Public Document Pack

SCRUTINY PANEL B

Thursday, 23rd September 2010
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

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

Contacts

Democratic Support Officer
Ed Grimshaw
Tel: 023 8083 2390
Email: ed.grimshaw@southampton.gov.uk

Policy and Performance Analyst
Caronwen Rees
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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 disabled people. 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 23 Sept	**Thurs 21 Apr**
Thurs 14 Oct	
Thurs 11 Nov	

** **bold** dates are Quarterly Meetings

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the contained in Article 6 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.

.

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 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.

2 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.

3 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.

4 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.

5 STATEMENT FROM THE CHAIR

6 TRANSFORMING COMMUNITY SERVICES – SOLENT HEALTHCARE

Report of the Chief Executive of Solent Healthcare, detailing the proposed development for Solent Healthcare to progress autonomy as an NHS provider, attached.

7 SOUTHAMPTON LOCAL INVOLVEMENT NETWORK (S-LINK) ANNUAL REPORT AND ACCOUNTS 2009/10

Report of the Head of Policy and Performance, detailing the S-LINk Annual Report and Accounts, attached.

8 JOINT STRATEGIC NEEDS ASSESSMENT – CONSULTATION DRAFT

Report of the Executive Director for Health and Adult Care and the Director of Public Health, detailing consultative draft of the Joint Strategic Needs Assessment, attached.

WEDNESDAY, 15 SEPTEMBER 2010 SOLICITOR TO THE COUNCIL

DECISION-MAKER:		HEALTHY SCRUTINY PANEL		
SUBJECT:		TRANSFORMING COMMUNITY SERVICES - SOLENT HEALTHCARE		
DATE OF DECISION:		23 SEPTEMBER 2010		
REPORT OF:		CHIEF EXECUTIVE SOLENT HEALTHCARE		
AUTHOR:	Name:	Ros Tolcher	Tel:	02380608815
	E-mail:	Ros.Tolcher@solent.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

This paper sets out progress on the establishment of Solent Healthcare as an independent organisation and the current position. The Panel last discussed Solent Healthcare on 11 March 2010

RECOMMENDATIONS:

(i) To note the proposed development for Solent Healthcare to progress autonomy as an NHS provider as a precursor to Community Foundation Trust application in line with the original Full Business Case.

(ii) To explore and examine the proposals put forward by Solent Healthcare and provide support to the ongoing Full Business Case for to Community Foundation Trust (CFT).

REASONS FOR REPORT RECOMMENDATIONS

1. To respond to the Department of Health's 'Transforming Community Services – New Patterns of Provision', and the Liberating the NHS -Equity and Excellence, which focuses providers of health services to consider how, in the future, the health needs of patients and local communities can be met and how the changes necessary should be managed to enable the transformation of services.

2. To deliver significant benefits to patients and value to the taxpayer, as shown (at high level) below.

3.

Benefit area	Impact
Improved market agility	Creating a provider which is able to respond flexibly and appropriately to Commissioners requirement. To help to sustain a competitive market locally to retain Commissioners' ability to use the market to test, where applicable, to achieve improved quality and value for money.
Achieving value for money	Providing evidenced, well thought through efficiency plans to deliver savings between 2010-15of £47.1m through productivity gains, economies of scale and transformation plans that will be delivered by the provider as cash releasing efficiency savings, and additional whole system savings accruing to Commissioners totalling an additional sum of £11.7m.
Delivering appropriate, safe, high quality services	Making quality the key principle in the organisation, with proposals identifiable, designed to improve patient safety and patient experience delivered through sharing of best practice and specialist resources
Workforce benefits	By empowering staff to improve care, enhance skills and transform practice and by creating a learning organisation the provider will be the employer of choice for leaders both clinical and non clinical

CONSULTATION

4 Throughout this process, the project team have engaged with staff, Commissioners, the Strategic Health Authority (SHA), Southampton City Council, Portsmouth City Council, Hampshire County Council, GPs, MPs, other health providers, local authorities, patients, service users and other stakeholders through a variety of means, including events, one-to-one meetings, newsletters and websites.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

5 Both Portsmouth City Mental Health Services and Southampton Community Healthcare independently completed a detailed Options Analysis into future organisational form in 2009. Both Options Analyses assessed a long list of organisational forms, taken from the Transforming Community Services guidance published by the Department of Health, against a range of criteria.

6 The long list of organisational form options included integration options (vertical and horizontal), partnership working options (Care Trust, ICO) as well as pure organisational form options (CFT, Social Enterprise).

7 The main conclusion of both Options Analysis papers was that there were considerable benefits in the integration of Portsmouth Community and Mental Health Services (PCMHS)and Southampton Community Healthcare(SCH).

8 The Full Business Case (FBC) included a more detailed analysis of organisational form and recommended that the Community and Mental Health Provider should operate as a Direct Provider Organisation (DPO) under NHS Southampton City, whilst driving forwards its Community Foundation Trust (CFT) preparedness programme of work and developing a new organisational culture. However this proposed pathway for CFT was removed in March 2010.The alignment of Southampton and Portsmouth continued with the formation of Solent Healthcare (1st April 2010). In light national changes and the Coalition Government future form for Solent Healthcare required a revisit of the original options appraisal.

DETAIL

9 In July 2009, as part of the Transforming Community Services (TCS) agenda, NHS Southampton City's Trust Board gave an agreement for SCH to proceed to a FBC for the potential integration with PCMHS. The resulting FBC showed how integration between SCH and PCMHS would meet Commissioners' requirements whilst delivering safe and effective services in a cost effective way. The publication of the 2010/2011 Operating Framework removed the CFT as an available option.

10 The White Paper Equity and Excellence: Liberating the NHS (2010) changed national policy and has removed constraints around CFTs. Therefore the option for Solent Healthcare is to proceed along the application for CFT. Both the Department of Health (DH)and Strategic Health Authority (SHA) have advised it is not necessary to revisit and consult again on the long list of organisational forms. The DH and SHA recommend that we build on the work already undertaken to reconfirm that this remains the best option for the NHS locally.

11 As the change in national policy has removed the constraints around CFTs, the DH and SHA have advised it is not necessary to revisit and consult again on the long list of potential organisational forms as:

- The Solent Kaleido FBC was robust, evidence based and involved widespread stakeholder consultation
- Local commissioners fully supported the creation of an autonomous organisation with CFT as the preferred organisational form

The DH and SHA recommended that we build on the work already undertaken to reconfirm that this remains the best option for the NHS locally and that the FBC is updated to reflect the changes in national policy.

FINANCIAL/RESOURCE IMPLICATIONS

12. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

14. None

POLICY FRAMEWORK IMPLICATIONS

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

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	

Background documents available for inspection at: N/A

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	

DECISION-MAKER:		PANEL B		
SUBJECT:		SOUTHAMPTON LOCAL INVOLVEMENT NETWORK (S-LINK) ANNUAL REPORT AND ACCOUNTS 2009/10		
DATE OF DECISION:		23 SEPTEMBER 2010		
REPORT OF:		HEAD OF CORPORATE POLICY AND PERFORMANCE.		
AUTHOR:	Name:	Caronwen Rees	Tel:	023 80 832524
	E-mail:	Caronwen.rees@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None.

SUMMARY

This paper presents the S-LINk annual report and accounts to the panel.

RECOMMENDATIONS:

(i) For the Panel to formally receive S-LINk's annual report for 2009/10 as required by legislation contained in the Local Government and Public Involvement in Health Act 2007

REASONS FOR REPORT RECOMMENDATIONS

1. To inform the panel of the progress made by S-LINk during 2009/10 and their plans for 2010/11.

CONSULTATION

2. None

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None. The Panel receive the S-LINk Annual Report and Accounts yearly.

DETAIL

4. Southampton LINk's has a statutory duty to enable individuals and groups in the Southampton area to actively influence local care services, including their planning and commissioning through to their delivery. S-LINk has three core objectives:
   - to enhance the local accountability of publicly-funded health and social care services;
   - to influence local health and social care service design; and
   - to feed into regulatory processes for health and social care.

5. It will achieve these objectives by:
   - promoting and supporting local people in the commissioning, provision and scrutiny of health and social care services;
   - obtaining local people's views about their need for, and experiences of local health and social care provision;

- enabling local people to monitor and review the commissioning and provision of local health and social care services;and
- raising the concerns of local people with those agencies responsible for commissioning, providing, scrutiny and regulation of local health and social care services.

6. Southampton's LINk is supported by HAPUK as a 'host organisation' contracted by the City Council using earmarked Department of Health funding provided for the specific purposes of supporting LINks.

7. The S-LINk Annual Report and Accounts provides details of the work undertaken by S-Link during 2009/10. It also includes details of the S-LINk work programme for 2010/11.

FINANCIAL/RESOURCE IMPLICATIONS

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 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

10. None.

POLICY FRAMEWORK IMPLICATIONS

11. None

SUPPORTING DOCUMENTATION

Appendices

1.	S-LINk Annual Report and Accounts 2009/10

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

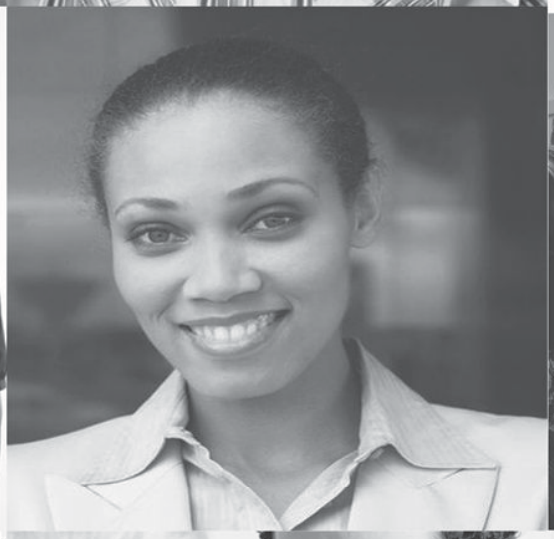
KEY DECISION? No

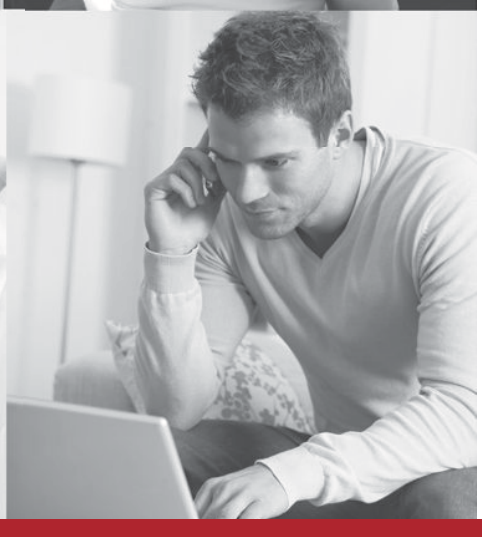
WARDS/COMMUNITIES AFFECTED:	None

Appendix 1







Annual Report & Accounts 2009/10

Southampton Local Involvement Network

Southampton LINk
Local Involvement Network

09|10

CONTENTS

APPENDIX

WELCOME FROM THE CHAIRMAN

Southampton Local Involvement Networks (LINk) is an important voluntary body that is dedicated to improving Health and Social Care in the City. Having been born, educated and worked in Southampton I am a dedicated Sotonian and very aware of the responsibility that being the Chairman of Southampton LINk places upon me.

