Hospitals Trust) Progress on improving safety, dignity and safeguarding CQC –Update on action plan and relationship
April 21st	Quality Accounts – Comments on draft report. Progress on reducing waiting times for social care assessments Progress on Putting People First Update on Solent Healthcare one year on – progress and issues
June	Integration of commissioning between NHS and Southampton City Council

Sept	
2012	
Jan	▪ NHS Southampton/SCC review and redesign of specialist housing
April	

Other suggested items:

- Specialist Palliative Care Services (including option appraisal for the future of Countess of Mountbatten House)
- Primary care development in Southampton (i.e. GP commissioning, access to and structure of GP practices, range of services available, performance)
- Use of new and emerging technologies – i.e. telecare
- Increasing Access to Psychological Therapy
- The development of the Common Assessment Framework
- Progress against the national COPD strategy
- Progress against the National Dementia Strategy
- Future of Crowlin House (carried forward from last year – timings to be confirmed).

DECISION-MAKER:		SCRUTINY PANEL B		
SUBJECT:		TANNERSBROOK STROKE UNIT PROPOSAL		
DATE OF DECISION:		10 JUNE 2010		
REPORT OF:		DIRECTOR OF CLINICAL EXCELLENCE AND DELIVERY		
AUTHOR:	Name:	DEBBIE CLARKE	Tel:	023 8060 8933
	E-mail:	debbie.clarke@solent.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

This report sets out the options for change and consultation and engagement plan for Tannersbrook Stroke Unit.

RECOMMENDATIONS:

(i) To note the proposals for the changes to Tannersbrook Stroke Unit

(ii) To comment on the proposals for the changes and the proposed consultation approach.

REASONS FOR REPORT RECOMMENDATIONS

1 To inform the panel of the proposed services changes in relation to Stroke Rehabilitation in Southampton and receive and comments or concerns which will be considered as part of the consultation process.

CONSULTATION

2 Stakeholder engagement will be specifically aimed at those who are currently using the service, have used the service in the last year, staff involved in delivering the service, other partners involved in referring to the service and other key stakeholders (i.e. Links, OSC). Whilst we do not consider that there is a need to undertake formal consultation as defined by S242 (b) NHS Act 2006, there is within the spirit of Section 242 a requirement to engage and involve patients, carers, stakeholders in service change and delivery so as to hear what their views are in helping us to shape our services.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3 **Do Nothing**

Benefits - Cost neutral.

Disadvantages/ Risks

- TSU will continue to operate in its current environment, which is not functionally suitable and therefore recommendations would not be addressed

- It will be more difficult to address the cultural aspects of the recommendations (i.e. the core group of staff adversely affecting team work and the quality of care)
- Difficulties providing fully segregated (male/female) toileting will continue on TSU
- Falls risks due to restricted visibility of patients will not be addressed

4 **Maintain Tannersbrook Stroke Unit with 25 beds and adjust staffing levels In line with RCN/Stroke Guidelines.**

Benefits

- No loss of beds
- Bed to staff ratio recommendations would be addressed. The Royal College of Nursing (2006) recommends 65/35 qualified nurse/HCA ratio and the National Stroke Nursing Forum, Nurse Staffing of Stroke Services Position Statement (2007) recommends 12.5 nurses to every 10 beds.

Disadvantages/ Risks

- Stroke Unit would continue to be sited in inappropriate accommodation
- The cultural aspects of the recommendations would be more difficult to address.

DETAIL

5 This paper presents the options for change in response to one of the main recommendations from the Multi-agency Safeguarding Report Regarding Tannersbrook Stroke Unit (Jacki Metcalf, February 2010) as follows: -

- If possible, the stroke unit should not be sited in its current environment and consideration should be given to the transfer of the service to a more appropriate environment for purpose.

6 The ward is currently sited at the Western Community Hospital. Problems identified are: -

- All bedrooms are below recommended space standards. Total bedroom space should be 81.5% larger.
- Only two bedrooms have en suite facilities.
- No separate staff wash hand basins in rooms.
- Separation of male and female WCs is not achievable.
- Patient care is affected by lack of visibility. Reported falls are up from 48 in 2008 to 102 in 2009.
- Storage issues with equipment.
- Cleaners' store should be double existing size.
- No staff room.