I joined the St John Ambulance in Shirley as a young boy and held numerous voluntary positions in Southampton and Hampshire before taking on a national role as Chief Commissioner and spent almost 10 years as a trustee of that charity. Having retired from that position I have now undertaken the role of President of Bitterne and Southampton East Divisions of St John Ambulance. With that background I have a sound understanding of volunteering and the value to the community that volunteering brings.

Like other LINks, the Southampton LINk was created via a transitional LINK and emerged early in 2009. From this 'standing start', we can be truly proud of the development during the past 12 months.

We now have a solid membership base and a hard working Steering Group. Our influence has reached all sections of the Health and Social Care community and I am pleased to commend this report to all readers.

I would also like to thank all those LINk participants who have helped with the formation of Southampton LINk and who have worked hard to improve the health and Social Care services for the City

Harry Dymond

Chairman
Southampton LINk

COMMENTS RECEIVED ON THE WORK OF SOUTHAMPTON LINK

We greatly value the work of Southampton LINk as part of our patient and public involvement agenda. LINk representatives have made valuable contributions to projects supporting World Class Commissioning and we look forward to continuing this relationship.

Bob Deans,
Chief Executive Southampton City PCT

We have benefited from close working with Southampton LINk during a period of significant change. This has included representation on key corporate committees as well as engagement on specific schemes, PEAT etc. We are particularly grateful for the constructive relationship we enjoy which directly benefits service users.

Dr Ros Tolcher
Chief Officer Southampton Community Healthcare

Hampshire Partnership NHS Foundation Trust is committed to developing strong working relationships with Southampton LINk as between our respective memberships working together the public voice of the people of Southampton is represented and heard. We are grateful to S-LINk attending our recent public drop-in event where it was helpful to have their presence and for our staff to be able to sign post to LINk staff.

Carol Bode,
Chair Hampshire Partnership Foundation Trust

Southampton University Hospitals NHS Trust has built strong relationships with the Southampton LINK group over the last year. Trust representatives have been included at all major LINk consultation events and are invited observers for the open section of the committee meeting agendas. The trust has invited S-LINk members to be representatives on a number of its committees which they have proactively taken up and are adding value to a number of important work streams and groups.

The S-LINK committee members have undertaken formal visits to inspect the trust in partnership with commissioners and as part of the PEAT audit programme. Plans to extend S-LINK member involvement in visiting clinical areas are well underway.

The trust finds the S-LINK approach to be open and constructive in the manner in which issues of concern are raised and appreciates the group's commitment to involvement in problem solving initiatives. We can only see this relationship developing further in the coming months and look forward to future working partnerships with this important group to ensure the public voice is fully embedded in all of our quality and service improvement ambitions.

Julia Barton,
Associate Director of Nursing (Patient Experience)Southampton University NHS Trust

INTRODUCTION

WHAT IS LINK?

As a member of the public, you have a right to be involved in discussions and decisions about your health and social care services. By sharing your experiences and ideas with your Local Involvement Network (LINk), you can influence the way services are run.

LINks are independent networks made up of individuals and community groups who work to improve local health and social care services. They aim to ensure that each community has services that reflect the needs and wishes of local people.

LINks are responsible for:

- Finding out what people think of their local health and care services.
- Giving people a chance to suggest ideas to care professionals that help improve services and shape the introduction of services for the future.
- Looking into specific issues of concern to the community.
- Ensuring that full consultation occurs before significant changes are made to any health and social care services.
- Making recommendations to the people who plan and run services and ensuring a response is received from those people within a specified time period.
- Asking for information about services and ensuring information is received within a specified time period.
- Carrying out visits, when necessary, to see whether services are working well.
- Referring issues to the local council's health overview and scrutiny committee if it seems that action is not being taken.

The job of each LINk is to find out what people like and dislike about local services. The LINk then feeds this information back to health and social care providers, helping them to plan and deliver better and more relevant services.

LINk covers all health and social care services that are commissioned by the NHS and local authorities in an area. Only children's social services are excluded. LINks also cover independent providers of publicly funded services. Your views are vital to the way LINks operate. Your opinions and ideas will be taken seriously, and will help to bring about positive change in the way local services are run.

Your LINk will listen carefully to your experiences of health and social care services, and to any ideas for improvements you might have. If there's a specific issue relating to local services that your community feels has been neglected, your LINk will look into this. It will then make recommendations to the relevant professionals and seek out a response.

Additionally, you can share your thoughts about what you like about particular services.

CHALLENGES AND SUCCESSES

Initially the Steering Group produced a draft constitution but soon decided that too much time was being spent on this and that we should turn our attention to dealing with some of the issues that were emerging. It was agreed that we would re-address the issue of constitution after a reasonable period of experience.

Not surprisingly, considerable effort was made to establish firm relationships with senior management representing commissioners, providers and the City Council.

During the year we were

faced with the proposed and then successful merger of Southampton and Portsmouth providers to form Solent Healthcare and very quickly had to engage with that process.

We have made significant progress in raising the profile of the Local Involvement Network, by organising events, visiting community and voluntary sector groups, increasing membership and most importantly consulting and recording the concerns and issues raised by residents and people who volunteer and or work in the city of Southampton.
We have had significant success this year in our involvement with the Big Care Debate, establishing our position on important trust committees, the Health and Wellbeing partnership of Southampton City Council and the Overview and Scrutiny Committee.

We now have a series of working groups and a full work programme. We look forward to addressing the challenges for the coming year and hope to draw a successful conclusion on some of the issues already started.

FIND OUT MORE

Please sign up to our newsletter by contacting us at the address given in section (page x)

If you would like to get involved in our work please sign up as a member. You can do this by completing the online joining form at www.s-link.co.uk or by telephoning our office on **023 80682423**.

If you represent an organisation and your organisation would like to know more about LINk we would be delighted to visit you with a presentation.

ESTABLISHING THE BASICS

A LOCAL BASE

This was achieved and the new office was opened in January 2010 at Basepoint Business Centre, Andersons Road, Southampton. The new office is fully accessible, within reasonable reach of local transport and the City Centre with free visitor parking.

A PERMANENT SUPPORT OFFICER

For a number of reasons Southampton LINk had a succession of temporary support officers but in September 2009 we appointed Sue Carley as our full-time LINk Officer

ESTABLISHING THE PRIORITIES

An Away Day was organised to allow the steering group the opportunity to review early work and to agree its priorities and principles of working and the work plan structure. These were;
Establishing a base,
Building membership,
Raising the profile through partnership working, networking, promotion
Engaging the community through consultation
Determining issues for LINk to address and a means of prioritising them
Reviewing and agreeing the governance documentation

WORKING IN PARTNERSHIP AND COMMUNICATING WITH THE COMMUNITY AND VOLUNTARY SECTOR

Members recognised the importance of partnership working and agreed that the most effective way of engaging with Commissioners and providers was to establish a close working relationship. This relationship can best be described as that of a 'Critical friend'

During the year we have had significant success in building our key relationships with stakeholders such as Southampton City Council, NHS, Southampton City, Hampshire Partnership Foundation Trust, Southampton University Hospital Trust and Solent Healthcare (formerly Southampton Community Healthcare)

We have also made contact with many community and voluntary sector groups, organisations, networks, forums and local charities (see section 9.9). Members of the Southampton LINk have been particularly keen to ensure that these groups and organisations are aware of the LINk's remit and powers. Our newsletter has been circulated widely to our membership database and prospective new members to respond to the concerns and issues being raised

PRINCIPLES UNDERLYING OUR WORK

The Steering Group were very clear that all our dealings must be in accordance with the Nolan Principles and the Steering Group have incorporated the Nolan Principles within their governance documentation. They have also produced a 'code of conduct' and all members of the Steering Group sign to agree to observe them. The code of conduct with the Nolan Principles as an annex can be found at *appendix 1*.

GOALS AND OBJECTIVES FOR 2009 - 2010

A brief Outline of our objectives follows but for further information on our activities please turn to section 9 of this report.

COMMUNITY ENGAGEMENT/ CONSULTATION

Raising the profile of the LINk with residents was a top priority in this financial year. Steering Group members and their LINk Officer have visited numerous community and voluntary sector groups and 'piggy backed' several events. Southampton LINk also hosted their own successful consultation event in October, 2009 in response to the Government's Big Care Debate. Seventy residents, professionals, carers, and community and voluntary sector groups participated.

PUBLICITY AND PROMOTION

A sub group of Steering Group members with support from their host organisation identified what needed to be done to try and further raise the profile of Southampton LINk. An improved recruitment leaflet, Newsletter and various promotional materials as well as eye catching pop-up publicity material was designed and approved by the full Steering Group.

STEERING GROUP MEMBER TRAINING

Steering Group Members received induction training on the purpose of LINks and also on ways of improving Community Engagement.

ADDRESSING THE CONCERNS RAISED BY YOU

The Steering Group were conscious that many topics would be raised by members of the public and by groups. They were anxious to have a method to prioritise these and for this to be fair and transparent. Steering Group Members have established a decision-making process which was adopted and incorporated into their governance procedures. This process is given in *appendix 2*. This may be reviewed in the light of experience of its use

GOVERNANCE

Steering Group members were also very keen to finalise the rules by which they operate, A draft was considered at the away day; there was full participation from Steering Group members and the support of observers. The meeting agreed that they would accept the draft on the understanding that a sub group would consider them in more detail and if required propose further refinement prior to the Annual General Meeting.

PLANS FOR 2010 -2011

- **In May 2010, community and voluntary sector groups as well as charitable bodies and statutory services operating in Southampton will be invited to an event to share an understanding of roles and establish and strengthen links with like-minded organisations. It is anticipated that representatives of the Statutory Services will be invited as guest speakers in order for the public to be able to question them directly. This event will be used to enhance our growing understanding of the issues that concern the public in the City.**
- Training dates have been set to encourage members to become authorised in what is known as 'Enter and View' activity.
- Prioritisation procedures to be re-evaluated and finalised.
- An Annual General Meeting will be held in September, 2010.
- Governance documentation to be finalised and agreed by the wider membership at the AGM.
- Working with Southampton City Council's Healthy City Scrutiny Panel (Panel B) will continue
- Memberships of Trust committees will be reviewed to ensure effective input from LINk resulting in beneficial outcomes for patients.
- Our community engagement programme will be evaluated and efforts made to maximise community input into our work programme. This will be linked with improved publicity.
- Work will continue to address the issue of ADHD in adults and LINk will be involved in the focus group established to investigate this issue
- We will take a close interest in the future Governance arrangements for Solent Healthcare and offer our support and opinion as appropriate.
- Work with Southampton University Hospitals Trust to improve patient and public experience with respect to access to the hospital and especially car parking will continue
- We will follow up initial concerns already expressed about the hospital food service
- Any proposals for ward closures or ward relocations will be closely monitored to ensure that these result in an overall improvement in patient experience

CONTACT DETAILS FOR THE LINK AND HOST

NAME, ADDRESS AND CONTACT DETAILS OF THE LINK

Southampton LINk
Unit 31 Basepoint Business Centre,
Andersons Road,
Southampton SO14 5FE

- Telephone No: 023 8068 2425
- Email: suecarley@hapuk.co.uk
- Website: www.s-link.co.uk

NAME, ADDRESS AND CONTACT DETAILS OF THE HOST

- HAP UK, Ltd. 5, Spa Road, Melksham, SN12 7NP.
- Telephone No: 01225 701120
- Website: www.hapuk.co.uk

STRUCTURE AND OPERATIONAL MODEL

MEMBERSHIP MODEL

The LINk work programme is managed by a Steering Group. Our current Governance arrangements allow up to 20 members to be elected but in the event only 7 were elected at the AGM in May 2009. Subsequently, 3 persons have been co-opted as Steering Group members. Regrettably, one member has since resigned due to work re-deployment. This means that there are nine steering group members.

Members of the Steering Group play a key role in networking and raising the profile of Southampton LINk.

Members have chosen to work in partnership with service providers operating within and around the Southampton City boundary. To that end therefore key seats are reserved for observers from all the Trusts and a workshop/ dialogue has taken place to establish roles, responsibilities and parameters.

THE STEERING GROUP IS RESPONSIBLE FOR:

- Guiding the work of the LINk and setting Priorities
- Administering the LINk budget
- Operation of the LINk

The code of conduct is given in *Appendix 1.*

The Steering Group, meet on a monthly basis and their meetings are advertised on line; i.e. members of the public are welcome to attend and observe and send in any questions they may have in advance – for which every effort will be made to answer that question during the meeting. In practice we have had a few members of the public but more effort is needed to advertise our meetings. The Steering Group may have a private session to discuss operational matters. From time to time, special meetings are called to deal with issues such as governance.

In order to take advantage of the members' interests and abilities, the work of the Steering Group is supplemented by Sub Groups. These usually have a Steering Group Member 'lead' and the wider membership 'participants' are invited to attend. Sub-groups usually take on specific work which may be short-term e.g. initiating promotional activities or long-term e.g. Adult Health and Social care – responding to consultations.

STEERING GROUP MEMBERS AND THEIR RESPONSIBILITIES

Member	Role/Lead responsibility	Other relevant involvements
Harry Dymond	Chairman NHS Southampton City Integrated Governance Committee Health and Wellbeing Partnership (SCC). Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Priorities Committee	St John Ambulance Southampton Patient Forum
Ann Short	Vice Chair Publicity and Promotion Sub Group Community engagement sub group Solent Healthcare Board open session	Central South Coast NHS Cancer Network. SUHT Groups as follows: Catering User Group Catering operational overview Group Patient Information/PPI Group Essence of Care Patient Experience
Bob Petch	Adult Health and Social Care	Communicare
Ami Guy	Adult Health and Social Care Overview and Scrutiny Panel B	Southampton Centre for Independent Living
Joe Hannigan	Adult Mental Health spokesperson. Hampshire Partnership Foundation Trust Development Group. Overview and Scrutiny Panel B	Southampton Patient Forum
Sally Markwell	Press Officer	
John Spottiswoode (Seconded)	Health City Scrutiny Panel – Obesity Inquiry.	
Colin Warburg Seconded)	Support re finance	
John Chandler (Seconded)	Lead on Transport Issues Overview and Scrutiny Panel B	Southampton Patient Forum

NOTE: The 'lead' positions held by members above are subject to review during an election at the next AGM (Annual General Meeting: 6th September, 2010). Further Lead requirements will be established and filled as the work programme develops.

CURRENT WORKING GROUPS

ADULT HEALTH AND SOCIAL CARE

The activities of this very successful work Group is described in *Section 9.2*

PUBLICITY AND PROMOTION

Two newsletters were printed during the financial year; May/ July and March 2010. The latest edition was circulated to members electronically and also via the Southampton Voluntary Services distribution list within their newsletter.

Southampton LINk members have met with the local newspaper, the Daily Echo to establish a relationship and promote the Southampton LINk and also to share information that is submitted to the press. The journalist advised that there would be some coverage following the meeting in the next two weeks (end of March) although to date we still await its publication.

A new membership sign up leaflet has been designed in consultation with 'Action for Blind People'. The leaflet explains the purpose of the LINk, captures personal information and issues and concerns from those who wish to 'sign up'.

To assist promoting Southampton LINk and encouraging participation, an 'eye catching' pop up stand was ordered as well as a variety of promotional material to attract attention at events and reward participation.

GOVERNANCE

With support from the host organisation, Steering Group members have further developed their governance documents to assist with the smooth running of the LINk. **The document now includes the following policies:**

- Code of Conduct
- Member Support
- Expenses and benefits policy
- Complaints Policy
- Standards of Conduct Policy
- Enter and View Policy
- Conflict of Interest Policy
- Diversity Policy
- Prioritisation
- Role of Observer

FINANCE

Representatives of the Steering Group have met with Southampton City Council who oversee the contract with the host organisation HAP UK. These representatives have been involved in developing and approving a cash flow forecast and reporting back to the Steering Group.

INFORMATION GATHERING

Information is gathered through community consultation, the media, community and voluntary sector groups etc as well as from members of the Steering Group and the statutory bodies. Once collected it is collated by the LINk support Officer and considered by the Steering Group. A rigorous prioritisation matrix is then applied to determine whether LINk will pursue the issue. The prioritisation process is shown in *Appendix 2*.

TRAINING

AN INTRODUCTION TO LINKS – 4th March, 2010. (Open to members of the Steering Group)

COMMUNITY ENGAGEMENT – 10th March, 2010. (The wider community were also invited to attend)

SOUTH EAST REGIONAL LINKS SUMMIT EVENT 11th February 2010. Held to share knowledge and learn about what is happening in other areas. This has supported Chairs and other members of LINks to network, share ideas and work cross-boundary.

SOCIAL MARKETING COURSE Guildford 23rd March 2010

CHOOSE AND BOOK MASTER CLASS 24th March 2010

ACTIVITIES THAT LINK HAS UNDERTAKEN 2009 - 2010

ANNUAL GENERAL MEETING

The AGM was held at 7pm on Tuesday 21st July at The Novotel, West Quay Road, Southampton, S015 1RA.

The AGM was combined with an open evening at which the Director of Public health gave a talk on the health issues affecting Southampton.

About 50 people attended. During the AGM, elections took place for Steering Group members at which 7 people were elected.

The question and answer session following the open evening was lively and informative. Feedback from the event was very positive and several new members were signed up.

ADULT SOCIAL CARE

This group initially formed to support the Southampton LINk in organising a 'Big Care Debate in October, 2009. The event was a huge success with over seventy participants. Report given as Appendix 3.

The findings on the concerns raised were reported to the Department of Health, the Healthy City Standing Scrutiny Panel (SCC) and the Care Quality Commission.

Following on from the Big Care Debate, a Stakeholder meeting was arranged with service users re Southampton City Council's non-residential Charging Policy. Southampton City Council acknowledged problems with delivering changes and has made an assurance that should any future changes re charging be necessary Southampton LINk and other stakeholders will be consulted on how best to communicate those changes to service users.

The group has also been involved with discussing improved communication for patients with dementia, between hospital discharge teams and residential care homes. A Copy of the minutes of this meeting are given in *Appendix 4.*

A meeting was held at Oakwood Rest Home to improve communication with the hospital regarding the needs of in-patients and smooth transition for patients on discharge. **The outcomes were as follows:**

1. Agree on a patient Proforma to provide key info to the hospital on admission

2. Ensure that a PCT representative attends the next meeting

3. Care home managers to agree a contact to work with SUHT on dementia working group

4. Maintain a clear contact with SLINK

5. Consider holding an annual, wider care home summit with all partners involved.

All aspects of Adult Social Care is an ongoing piece of work for the LINk and focuses on improving services provided to those in the City that require support from the Social Services Department of Southampton City Council. Discussions continue to take place with the portfolio holder for Adult Health and Social Care and senior management at Southampton City Council. This work has also attracted the interest of new members who wish to join the sub group.

The group have also made contact with the Southampton Seniors' Council and the Southampton Pensioners' Forum who all share an interest in the issues being raised.

MERGER OF SOUTHAMPTON COMMUNITY HEALTHCARE WITH PORTSMOUTH COMMUNITY AND MENTAL HEALTH SERVICES.

Early in the year it became clear that the provider arm of Southampton City PCT was to be devolved and a number of options were under consideration. Southampton LINk was consulted and endorsed the proposal to merge with the provider arm of Portsmouth City Teaching PCT. At the time the intention was for the merged trust to apply for Foundation Trust status.

During the process Southampton LINk was contacted by the Co-operation and Competition Panel of the NHS for its view of the proposed merger. Southampton LINk responded positively.