7 It is therefore proposed that the Stroke Unit would be relocated to the refurbished Fanshawe Ward at the Royal South Hants (RSH) Hospital. The general rehab beds currently in Fanshawe have been relocated to Upper Brambles Ward. Overall this option would see a reduction in the number of

stroke beds from 25 to 19, but an increase in the number of general rehab beds from 43 to 48. (overall net loss of one bed)

8 **Benefits**

- Maximises the safety of patients who require rehabilitation after a stroke
- Only lose 1 bed overall (but bed mix changes to 19 stroke + 48 general rehabilitation)
- Addresses recommendations.
- Opportunity to deliver savings for commissioners by using vacated Tannersbrook accommodation for neuro rehab beds for patients currently being cared for out of area. Could also investigate potential to relocate 8 neuro beds provided in Adult Mental Health accommodation by PCMHS to Tannersbrook to achieve economies of scale for Solent Healthcare.
- Could be achieved relatively quickly (approx 4 weeks).

9 **Disadvantages/ Risks**

- The accommodation at Fanshawe is ageing and will not be functionally suitable in the long-term. However redesign of Department of Psychiatry will resolve this longer term.

10 The proposal in this document is in line with Commissioning intentions as follows: -

- NHS Southampton City (NHSSC) is looking to develop an integrated, multidisciplinary inpatient rehabilitation service (IIRC) on the RSH site. Planned operational date is February 2012

11 It is proposed that the existing rehabilitation and therapies service model is redesigned to improve inpatient access to therapy services by completely integrating and consolidating the inpatient therapy and rehabilitation services into a single Integrated Inpatient Rehabilitation Centre (IIRC) within the existing DoP building.

12 Overall within this proposal bed numbers will only reduce by 1 to 81 beds. The mix will change to 19 stroke and 48 general rehab. Reduction in stroke beds to 19 results in reality to a reduction of only one stroke bed, as on average of 5 beds on the ward have been filled with non-stroke patients since 1st October 09.

The additional 5 General Rehab beds offer the following opportunities: -

- No General Rehab patients on TSU. This proposal places these patients in the correct environment
- Opportunity to increase Managed Care Beds in the future on Lower and Upper Brambles, essential for the Admission Avoidance project.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

13 The resource currently invested into the Western site would be transferred to the RSH

REVENUE

14 The resource currently invested into the Western site would be transferred to the RSH.

Property

15 N/A

Other

16 N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

17 Consideration has been given to Section 242 of the Local Government and Public Involvement in Health Act

Other Legal Implications:

18 None

POLICY FRAMEWORK IMPLICATIONS

19 The proposals are inline with the NHS plans for Transforming Community Services and World Class Commissioning

SUPPORTING DOCUMENTATION

Appendices

1.	Business Case – Tannersbrook Ward
2.	Patient Engagement and Involvement Plan

Documents In Members' Rooms

1.	None

Background Documents

Title of Background Paper	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. None	

Background documents available for inspection at: N/A

KEY DECISION? **No**

WARDS/COMMUNITIES AFFECTED:	All

ITEM NO: 11 Appendix 1

Appendix 1

Solent Healthcare

Better health, local care

Inpatient and Community Hospital Business Unit

Business Case – Tannersbrook Ward

Prepared for
Solent Healthcare
Executive Committee
14th April 2010

Author: George Rogers
Debbie Clarke

1. Introduction

This paper presents the options for change in response to one of the main recommendations from the Multi-agency Safeguarding Report Regarding Tannersbrook Stroke Unit (Jacki Metcalf, February 2010) as follows: -

- If possible, the stroke unit should not be sited in its current environment and consideration should be given to the transfer of the service to a more appropriate environment for purpose.

The ward is currently sited at the Western Community Hospital. Problems identified are: -

- All bedrooms are below recommended space standards. Total bedroom space should be 81.5% larger.
- Only two bedrooms have en suite facilities.
- No separate staff wash hand basins in rooms.
- Separation of male and female WCs is not achievable.
- Patient care affected by lack of visibility. Reported falls up from 48 in 2008 to 102 in 2009.
- Storage issues with equipment.
- Cleaners' store should be double existing size.
- No staff room.

The proposal in this document is in line with Commissioning intentions as follows: -

NHS Southampton City (NHSSC) is looking to develop an integrated, multidisciplinary inpatient rehabilitation service (IIRC) on the RSH site. Planned operational date is February 2012.

It is proposed that the existing rehabilitation and therapies service model is redesigned to improve inpatient access to therapy services by completely integrating and consolidating the inpatient therapy and rehabilitation services into a single Integrated Inpatient Rehabilitation Centre (IIRC) within the existing DoP building.

2. Options explored to Address Investigations

A. Do Nothing

Benefits - Cost neutral.

Disadvantages/ Risks

- TSU will continue to operate in its current environment, which is not functionally suitable and therefore recommendations would not be addressed
- It will be more difficult to address the cultural aspects of the recommendations (i.e. the core group of staff adversely affecting team work and the quality of care)
- Difficulties providing fully segregated (male/female) toileting will continue on TSU
- Falls risks due to restricted visibility of patients will not be addressed

B. **Maintain Tannersbrook Stroke Unit with 25 beds and adjust staffing levels In line with RCN/Stroke Guidelines.**

Benefits

- No loss of beds
- Bed to staff ratio recommendations would be addressed. The Royal College of Nursing (2006) recommends 65/35 qualified nurse/HCA ratio and the National Stroke Nursing Forum, Nurse Staffing of Stroke Services Position Statement (2007) recommends 12.5 nurses to every 10 beds.

Disadvantages/ Risks

- Stroke Unit would continue to be sited in inappropriate accommodation
- The cultural aspects of the recommendations would be more difficult to address.

C. Relocate the Stroke Unit to Fanshawe ward at RSH (19 beds)

The Stroke Unit would be relocated to the refurbished Fanshawe Ward at the Royal South Hants (RSH) Hospital. The general rehab beds currently in Fanshawe have been relocated to Upper Brambles Ward. Overall this option would see a reduction in the number of stroke beds from 25 to 19, but an increase in the number of general rehab beds from 43 to 48. (overall net loss of one bed)

Benefits

- Maximises stroke patient's safety
- Only lose 1 bed overall (but bed mix changes to 19 stroke + 48 general rehab)
- Addresses recommendations.
- Opportunity to deliver savings for commissioners by using vacated Tannersbrook accommodation for neuro rehab beds for patients currently being cared for out of area. Could also investigate potential to relocate 8 neuro beds provided in Adult Mental Health accommodation by PCMHS to Tannersbrook to achieve economies of scale for Solent Healthcare.
- Could be achieved relatively quickly (approx 4 weeks).

Disadvantages/ Risks

- The accommodation at Fanshawe is ageing and will not be functionally suitable in the long-term. However redesign of Department of Psychiatry will resolve this longer term.

3. Preferred Option

The preferred option is Option C. as this result in

- Patient safety will be improved for Stroke patients
- Patient environment enhanced
- An appropriate bed to qualified/unqualified staff ratio will be achieved
- The cultural aspects of the recommendations will be addressed

Overall within this proposal bed numbers will only reduce by 1 to 81 beds. The mix will change to 19 stroke and 48 general rehab. Reduction in stroke beds to 19 results in reality

to a reduction of only one stroke bed, as on average of 5 beds on the ward have been filled with non-stroke patients since 1st October 09.

The additional 5 General Rehab beds offer the following opportunities: -

- No General Rehab patients on TSU. This proposal places these patients in the correct environment
- Opportunity to increase Managed Care Beds in the future on Lower and Upper Brambles, essential for the Admission Avoidance project.

4. Suitability of Accommodation (see Appendix 1 for floor plans)
Stroke Ward moving from Tannersbrook to Fanshawe Ward

Fanshawe Ward has 7.7m^2 more gross space per patient than TSU.
Benefits: -

- Fanshawe has had a major refurbishment
- 37.1% improvement in bedroom space
- all bedrooms have en suite facilities providing separate male and female facilities
- staff wash hand basins in all patient rooms
- Improved visibility of patients
- More than double the storage space.
- Cleaners' store exceed space standard
- More than treble the waste hold space.
- Staff room – none on TSU.