Subsequently we were alerted to the fact that the SHA had decided that the proposal to form a foundation trust could not proceed and that Solent Healthcare were to seek partnership with an existing provider service trust. Southampton LINk were concerned at this development and whilst acknowledging that it was unlikely to change a Government decision, wrote to the Chair and Chief Exec of the SHA to seek assurances that any future Governance arrangements would maintain as far as possible the autonomy of Solent Healthcare and in particular the ethos of community provision.

A reply was received from the Chairman of the SHA, acknowledging our concerns and stating that 'Any future organisational form would be required to continue to work towards this objective, ensuring community health services remain a priority in reducing health inequality across the local population it serves.'

PARTICIPATION ON THE GOVERNANCE OF NHS SOUTHAMPTON CITY

Southampton LINk is represented on the Integrated Governance Committee of NHS Southampton City and takes a full part in the discussions and decisions of that committee.

Partly as a result of the Mid Staffordshire enquiry by the Clinical Leadership Board of NHS Southampton, a quality visit to the Southampton University Hospital trust was arranged. The resulting visit was therefore proposed to increase the level of Board assurance on the one hand, and to explore the possibility of an overall programme of quality visits, led by clinicians, which would embed quality as a central organising feature of NHS services across Southampton. Southampton LINk was invited to be part of the visit team.

The team were split into three focussing on areas as follows:

- **TEAM 1:** Emergency Department, Medical Assessment Unit and Medicine for Older People wards
- **TEAM 2:** Discharge Bureau, Stroke Unit and Maternity Unit
- **TEAM 3**: Surgical, Children's and Orthopaedic Wards

Each team addressed:

- Service model
- Nutrition
- Cleanliness
- Drugs and Drug Charts
- Training and Development – Competency of workforce
- Discharge planning and links to community services / support
- Care Plans, and recording
- Safeguarding
- Environment
- Dignity and respect
- Information

A full visit report was produced and overall, the teams were impressed by the standards of facilities, the culture of quality which suffused care and by the level of knowledge and ownership of staff in delivering high quality care for patients. The Southampton LINk representative made specific reference to the positive

response from the staff to the presence of a 'lay' person.

At a separate meeting the subject of Whistle Blowing policy was discussed. The Southampton LINk member recommended that LINk is written into the Whistle Blowing policy at the next re-write and this was received favourably by the committee.

WORLD CLASS COMMISSIONING - UNSCHEDULED CARE

This work was undertaken through LINk by the NHS Southampton City Patients Forum, the members of which constituted the old PPI Forum of Southampton City PCT. All are members of Southampton LINk and 3 members are part of the LINk steering group.

Southampton City PCT were concerned at the inappropriate use of the unscheduled care facilities in the City but were, at the same time, conscious that changes might be seen negatively by the public, especially the closure of the Shirley walk in centre.

The forum sought detail of the usage from the unscheduled care manager of the PCT and examined extensive study data. The forum agreed that there should be a rearrangement of the services and made a number of suggestions. In addition to the reorganisation of services, the clear need was for more effective communication.

The forum was most concerned that the reorganisation of services would have a significant impact on phlebotomy and proposed that this service should be available from all GPs in the City, many of whom did not offer the service at the time.

As a direct result of this work, all GPs are now contracted to deliver a phlebotomy service, a minor injuries unit has opened at the Royal South Hants hospital and a walk in service is offered to registered patients at the Adelaide Health Centre.

The forum has continued to monitor the impact of these changes and will continue to work with NHS Southampton City to ensure improved communication.

This is an excellent example of a LINk involvement in co-operation with another voluntary body.

ADHD IN ADULTS

Southampton LINk was made aware of a gap in the commissioning of ADHD treatment for adults. A meeting with the originator of the information, consultation with Hampshire Partnership Foundation Trust, review of the booklet produced by NICE all convinced the Steering Group that this was a subject on which Southampton LINk could take forward. The person bringing the issue to the attention of LINk had also written to all Southampton City Councillors and so LINk raised the issue with the Healthy City Scrutiny Committee and informed them of the progress and that LINk was to write to NHS Southampton. This item will be pursued and we hope for a positive outcome which will be reported next year.

ATTENDANCE AT HEALTH AND WELLBEING PARTNERSHIP (SCC).

Southampton LINk has a full place on the committee and attend regularly. The meeting is normally attended by senior representatives of the City Council and the Health Trusts in the City.

A recent meeting agreed that the joint strategic needs assessment needed to be updated and that the health and wellbeing partnership should be reorganised. It was recognised that there should be greater patient and public involvement and members were keen to explore whether LINk could be used as the focus of public involvement. A special meeting and workshop was arranged for April which will be reported next year

PARTICIPATION IN PEAT INSPECTIONS

During the year Southampton LINk were approached by Southampton University

Hospital trust and by Southampton Community Healthcare to assist with PEAT inspections. On one, LINk provided two members and one on the other.

In both cases members were interested in:

- The Environment
- Cleanliness
- Patient food menus and quality of the food (including tasting)
- Privacy and Dignity
- General Staff Attitude

As well as reporting back to the Trust concerned, members also fed-back to the Steering Group

PROMOTING INVOLVEMENT WITH LINK

Southampton LINk Steering Group Members agreed to focus on the following key activities to promote involvement in Southampton LINk:

- Building Membership
- Partnership Working – Developing and improving two-way working relationships
- Consultation to determine issues

This clearly involved consideration of Publicity and Promotion material

Contact has been made with the following groups, organisations and representatives. All the non-statutory community and voluntary sector groups have been invited to share their concerns with Southampton LINk, contribute towards and help to prioritise the Southampton LINk's work plan. Much of the dialogue that has been initiated will continue throughout 2010/2011.

FACE TO FACE:

Group/Individual/Organisation	Outcome
○ SCPCT Community Worker	Sharing information on events and in particular contacts with BME groups in the city.
○ SCPCT Health Trainers	Jointly promoting Southampton LINk and Health Trainers.
▪ Southampton Voluntary Services	Regular communication and newsletter distributed through network.
▪ Abu Bakr Mosque	Raised awareness and involving participation of this Group in the work of Southampton LINk.
▪ Thornhill Health and Wellbeing Group	Sharing resources and information. Southampton LINk introduced to a small group of residents, organisations and local Councillors.
▪ Thornhill Healthy Living Group	New members registered
▪ Southampton Carers Forum	Contact initiated and sharing resources and raising awareness about Southampton LINk. Involving in consultation.
▪ Southampton City Council ○ Community Development workers	Exchanged information re community groups and forums and possibility of attending meetings to consult/network with hard to reach groups e.g. Women's BME.
○ Councillors and senior management.	Established a dialogue with portfolio holder and senior management re issues raised at the Big Care Debate.
▪ Service User and Carer Group	Promoted S-LINk and talked about the Big Care Debate.
▪ Care Quality Commission	Established a relationship with Area Manager to discuss roles and working in partnership. Followed up with presentation to inspectors across the region.

- **NETWORKING**

LATER YEARS PARTNERSHIP – initiated contact with the key worker and discussed the potential of working together. Chair of the Seniors' Council now a registered member of S-LINk. A Member of the Pensioners Forum now a participant member on the Southampton LINk Adult Social Care Working Group.

SOUTHAMPTON WOMEN'S FORUM - introduction to Southampton LINk and distributed leaflets, concerns raised fed into work proposals.

BEVOIS AND BARGATE HEALTH GROUP - introduction to Southampton LINk and distributed leaflets, concerns raised fed into work proposals.

- **FOCUS GROUPS**

Visually impaired groups met with the LINk officer and shared concerns re adult health and social care. Concerns raised fed into work proposals.

- **SURVEYS, LEAFLETS, E-MAIL BULLETINS, RADIO AND PRESS RELEASES**

The LINk has run several surveys on CVO, distributed new leaflets widely, sent an e-mail bulletin and distributed two newsletters in this period. All messaging has been to promote the purpose of the LINk, encourage membership sign up and encourage individuals to share their concerns with the LINk.

- **EVENTS**

CARERS' EVENT – Attended 3rd June, 2009. Approximately 30 organisations in attendance.

MELA FESTIVAL - Attended 18th July, 2009. An Arts Asia festival in the centre of Southampton that is held annually and last year attracted approximately 4000 people. Southampton LINk took a stand and promotional materials and spoke with attendees regarding issues that have been fed in to the Southampton LINk database and will feed into the work plan and prioritisation process.

K2 – A multi-agency annual festival for young people. Attended 1st August, 2009. Approximately 8,500 people in attendance.

FRESHER'S FAIRS – Barton Peverill College and Southampton University. 30th September and 2nd October respectively. Attended two events to encourage student sign-up to Southampton LINk.

HEALTH AND EMPLOYMENT FAIR – Newtown. Attended 11th July, with approximately 200 people in attendance. Distributed leaflets and signed up new members.

THORNHILL PARTICIPATORY BUDGETING EVENT - approximately 200 people in attendance. Distributed leaflets and signed up new members.

- **CONFERENCES/ STAKEHOLDER EVENTS.**

BIG CARE DEBATE – Covered previously

HAMPSHIRE PARTNERSHIP TRUST – Initiated contact with the Chair and Trust Secretary. Discussed role of LINk and role of the HPT and potential for working together. Attended the Governors' Development Day 9th December, introduction and networked with 40 Governors. Distributed S-LINk literature.

STAKEHOLDER EVENT WITH SCPCT – Attended with banner and leaflets. Members also attended workshops and fed in community concerns where relevant, promoted S-LINk and encouraged participants to sign up.

TO ESTABLISH A RELATIONSHIP WITH THE CITY'S SCRUTINY FUNCTION

HEALTHY CITY SCRUTINY PANEL: Members have presented their report on the Big Care Debate to a well attended scrutiny meeting. Three co-opted members sit on the panel and have developed a two-way communication with the newly named 'Panel B'.

Training has been organised for year 3 to assist members with understanding the scrutiny function and taking forward reports.

OBESITY INQUIRY: A LINk member was co-opted on to this inquiry.

TO FIND OUT PEOPLE'S EXPERIENCES OF SERVICES: The key purpose for community engagement during this period was to establish the issues and concerns that individuals, groups and service providers have in terms of service delivery and personal experiences. With the focus on how can services be improved, many opinions of those who live and work in Southampton have been sought in a variety of ways (as outlined above). In addition, throughout 2009/2010 the LINk Officer and Members of the Steering group have gathered information at events which the LINk has hosted, at groups visited and other activities which have taken place. All this information has and will continue to inform the Southampton LINk work plan.

Date	Event	Outcome
October, 2009	Big Care Debate	See section 9.2 and full report at appendix 3
November, 2009	Carers Strategy Group Meeting	Concerns raised were fed into draft work plan.
	Thornhill 'Natterbox'	Concerns raised were fed into draft work plan.
December, 2009	Service Users and Carers Network, Moorgreen Hospital.	Concerns raised were fed into draft work plan.
	Governors' Development Day, Hampshire Partnership Foundation Trust.	Raised profile of Southampton LINk.
	Carers Together	Concerns raised were fed into draft work plan
January 2010	Launch of the Admiral Nursing Service proving support for carers of people with dementia.	Article published in our newsletter to raise awareness of the service across Southampton.
	Health and Wellbeing Day, Southampton Library.	Concerns raised were fed into draft work plan.
February 2010	Public Engagement Event hosted by NHS Southampton	Promoted Southampton LINk, and concerns raised were fed into draft work plan.
	ADHD Support Group.	Southampton LINk member attended first meeting and offered support.
March 2010	'Young at Heart' – Bitterne, support for older people re reducing isolation.	Registered members and promoted Southampton LINk. All concerns raised were fed into draft work plan. Supported individuals to locate a NHS dentist.
	Dementia Services Planning – Stakeholder Workshop (Oak Lodge, Bitterne).	Main points noted were: • Help people to avoid crisis situations • Provide simple information and solutions • Build in the wishes and desires of service users as early as possible in the process • Look at the practical things going on now and aim to achieve on-going improvements and outcomes for individuals. **Issues for S-LINk** • Endeavour to promote training re Dementia as a formal part of health and social care work. • Help to ensure that support for carers is promoted as widely as possible, e.g. Acorn • Therapy Unit - "Memory Matters" very informative. Supporting the Care Home working group as above. • Continuing and developing involvement in all Adult Social Care Issues with SCC.

TO ASSESS WHETHER IMPROVEMENTS ARE NEEDED TO SERVICES

Information gathered at the events above have indicated that improvements are needed and this will be reflected in the work plan for the coming year

FINANCIAL REPORT

HAP UK LIMITED

Annual Financial Performance

Contract:Southampton(7)	Annual Budget £	2009 Year Total £	Variance Actual £	2010 Budget £
Host Income:				
Host Contract Income	83566	**83566**	0	82655
Other Income inc. Bank Interest	0	**0**	0	0
	83566	83566	0	82655
Host Employment Costs:				
Management Salary Costs	8257	**7836**	421	8257
Direct LINk Support Salary Costs	33028	**27729**	5299	33028
Clerking Salary Costs	0	**14**	-14	0
Core Link Salary Costs	13762	**13039**	723	13762
Staff Expenses	2347	**7035**	-4688	2347
Recruitment Training & Development	2152	**2353**	-201	2152
	59546	58006	1540	59546
Host Overhead Costs:				
Premises	2450	**1500**	950	2450
IT Equipment,Maintenance&Software	12495	**12165**	330	12495
Business Development&Consultancy	649	**1479**	-830	649
Audit & Professional Advice	295	**1105**	-810	295
Banking,Insurance&Finance Charges	3051	**2864**	187	3051
Unallocated Host Costs	5080	**-11**	5091	4169
	24020	19102	4918	23109
Surplus/(Deficit)	0	6458	6458	0
LINk Support:				
LINk Contact Income	-36434	**-36434**	0	-37345
LINk Underspend	0	**7101**	-7101	**0**
LINk Income	-36434	**-29333**	-7101	**-37345**
Volunteer Expenses	6199	**1603**	4596	6199
Volunteer Recruitment & Training	2361	**2048**	313	2361
Additional Access Support	1476	**0**	1476	3668
Stationery, Postage, Printing	1328	**3601**	-2273	1328
Communications & Marketing	8923	**4110**	4813	8923
Locality Bases	5125	**3490**	1635	3844
LINk Activity Support	9251	**10250**	-993	9251
LINk Governance & Performance Mgt	1771	**4231**	-2460	1771
	36434	**29333**	7101	37345
Balance : LINk Income/Expenditure	0	0	0	0

LINk Funding :

	£	£
2008/9 b/f	**21987**	
2009/10 c/f	**7101**	
2010/11 b/f	**29088**	**29088**
2010/11 £		**37345**
Available £		**66433**

True and fair statement

We have carried out an independent review of the income and expenditure statement of the LINK for the year ended 31 March 2010 as prepared by HAP UK Limited and as extracted from the audited financial statements of the company.

Based on the work undertaken and from representations we have received, in our opinion the statement produced gives a true and fair view of the affairs of the LINK for the period covered.

Monahans

Monahans (Registered auditors)

Dated 23rd June 2010

COMING 12 MONTHS

Developing the work programme and addressing community priorities will be a major focus for year 3. This will be agreed at a Steering Group on the 7th June, 2010 sub-group will decide the best form of action:

Concern	Issues relating to
Social Care	Funding available to support carers Quality of care provided by care agencies operating in Southampton Communication regarding Southampton City Council's charging policy Quality of communication regarding support available and relevant information Poorly performing care homes as echoed by the Care Quality Commission
Cancer Prevention	Obesity, smoking, alcohol, children's health and diet.
Dentistry	Availability, standards of care and promotion of NHS dentists.
Training in dealing with dementia	Carers (family support), agency support, communication between individual patient, carers and professionals etc Availability of training and support.
Transport and Access to hospital	Bus routes and parking with a focus on access from the east side of Southampton Accessible community transport
Community Support for older people	Reducing isolation
Hospital Food	Standards and delivery + communicating with those with dementia, visually impaired and hearing impaired.
Mental Health	Access to out of hours services. Commissioning of Adult ADHD

- Improve data collection and recording. A Membership and equal opportunities survey will take place in June 2010 prior to the AGM.
- July 2010. Event with Southampton University.
- Mela Festival – July, 2010.
- AGM – September, 2010.

POPULATION OF SOUTHAMPTON AND MEMBERSHIP OF THE LINK

Southampton covers 51.81 km2 and has a total population of approximately 234,100 of which 117,700 are male and 116,400 are female. There are two universities and therefore a large student population of 31,000, approximately 13% of the total population. The host organisation, HAP UK has made efforts to engage with this population at Fresher's days and therefore this is reflected in the LINk membership.

For further information of the age breakdown of the population see *Appendix 5.*

ETHNICITY IN SOUTHAMPTON

In the 2001 Census the population of Southampton was recorded as 217,445 people, of whom 200,859 (approximately 89%) described themselves as White. Of the non-white population, 8,254 people described themselves as Asian or British Asians: 3,267 described themselves as being of mixed race; 2,820 people described themselves as Chinese / Other ethnic groups; and 2,245 people described themselves Black or Black British.

Figure 1, below, shows the percentage of each ethnic group in Southampton. Source: Southampton City Council 'Ethnicity in Southampton September, 2004', Author: Vanella Mead.

Steering Group members of the Southampton LINk are keen to engage with as many individuals and groups as possible to ensure their membership is representative of Southampton. The LINk will do all it can to ensure that the views of all individuals are taken into account. Please see Southampton LINk policy on Equality and Diversity *Appendix 6*.

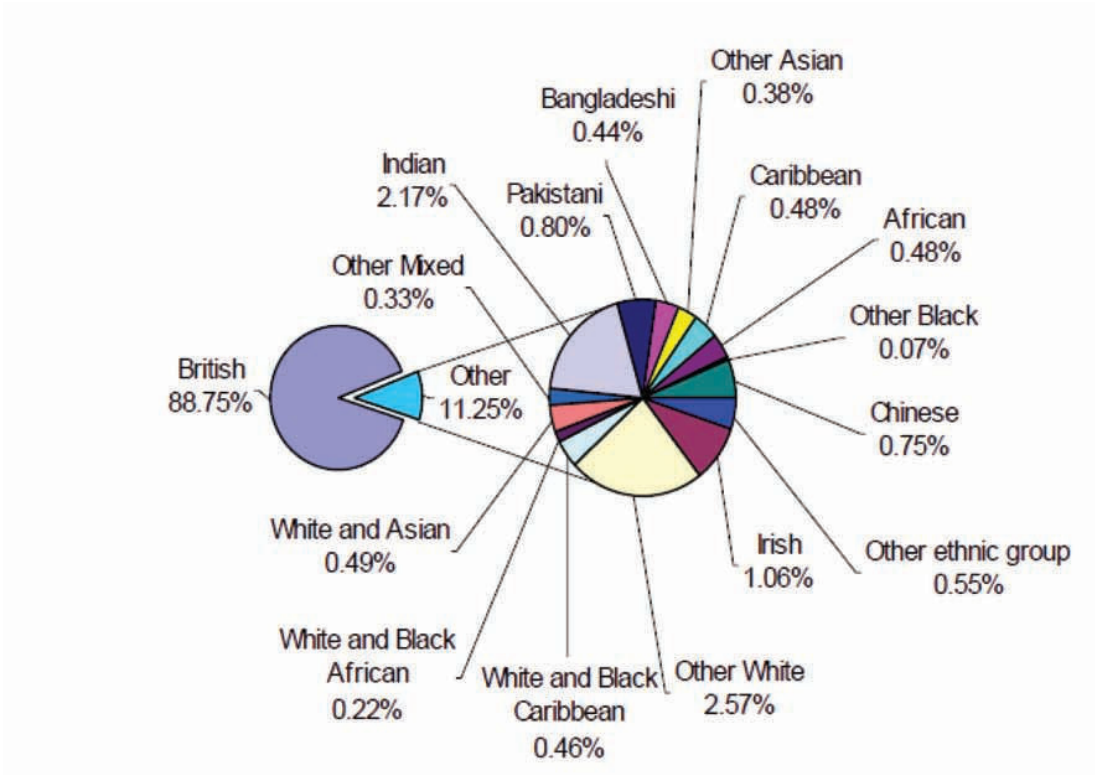


Fig 1, the percentage of each ethnic group in Southampton

CURRENT MEMBERSHIP

Total number of members as of 31/03/2010	751
Total number of members as of 31/03/2009	43
Breakdown of total membership as at March 2010.	
Total Members	751
Online Users	682
Offline Users	69
Membership Breakdown:	
Gender:	Total
Male	219
Female	439
Prefer Not To Specify	93
Age:	
Aged: 25 and Under	533
Aged: 25 - 50	20
Aged: 50 - 75	37
Aged: 75 and over	11
Prefer Not To Specify	150
Ethnicity:	
Ethnicity: Asian	0
Ethnicity: Black	2
Ethnicity: Chinese	0
Ethnicity: Japanese	0
Ethnicity: White	59
Ethnicity: Other	0
Prefer Not To Specify	690
Total number of members as of 31/03/2010 who have a ***social care interest* (see below)***	70
Number of **active** members involved in Management Boards, sub groups, representing the LINk externally etc	10

* People with experience of using social care services or a specific interest in social care

What have been the top three most effective ways your LINk has used to engage local people that have **yielded the most feedback?** Place in order of effectiveness with the most effective first.
How many people engaging felt satisfied that they were able to influence health and care services through the LINk?
What have been the most successful engagement activities to reach under-represented groups **that have generated significant feedback?** Please provide brief information on three examples of activities.