Weakness

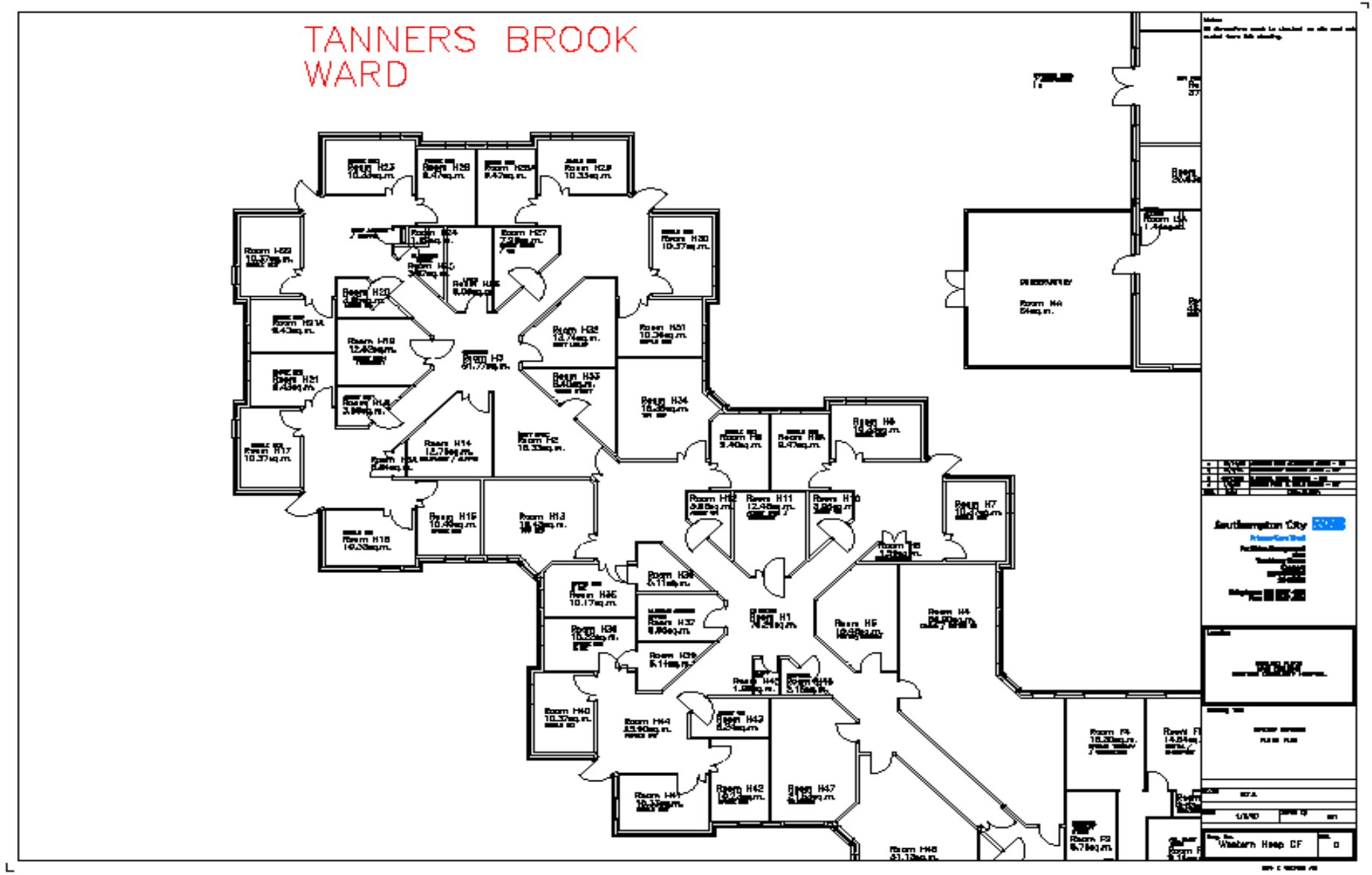
- Smaller Day Room and dining room
- Car Parking charges
- Smaller Ward Manager's office

5. Proposed Next Steps

- Executive Committee to approve (approved)
- Consult OSC and Links
- Consult Hampshire Commissioners