REQUESTS FOR INFORMATION MADE TO NAMED ORGANISATIONS, [HEALTH/SOCIAL CARE/INDEPENDENT PROVIDER].

How many requests for information were made by your LINk to individually named organisations during 2009-10?	3
Of these, how many of the requests for information were answered by individually named organisations within 20 working days?	2
How many related to individually named social care organisations?	0

ENTER AND VIEW, [ALL SPECIFYING PURPOSE OF VISIT AND NAME OF PREMISES].

How many Enter and View visits did your LINk make?	0
How many Enter and View visits related to health care?	
How many Enter and View visits related to social care?	0
How many Enter and View visits were announced?	0
How many Enter and View visits were unannounced?	0

REPORTS AND RECOMMENDATIONS, [MADE TO INDIVIDUALLY NAMED SERVICE PROVIDERS].

How many reports and/or recommendations were made by your LINk to commissioners of health and adult social care services?	2
How many of these reports and/or recommendations have been acknowledged in the required timescale?	1
Of the reports and/or recommendations acknowledged, how many have led / or are leading to service review?	1
Of the reports and/or recommendations that led to service review, how many have led to service change?	Tbc
How many of these reports/recommendations related to health services?	1
How many of these reports/recommendations related to social care services?	1
Number of named service providers not complying.	0
Detail of explanation given when no action was taken.	0

REFERRALS TO NAMED OVERVIEW AND SCRUTINY COMMITTEE

How many referrals were made by your LINk to an Overview & Scrutiny Committee (OSC) and to what did they relate?	0
How many of these referrals did the OSC write to acknowledge receipt within the required timescale?	0
How many of these referrals led to service change? Please specify.	0

APPENDIX 1 – CODE OF CONDUCT

CODE OF CONDUCT
(for all persons carrying out Southampton LINk activities or working in partnership with Southampton LINk)

Adherence to the Code of Conduct and the Nolan Principles of Public Life [see Annex 1 to this Code] is a condition of Southampton LINk participation. Breaches of the code could lead to action being brought under the disciplinary policy.

People carrying out work for the LINk are required to sign up to this code of conduct. Organisations acting in partnership with Southampton LINk will receive a copy of it as part of the partnership agreement].

Personal Conduct – each participant shall:

- seek out and listen to the views of patients, service users, carers and the public, especially those individuals and groups whose voices are not usually heard, and feed those views to decision-makers in health and social care services through the Steering Group
- act and conduct him/herself in a reasonable and responsible way with any staff, volunteers or members of the public worked with or met as a LINk participant
- not use participation in a LINk to pursue individual or, personal matters but always act in an open and public way
- make sure that people are aware of the arrangements for complaints about personal or individual treatment, such as PALS or ICAS
- never disclose confidential and sensitive information unless there is a legal duty to do so - for example in the interests of patient safety
- participate in induction training and other opportunities to develop understanding of LINk work
- let the Host know of any changes to employment or personal circumstances which could affect participation in the LINk [e.g. potential or actual conflicts of interest]
- declare any conflict of interest, or anything that might be seen by other people as a conflict of interest, as soon as it arises and keep the Register of Interests [held by the Host] up to date
- not accept gifts or hospitality which could be seen as trying to influence the decisions, independence or activities of the LINk or participants [the LINk will develop a policy on the LINk working with organisations which may offer sponsorship or gifts]
- comply with relevant legislation including equal opportunities, discrimination, human rights, LINks, data protection and freedom of information.

Valuing Diversity

- treat all people with respect and act in a way which does not discriminate against or exclude anyone [*see diversity policy at Appendix 8*]

Working in the Southampton LINk

- where appropriate, commit to playing an active role in the LINk, contributing to meetings and being involved with working groups and other projects
- prepare for meetings and events ensuring absences are notified in advance

- when unavailable for Southampton LINk work or meetings, let appropriate people in the Southampton LINk and Host know as soon as possible

- listen to and respect the views and experiences of other LINk members and participants, and support others to contribute to the LINk's work

- present and promote other relevant views,

Collective responsibility

- not work against the majority view of the LINk once a formal decision has been taken under the Southampton LINk's published decision-making process. Participants may request that their viewpoint, if it differs, is recorded in the minutes of meetings. [This is not intended to prevent members and participants from expressing their views as part of the diversity of public opinion which the LINk is there to report to decision makers and scrutinisers of health and social care services.]

- only carry out work in line with the action plan agreed by the Southampton LINk Steering Group

- have the LINk's general agreement [by whatever process the LINk determines] before speaking, writing or attending meetings on behalf of the Southampton LINk.

- ensure that in representing the LINk at a meeting or event, it is the view of the Southampton LINk not the individual that is conveyed

- report back to the Southampton LINk on meetings/ events attended

I declare that I have read and understand the Southampton LINk code of conduct and agree to adhere to it.

Name: ……..

Signed……..

Dated: ……

ANNEXE TO THE CODE OF CONDUCT – THE SEVEN (NOLAN) PRINCIPLES OF PUBLIC LIFE

SELFLESSNESS
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

OBJECTIVITY
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

HONESTY
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP
Holders of public office should promote and support these principles by leadership and example.

APPENDIX 2 – PRIORITISATION PROCESS

SOUTHAMPTON LINK PRIORITISATION PROCESS

A LINk is a community-based network of organisations and individuals committed to widening the influence of users of health and social care services in the planning, development and improvement process.

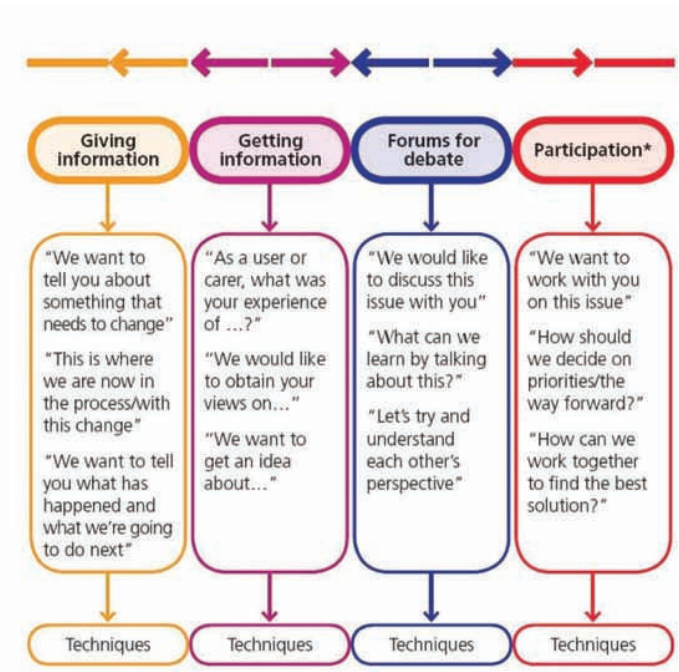
Although LINks have flexibility about how they undertake their roles, there are a number of principles that should be common to all. **These include:**

- being open and inclusive
- being accessible to all, including those with full-time jobs, those who feel excluded and those who might need support to participate
- reaching out to all communities, looking for and collecting evidence of their views
- recognising that tackling social care and health inequalities, looking at public health issues and addressing the wider determinants of health are central to their role
- a commitment to communicating the information they receive in a constructive way to service planners, commissioners and providers
- always feeding back responses and outcomes to the wider community.

Making decisions together wherever possible is the best way to ensure decision-making is transparent and accountable. Regulations stipulate that procedures for decision making need to be published. This needs to be done in a way that can be easily accessible and understood by people and groups that don't normally have access to traditional ways. A range of ways to communicate needs to be identified and used. These can be identified within the Involvement Continuum.

The Involvement Continuum
The following diagram shows an involvement continuum with different levels of involvement. The directional arrows are used to indicate where it is possible to slide a technique along the continuum. As one moves towards the direction of

The Involvement Continuum



Source Department of Health (2008) Real Involvement - Working with People to Improve Health Services

participation there will be more opportunities to become involved in any debate. It includes statements to help identify what can be achieved by using particular techniques at each level.

Here are some examples of the techniques that relate to the involvement e.g.

Giving information:
public meetings, brochures, consultations

Getting information:
focus groups, one to one interviews, surveys

Debate and participation:
discussion groups, user groups, citizens juries.

DECISION-MAKING AND PRIORITISING

Guidance from the NHS National Centre for Involvement (NCI) advises that "Local Involvement Networks should be able to explain to people how decisions are made within the LINk" and the procedures for a LINk's decision-making need to be published.

The Southampton LINk wants to ensure that the way it makes decisions and prioritises the use of its resources and the outcome of any decisions is open to see. It has adopted, and now publishes, the following decision-making cycle in the belief that it is a helpful way to understand how decisions will be made and how people can contribute to it.

THE STAGES OF THE DECISION-MAKING CYCLE

1. Giving and Receiving Information

One of the primary roles of a LINk is to find out what local people want from local health and social care services. The Southampton LINk will seek the views of local people through marketing, outreach and engagement. The recording, collation and analysis of those views will form the first stage of the decision-making cycle. Before a decision is taken to include an issue/piece of work on

LINks Decision Cycle

the LINk's work plan there is a need to establish what the issue is and why the LINk should take it on. What is the evidence? What feedback does the LINk have from the public, patients and service users?