N.B Engagement plan prepared to support proposal

Appendix 1



Fanshawe Stroke Unit Floor Space

Appendix 1b

		Staff WHB	Hoist	Area Square Metres			%age
				Actual	**HBN37***	**Shortfall**	**Shortfall**
1.SL	Stair landing			7.89	7.89	**0**	0.00
1.LL	Lift Landing			6.17	6.17	**0**	0.00
1.13	Corridor			14.99	14.99	**0**	0.00
1.13A	Corridor			24.07	24.07		0.00
1.13B	Corridor			37.69	37.69	**0**	0.00
1.13C	Corridor			20.46	20.46	**0**	0.00
1.13D	Corridor			4.45	4.45	**0**	0.00
1.13E	Corridor			29.15	29.15	**0**	0.00
1.13F	Corridor			36	36	**0**	0.00
1.32A	Corridor			7.01	7.01	**0**	0.00
1.1	Laundry			6.82	8	**1.18**	17.30
1.2	Drying Room			6.34	8	**1.66**	26.18
1.3	3 Bed Ward	Y	2	29.68	46	**16.32**	54.99
1.3A	WC	Y	0	4.99	5.5	**0.51**	10.22
1.4	Shower	Y	0	6.23	7	**0.77**	12.36
1.5	Single Bed	Y	1	19.4	19	**-0.4**	-2.06
1.6	WC	Y	0	4.88	5.5	**0.62**	12.70
1.7	3 Bed Ward	Y	2	29.73	46	**16.27**	54.73
1.8	Shower	Y	0	5.97	7	**1.03**	17.25
1.9	Single Bed	Y	1	14.03	19	**4.97**	35.42
1.10	Single Bed	Y	1	14.04	19	**4.96**	35.33
1.12	3 Bed Ward	Y	2	28.56	46	**17.44**	61.06
1.14	Staff Room			10.76	18	**7.24**	67.29
1.14A	Ward Managers Office			7.72	10.5	**2.78**	36.01
1.14B	Nurse Change/Lockers			6.11	18	**11.89**	194.60
1.14C	Staff WC			2.57	2	**-0.57**	-22.18
1.16	Meeting/Interview Room			9.76	13	**3.24**	33.20
1.17	WC	Y	0	3.58	5.5	**1.92**	53.63
1.18	Equipment Store			2.74	12	**9.26**	337.96
1.18A	WC	Y	0	4.98	5.5	**0.52**	10.44
1.19A	Ward Clerk Nures Stn			20.15	13	**-7.15**	-35.48
1.21A	Linen Cupboard			7.77	6	**-1.77**	-22.78
1.21B	Kitchen			15.06	16	**0.94**	6.24
1.23	Bathroom/shower/WC	Y	1	13.28	15.5	**2.22**	16.72
1.23A	WC	Y	0	2.57	5.5	**2.93**	114.01
1.24	3 Bed Ward	Y	2	29.27	46	**16.73**	57.16
1.24A	WC	Y	0	5.01	5.5	**0.49**	9.78
1.26	Single Bed	Y	1	13.76	19	**5.24**	38.08
1.26A	Shower	Y	0	5.49	7	**1.51**	27.50
1.27	Single Bed	Y	1	13.79	19	**5.21**	37.78
1.29	Single Bed	Y	1	13.95	19	**5.05**	36.20
1.29A	Shower	Y	0	5.73	7	**1.27**	22.16
1.30	Single Bed	Y	1	13.94	19	**5.06**	36.30
1.32	Cleaners Cupboard			7.59	7	**-0.59**	-7.77
1.33	Day Room/Dining Room			43.44	66	**22.56**	51.93
1.37	Shower	Y	0	8.45	7	**-1.45**	-17.16
1.38	Disposal Hold			8.95	10	**1.05**	11.73
1.41/3	Dirty Utility			19.23	12	**-7.23**	-37.60
1.42	Store			14.98	12	**-2.98**	-19.89
1.44	Clean Utility			9.94	14	**4.06**	40.85
1.45	CSSD			5.12	16.5	**11.38**	222.27
						0	
Totals		**23**	**16**	**684.24**	**850.38**	**166.14**	**24.28**

* HBN37 In-patient facilities for older people, 2005

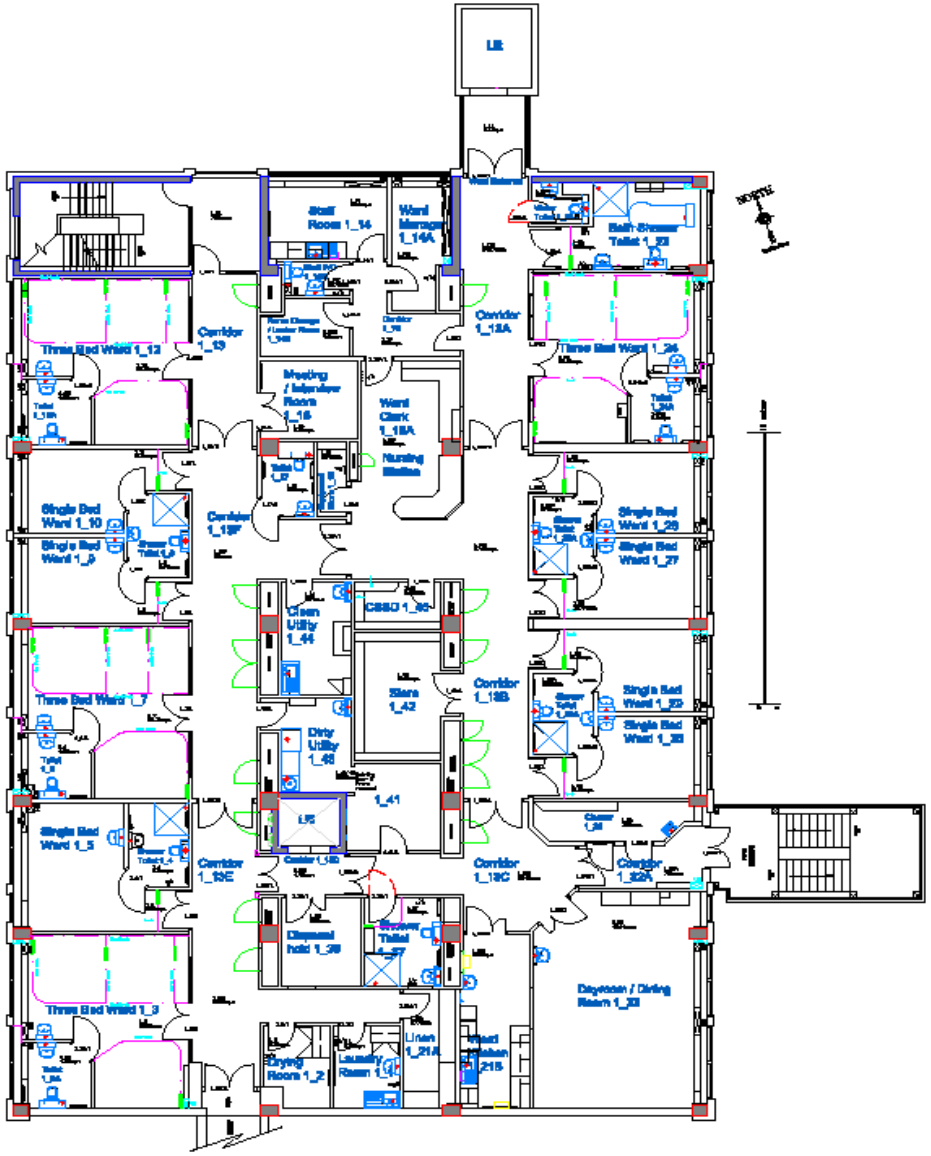
	Bedrooms
	Kitchen and dining
	WCs
	Storage
	Baths and showers
	Sluice
	Treatment room
	Offices

Total shortfalls

	91.61
	23.5
	3
	4.97
	11.38
	-1.13

Notes

1. 37.1 % improvement in bedroom space over TSU at WCH.
2. All bedrooms have en suite facilities. Only two rooms at WCH.
3. 10% improvement in WC space over TSU at WCH.
4. 147% improvement in storage space over TSU at WCH. .
350% improvement on clinical waste hold.
Cleaners store now fit for purpose. Was 91% below space standard.
5. No staff room at WCH.



Notes:
All dimensions must be checked on site and not scaled from this drawing.

Rev.	Date	Description

Southampton City NHS
Primary Care Trust

Facilities Management
Moorgreen Hospital
Botley Road
West End
Southampton
SO30 3JB

Telephone: 023 8047 5766
Fax: 023 8047 5799

Location

LEVEL D
FANSHAWE WARD
ROYAL SOUTH HANTS HOSPITAL

Drawing Title

RECORD DRAWING
FLOOR PLAN

Scale	NTS	
Date	1/6/09	Drawn by KJT

Dwg. No.	Rev.
RSH Fanshawe Level D	

Upper Brambles Floor Space

Appendix 1c

		Staff WHB	Hoist	Area Square Metres			%age
				Actual	HBN37*	Shortfall	Shortfall
	Stair landing			40.77	40.77	**0**	0.00
	Corridors			193.33	193.33	**0**	0.00
	Dirty Utility			8.05	12	**3.95**	49.07
	Treatment Room			12.17	16.5	**4.33**	35.58
	Nurse Change/Lockers			7.32	18	**10.68**	145.90
	6 Bed Ward	Y		50.45	92.25	**41.8**	82.85
	5 Bed Ward	Y		50.72	76.87	**26.15**	51.56
	En suite WC			4.57	4.5	**-0.07**	-1.53
	5 Bed Ward	Y		47.44	76.87	**29.43**	62.04
	En suite WC			4.14	4.5	0.36	8.70
	6 Bed Ward	Y		57.18	92.25	**35.07**	61.33
	Single Bed	Y		8.56	19	**10.44**	121.96
	En suite Shower/WC			2.32	5	**2.68**	115.52
	Single Bed	Y		11.2	19	**7.8**	69.64
	En suite Shower/WC			2.4	5	**2.6**	108.33
	Bathroom/WC			10.04	8.5	**-1.54**	-15.34
	Shower			4.82	5	**0.18**	3.73
	Shower/WC			7.95	7	**-0.95**	-11.95
	3 x WC			10.04	10.5	**0.46**	4.58
	2 x Staff WC			2.63	4	**1.37**	52.09
	Staff Room			6.15	18	**11.85**	192.68
	Ward Managers Office			6.11	10.5	**4.39**	71.85
	Ward Clerk			8.26	10.5	**2.24**	27.12
	Kitchen			15.37	16	**0.63**	4.10
	Day Room			18.53	36	**17.47**	94.28
	Equipment Store			12.94	12	**-0.94**	-7.26
	Linen Cupboard			2.72	6	**3.28**	120.59
	Cleaners Cupboard			4.2	7	**2.8**	66.67
	Disposal Hold			4.56	10	**5.44**	119.30
Totals		**6**	**0**	**614.94**	**836.84**	**221.9**	**36.08**

* HBN37 In-patient facilities for older people, 2005

	Bedrooms
	Kitchen and dining
	WCs
	Storage
	Baths and showers
	Sluice
	Treatment room
	Offices