2. Prioritising

Having gathered the views of local people and identified their issues of concern, the LINk Steering Group will conduct a prioritising exercise, using a priorities scoring matrix*, taking into consideration these factors:

a. Evidence available
b. Relevant timescales
c. Ability to act within timescales
d. Whether the issue is being dealt with by anyone else
e. The likely impact of the issue on the community (which may involve a risk assessment)
f. Whether the LINk can add value
g. Level of LINk resources

Each factor is explained through a scoring system identifying low (1), medium (2) or high (3) scores depending on the information available. This simple method will help to provide an objective viewpoint from all members of the Steering Group by discussing and reaching agreement on the scores for each factor in relation to the issue concerned. Due to their variety of knowledge, experience and representation, members of the Steering Group may be aware of different forms of evidence which will contribute to this scoring process. The process therefore needs to be undertaken with all Steering Group members present. For further understanding of this process please see page 6.

3. Consulting on the issues

Having worked through the matrix and produced total scores, the Steering Group will decide how many of the highest scoring issues the LINk has resources enough to carry forward. It will communicate that decision to the LINk and the community through a range of channels, including newsletters and website. Identifying the working groups and inviting membership as appropriate. It will then carry out a process of consultation on those issues, involving relevant stakeholders (e.g. service users, community groups, service providers and commissioners). The consultation may involve a range of techniques drawn as appropriate from the Involvement Continuum. By these means the working groups will understand the issues in more depth and see what type of project the LINk needs to carry out to look at these issues. To understand the flows of communication. *Please see flow chart on page xx*.

4. Planning a project

The Steering Group will then undertake a process of project planning, using a number of tools. It will consider:

- Objectives
- Scope
- Tasks and milestones
- Responsibilities
- Resource requirements
- Tracking and control
- Reporting

5. Doing the project

Having drawn up a Project Plan, the Steering Group will allocate resources to carry out the project, as appropriate (e.g. set up a Task And Finish Group and charge that group to carry out the Project Plan – this group maybe drawn from the same membership as the previous working party or may be undertaken by different members). In carrying out the project, involvement will be sought from all relevant stakeholders (see above).

6. Recommending Changes

On completion of the project, a report with conclusions and recommendations will be submitted, through the Steering Group, to (as appropriate) the relevant Service Provider(s) and Commissioner(s), requesting a response within twenty working days.

7. Reviewing

A range of techniques will be used to review whether recommendations have been implemented and whether they have been successful. This will inform any further recommendations that might need to be made and provide an effective way for service providers and commissioners to work closely with their communities into the future.

8. Feedback

The Steering Group will ensure that feedback is provided on an ongoing basis to the wider community, the LINk and stakeholders, using a range of engagement tools and techniques. The feedback process will provide a natural link to the gathering of information to inform the cycle of on-going decision-making.

***N.B.** The names identified in the example priorities matrix are just placed as apparently appropriate but could well change and are only by way of example.

PRIORITISING EXERCISE

The following stages need to be undertaken in order to provide an objective approach to selecting the priority issues for the LINk to address. These stages are also identified within the flow chart on page xx.

Stage 1:
Issues presented to steering group for selection

Stage 2:
Using the priorities matrix (completed example on page 7), consider an agreed score for each of the prioritising factors for one issue. Agreement will be reached by asking members of the steering group for the information they are aware of concerning the issue under discussion.

Stage 3:
Complete the scores in all columns and total. The results of the scoring process can lead to the following options:

Low score (<7) in which case the enquirer who identified the issue will be sign posted to other organisations to help;

Medium score (up to 14), leading to the identification of timescales, the development of a working group, delegation of powers, action areas and reporting process;

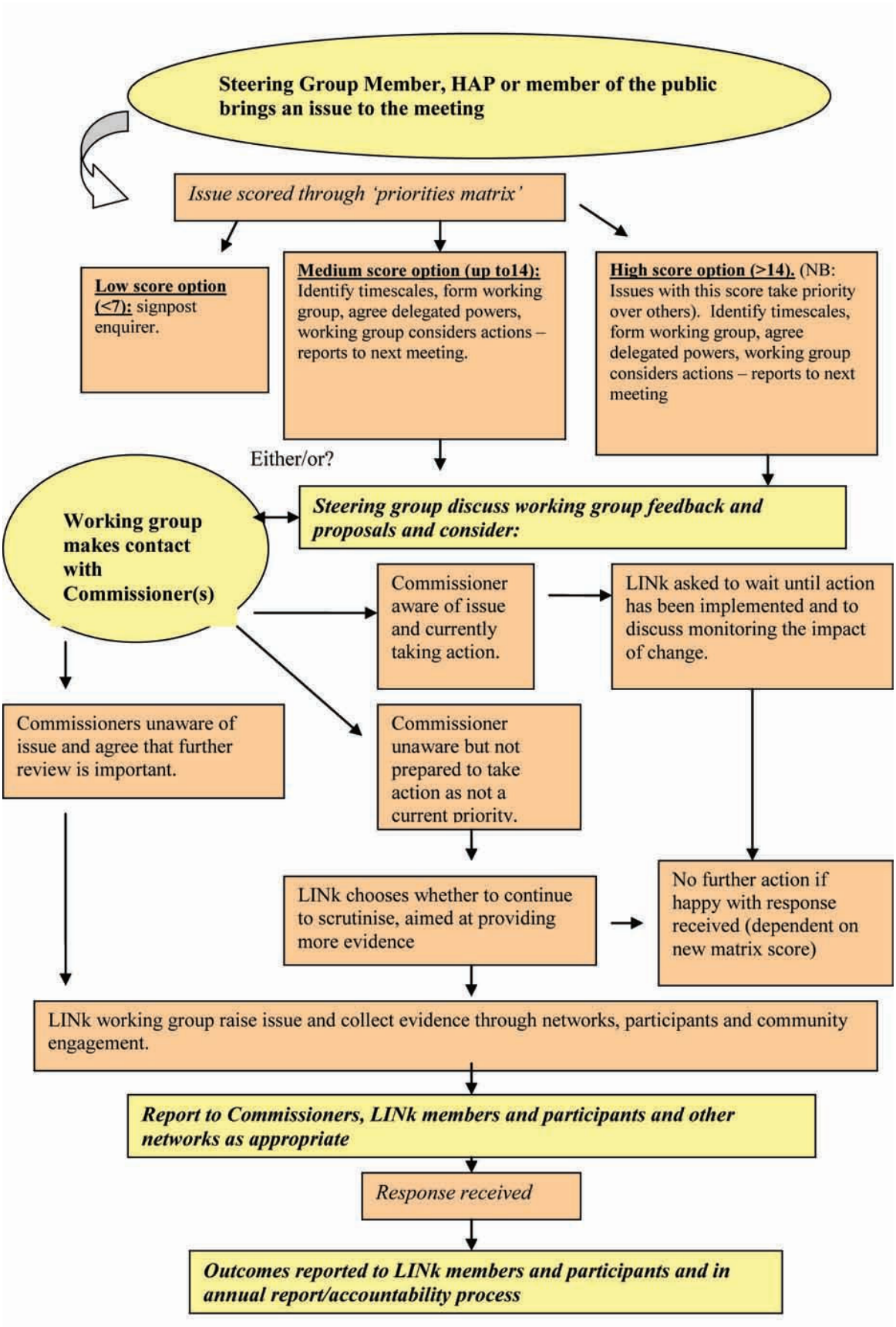
High score (>14), issues with this score take priority over others and leads to the identification of timescales, the development of a working group, delegation of powers, action areas and reporting process.

Stage 4:
Depending on the result, follow the actions identified by the scores e.g. form a small working party to consider the issue further, or agree who is going to contact appropriate organisation for further information and feedback to public, if issue arose through enquiry.

Stage 5:
LINk working group raise issue and collect further evidence through networks, participants and community engagement.

Stage 6:
Report to Commissioners, LINk members and participants and other networks as appropriate.

Stage 7:
Responses received and outcomes reported to LINk members and participants and in annual report/ accountability process.


Steering Group Member, HAP or member of the public brings an issue to the meeting
Issue scored through 'priorities matrix'
Low score option (<7): signpost enquirer.
Medium score option (up to14): Identify timescales, form working group, agree delegated powers, working group considers actions – reports to next meeting.
High score option (>14). (NB: Issues with this score take priority over others). Identify timescales, form working group, agree delegated powers, working group considers actions – reports to next meeting
Either/or?
Working group makes contact with Commissioner(s)
Steering group discuss working group feedback and proposals and consider:
Commissioner aware of issue and currently taking action.
LINk asked to wait until action has been implemented and to discuss monitoring the impact of change.
Commissioners unaware of issue and agree that further review is important.
Commissioner unaware but not prepared to take action as not a current priority.
LINk chooses whether to continue to scrutinise, aimed at providing more evidence
No further action if happy with response received (dependent on new matrix score)
LINk working group raise issue and collect evidence through networks, participants and community engagement.
Report to Commissioners, LINk members and participants and other networks as appropriate
Response received
Outcomes reported to LINk members and participants and in annual report/accountability process

Example Issue: Southampton LINk Priorities Matrix

Prioritising Factors	Low Score 1		Medium Score 2		High Score 3		Evidence Available	Contact Organisation	Lead Steering Group Members
Level of evidence available to validate the issue	Limited evidence/ anecdotal		Some consultation undertaken		Well researched with feedback from individuals & community				
What are the relevant timescales	Non defined		To be arranged		Specific & identified timescales				
Ability to make an impact in time available	Not likely		Limited impact		Yes, most likely to				
Being dealt with by others?	Yes - satisfactorily		Unclear – further research required		Not at all				
Affect on community	Relatively small		Limited groups		Community wide				
Add value to current situation	Unlikely		At some level		Highly likely				
Level of LINk rersources	No resources		Limited resources		Adequate resources				
								TOTAL SCORE	

Minimum Score 7; Medium Score =14; Maximum Score = 21

APPENDIX 3 – SUMMARY REPORT OF THE BIG CARE DEBATE

SUMMARY REPORT ON THE BIG CARE DEBATE

The Governments Green Paper on its proposals to set up a National Care Service has been open for public debate throughout the country and it was Southampton's opportunity to join in that discussion on 22nd October, 2009 at the Novotel.

The 3 hour debate was hosted by the Southampton Local Involvement Network (the Southampton LINk) and was attended by approximately 70 delegates, including carers, service users, voluntary organisations, tenants and residents associations and members of the public. A presentation explained the 3 main topics for which the Government have asked for feedback, and delegates were facilitated in groups to join in an enthusiastic debate.

Question 1 concerned the vision and 6 fundamental expectations of what the new care service would look like, i.e.; 'prevention services', 'national assessment', 'joined up service', 'information and advice', 'personalised care and support' and 'fair funding'. Delegates were invited to comment on whether anything was missing and how it should work. A great deal of information was gathered, but for the purposes of this report this is a summary. Additional information is available on request.