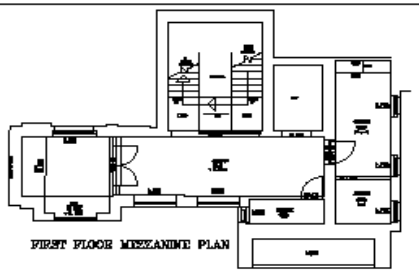
Total shortfalls

	150.69
	18.1
	7.40
	10.58
	4.33
	6.63

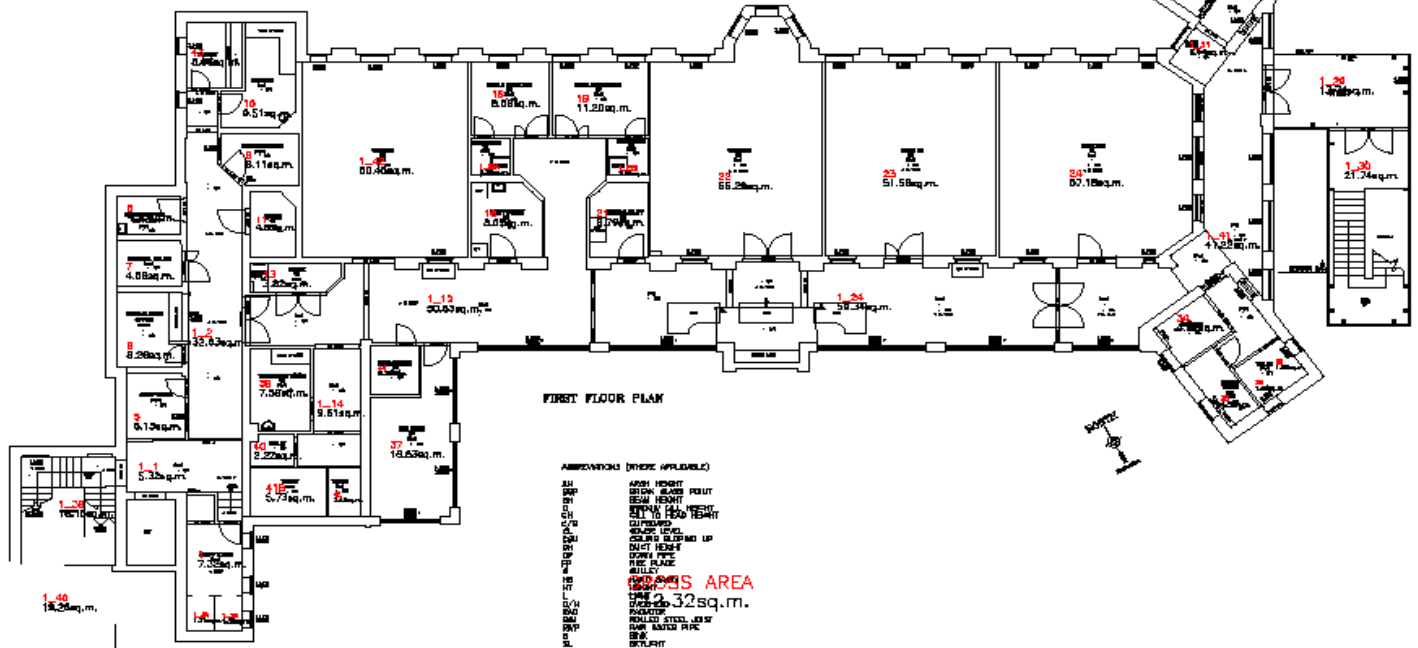
Notes

1. 2.5% more bedroom space over Fanshawe Ward.
2. Treatment room 50% larger than Fanshawe.
3. 372% improvement in equipment storage.
4. 20% larger staff changing/locker room.
5. Better position of Ward Clerk's Office in relation to entrance to ward.

N.B. No ceiling track hoists due to ceiling height.



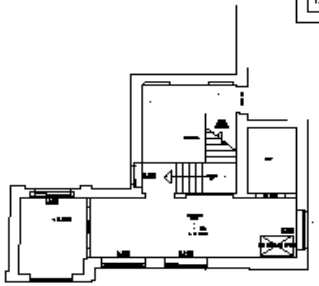
FIRST FLOOR MEZZANINE PLAN



FIRST FLOOR PLAN

ABBREVIATIONS (WHERE APPLICABLE)

AH	ARCH HEIGHT
BRG	BRICK GUARD POINT
DH	DESK HEIGHT
EH	ELECTRIC HOB HEIGHT
F/C	CUPBOARD
FL	FLOOR LEVEL
GRU	GRILLE SLOPING UP
HH	DUCT HEIGHT
DP	DOWN PIPE
FD	FIRE PLUGE
G	GULLEY
HB	HAND BASIN
HT	HEIGHT
L	LAMP
R/W	RADIATOR
RSJ	ROLLED STEEL JOIST
RWP	RAIN WATER PIPE
S	SINK
SK	SKYLIGHT
SP	ARCH SPRINGER HEIGHT
T & B	TOP AND BOTTOM HEIGHTS
UR	URINAL
UTL	UNABLE TO LIFT
VP	VENT PIPE
WC	WATER CLOSET
Ø	DIAMETER
.	FLOOR TO CEILING HEIGHT
F/C	FUSE CEILING



SECOND FLOOR STAIRWELL PLAN

Notes:
All dimensions must be checked on site and not scaled from this drawing.

Rev.	Date	Description

Southampton City NHS
Primary Care Trust

Location:
C LEVEL
BRAMBLES BLOCK
RSH

Drawing Title:
RECORD DRAWING
FLOOR PLAN

Scale: N.T.S.

Date: 7/9/06 Drawn by: NT

Dwg. No.: RSH Brambles LC Rev.:

840 x 594mm A1

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Patient Involvement & Engagement Plan
For Inpatient Community Hospital Business Unit - April 2010

Further to the paper presenting the options for change in response to the Multi-Agency Safeguarding Report regarding Tannersbrook Stroke Unit this Engagement Plan has been developed. The Multi-agency Safeguarding Report reported that services at Tannersbrook Stroke Unit would be significantly improved if they were moved to the Royal South Hants Hospital. The following areas of improvement would be achieved with this proposal:

- Improved environment – particularly bedrooms
- Separate Male and Female accommodation
- Appropriate storage facilities
- Appropriate wash basins within rooms
- Improved environmental layout and design

The proposal document is in line with Commissioning intentions as follows:

NHS Southampton City is looking to develop an integrated, multidisciplinary inpatient rehabilitation service on the Royal South Hants site.

It is proposed that the existing rehabilitation and therapies service model is designed to improve patient access to therapy services by completely integrating and consolidating the inpatient therapy and rehabilitation services into a single Integrated Inpatient Rehabilitation Centre within the existing DoP building.
(Inpatient and Community Hospital Business Unit Business Case – Ward Environment Review)

Solent Healthcare aims to be a high performing organisation which does not see involvement as an isolated activity. It is vital that we engage in different ways to hear your views. We would like you to tell us what you think about this proposal and help us to shape the service. The NHS constitution underlines the fact that public and user involvement should be part of the fabric of the NHS:

"You have the right to be involved, directly or through representatives, in the planning of healthcare services, in the development and consideration of proposals for changes in the way those services are provided, and in the decisions to be made affecting the operation of those services."

In order to achieve this there is a suggested continuum for involvement with our patients and public at a range of levels. This is known as the Patient and Public Engagement Continuum. It is important to consider the spectrum of involvement and the diverse methods available with which to engage with patients and the public. Organisationally there needs to be an appropriate and proportionate response to engagement, in order to achieve a broad range of feedback and discussion.

Minimum Involvement **Maximum Involvement**

Giving Information	Getting Information	Forums for Debate	Participation	Partnership

Stakeholder engagement will be specifically aimed at those who are currently using the service, have used the service in the last year, staff involved in delivering the service, other partners involved in referring to the service and other key stakeholders (i.e. Links, OSC). Whilst there is not a need to undertake formal consultation as defined by S242 (b) NHS Act 2006, it is important to engage with patients, carers, stakeholders in service change and delivery so as to hear what their views are..

Solent Healthcare is committed to promoting a 'being open' culture which develops confidence and trust and will ensure that the feedback gained from the various involvement activities being made available and accessible to patients and the public. This will be provided on the Solent Healthcare website and available in hard copy.

In view of the proposed change of site for Tannersbrook Stroke Unit the following engagement action plan has been developed.

No	Activity	Method	When	By Whom
1	Letter to current patients	Letter – setting out rationale for change and timeframe	June 2010	WCH
2	Posters on Ward/RSH/WCH	Posters – clear message highlighting proposed change with details of who to contact for views and PES website details	June 2010	WCH/PES/Media & Communication Team
4	OSC	Letter/ Business Plan and Engagement Plan	31st May 2010	DC/PES
5	S-Links	Letter/Presentation to meeting/Comments Cards/	4th May 2010	PES
6.	Patient Forum	Information sharing via Business proposal	May 2010	
7.	Patient Survey	Questionnaire pre move and post move to existing and past patients in the last 12 months.	10th – 16th May 2010	WCH/PES
8.	Patient Forum	Patient Forum - meeting	27th May 2010	WCH

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