What's missing/how should it work:

1. **Prevention:**

a. Ambulance service – improved response times.
b. Meet the social needs of older people and reduce isolation
c. Information – one stop shop – promoted in free publicity e.g:

- City View
- Tenants Link

d. GPs + staff better trained
e. Promote exercise and well being – initiatives that will save money long-term.
f. Patients should have dignity and respect
g. Health and Social care issues – teach in schools
h. Training and support for carers and agency staff e.g. to improve standards of care and social interaction
i. Stop cost 'shunting' – where one part of the system tries to save money by shifting burden to another

2. **National Assessment**:

a. Consider complex needs and variations in demographics
b. Develop national standards of care, common assessment framework with portability.
c. Reduce waiting times for assessments.
d. Consider using GP to make assessments.
e. Consider carers needs and dependants.

3. **Joined-up Service:**

a. One person should deal with entire case in a coordination role with input from specialist assessors – reducing number of assessments, number of times 'story' needs to be told, improving communication.
b. GP should play a key role and improve communication between professionals esp. social workers, SCPCT and Housing.
c. Pool budgets – e.g. health and social care, controlled and paid for nationally.
d. Data/information should be with customer/patient rather than department to allow ease of transfer.
e. Linked appointment service – outpatients.

4. **Information and Advice**:

a. One-stop-shop, web site + information packs available in libraries, Drs surgeries – no jargon.
b. GPs better informed and clear signposting/

information available.
c. Social workers better informed.
d. Telephone help line: Those needing advice need to speak to a person.
e. Support voluntary sector to provide independent advice.
f. Invest in generic advice workers with more skills/ knowledge and more locally accessible (face to face and by telephone).

5. Personalised Care and Support:
a. Local authority relying on the family too much – Fund support network for carers – children should not be relied upon. Respite for carers.
b. Address care needs earlier – more efficient than dealing with problems long-term.
c. Support needed 24/7 for some and flexible for others. This includes assessment as needs can vary from day to day.
d. Accessible community transport.
e. Very difficult for some to access support without advocacy.

6. Fair Funding:
a. National to avoid post code lottery.
b. People who save throughout their lives should not be penalised + property values fluctuate and vary from region to region – means test needs to take account.
c. Needs to be affordable – Service user should be able to pay friends and family to avoid hardship.
d. Funded through national taxation similar to NICs.
e. Funding should be variable according to variable needs.

Question 2 was concerned with the necessary elements of making the vision a reality. People were asked to comment on whether they agreed with various vision statements re 'joined up working', a 'wider range of care and support services' and 'better quality, more innovative services'. In the main delegates agreed with the visions proposed. However, there were various general concerns raised regarding Central Government and trust, re funding, implementation and true consultation. Again, a great deal of information was gathered, this is a summary and further information is available at request.

Ideas of what this would look like in practice taking into account what is seen as potential barriers.

JOINED-UP WORKING:

1. IT – fully compatible excellent IT – data base sharing difficulties resolved. Individual data available to client – e.g. cartridge to take if moving.
2. Housing – intermediate care flats, welcome home packs, step-down care models and rapid response.
3. Advocacy available – language/communication/ understanding.
4. Communication – processes agreed with all partner organisations – monitor. Improve between GPs and hospitals, should not be judgemental.
5. Joint budgets – e.g. health care and social care.
6. Case coordinator – assess needs, develop action plan and agree signposting across partner organisations.
7. Involve patients in recruitment of care staff at all levels.

WIDER RANGE OF CARE AND SUPPORT:

1. Improve prevention services, access to information, improve standards, and provide financial support for initiatives that have proven to work best (especially preventative).
2. Central point for advice/ information on services including prevention. Promote widely.
3. More day centres – no closures
4. Less waiting time for support.
5. Support carers.
6. Consider 'super carers' – able to signpost and fully networked to all local services.

BETTER QUALITY, MORE INNOVATIVE SERVICES:

1. New services may well be needed for younger people.
2. Quality more important than quantity.
3. Improved monitoring of services within the home as clients afraid to complain.
4. Excellent training required for social services + agency staff. Some agency staff can be inexperienced, very young and some don't speak English.
5. Training should be provided to family members free of charge to support them in their caring responsibilities.
6. Too many no shows.
7. Service users need to understand their basic needs especially with direct payments. They should be able to access more choice once basic needs are met – linked to prevention.
8. Care packages need to be more flexible.
9. Local authorities should assist social enterprises by underwriting some costs.
10. Involve the wider community where possible to help support those with special needs.

Question 3 concerned the 3 funding options put before the meeting; 'Partnership', 'Insurance' or 'Comprehensive'. People were asked to identify the option they preferred and why. They were also asked to consider whether local government should decide on how much people should receive depending on the situation in their local area, or should national government decide. Very little consensus was reached except for the idea that funding social care should be a national system to avoid post code lottery and that the funding issue was extremely complex and difficult to understand. The majority of delegates had no enthusiasm for any of the options. A theme throughout was that the tax option should not have been withdrawn and that this would be a preferable option e.g. a model of increased NI.

PARTNERSHIP:

- Concerns were raised as to whether there would be any refund if services were not used and how would people find the money to pay.
- Paying in to a pension scheme would likely be more of a priority.
- Local authorities should not work via agencies.

INSURANCE:

- Concerns re ability to pay and introducing a two-tier system.
- Trust an issue re insurance companies or government run scheme. Regulation of the industry would need to be introduced.
- Claiming for funding could be difficult as historically, insurance companies like to establish criteria and put up barriers. Would costs be covered?
- Opportunities for fraud and companies going out of business.
- Those already experiencing disability would not be able to access.

COMPREHENSIVE:

- Discriminative against the elderly – where would money come from – consider current pension crisis looming.
- Many older people's funding is in property – their home.
- Concerns re higher incidence of dementia in an ageing population. Who makes the decisions in acute care to prolong life? "Add life to years not years to life".
- What about standards of care – buying blind – what would be the acceptable standard of care and who would monitor. If dissatisfied, money lost to the system.
- System open to abuse.
- Trust: people don't trust the government to look after their money.
- Concerns re accommodation costs. How would people find the money for that?

	In summary, it was felt that the evening had been very successful, due largely to the high attendance and the willingness of those in attendance to engage in the debate.	The LINk will now submit the feedback to the government and a copy will be sent to the Healthy City Overview and Scrutiny Committee for information.	**30th October 2009**

APPENDIX 4 – MEETING NOTES RE CARE HOMES AND DEMENTIA PATIENTS

Southampton NHS
University Hospitals NHS Trust

Meeting Notes

Trust Management Office
Trust Management Offices, MP 18
Southampton General Hospital
Tremona Road
Southampton, SO16 6YD

Tel: 023 8079 4717
Fax: 023 8079 4715

Meeting Name: Care home meeting

Date of Meeting: Monday 25 January 2009

Present:

Julia Barton (JB) – SUHT
Karen Perrin (KP) - Oakwood
Bob Petch (BP) - SLINk
Stephanie Lock (SL) – Abbeycroft
Lyn Samsone (LS) - Beechwood
Pauline Holloway (PH) - Whitehaven Lodge
Simeone Nwaoko (SN) - SCC
Nadia Chambers (NC) - SUHT
Sophie Daltry (SD) - SUHT
Robbie Robinson (RR) - PF
Nicole Perrin (NP) - Pinewood
Michelle Robson (MR) – Oakwood
Kate Mearns (KM) – Woodside Lodge

		Action
1	Introduction – why was this meeting held? The care homes present raised a number of issues concerning their dementia patients when they come in to hospital. 1) Communication – When a patient comes into the care of the hospital there is no transfer of information, or that information is lost. Important details are not known by the hospital staff, which can affect the patient experience.	

Action

2) Nutrition – Specific food needs are not identified when they arrive at hospital, weight loss can be a problem and when a patient is returned to the care home, they have no information on whether they have eaten or drank well.
3) Supporting people with dementia and pain – realising the signs of this, knowing your patient. The care home managers cannot pass this knowledge on.
4) Discharge – care home don't always agree their patient is ready for discharge. Follow up treatment does not always take place – esp. evident for occupational therapy appointments

2. SUHT's response

The patient pathway means a patient will move at least twice. Each move can be another chance for loss of communication. A recognisable package that stores patient information could be piloted by the care homes.

Pilot a systematic patient form that holds important information.

Such paper work needs to be present at ward stage rather than the Emergency Department, Acute Medical Unit, ambulance as this is where it would have most use and is most likely to be seen.

A new plated meal system is in place at the Trust to aid nutritional needs and highlights those that need help. SUHT volunteers help feed patients.

Trust does monitor weight but looking to improve this.

Confidentiality is an issue as information can only be passed to next of kin or with a patient password. SUHT realises this can be difficult for care home managers who do not always get the information they require to support their clients needs when they return to the care home.

Discharge is not an individual decision and is based on a number of factors including the pressures of those incoming patients requiring a bed.

3. Discussion

RR asked why AMU could not have partitioned walls?

	Action
JB explained that patients in AMU are acutely unwell and need to be observed at all times so partitions are not an option. JB explained that the privacy and dignity of patients is high on the agenda and males/females are separated in AMU.	
AMU is not always a great environment for patients, especially those that are confused, as it can be a very noisy area, which is very busy dealing with up to 80 admissions a day.	
NC told the group that she leads the steering group on care pathways for dementia patients and that a representative from the care home managers present should sit on this working group.	KP nominated as care home representative for dementia care pathway steering group
It looks at the pathway from admission to discharge and the group feeds back into the vulnerable people group.	
Next meeting is 5 February 1.30 – 3 pm.	
KP asked a question about discharge times, after one of their clients was discharged at 11 pm with only a thin nightie on. The lady was very distressed when she returned to the care home.	
JB and NC responded by stating the hospital usually does not discharge after 10 pm. Sometimes bed pressures on the hospital mean the risks have to be weighed up and hard decisions need to be made.	
Other pressures include people coming to ED when they don't need to. We are working at improved public knowledge about the appropriate times to attend your ED, understanding medicines and how to support yourself.	
JB mentioned the issue of intermediatory care when an acute Trust nor discharge is appropriate.	
SN commented on the possibility of spare capacity in nursing homes – apparently this has been done very successfully in Hertfordshire.	
The care home managers were grateful to have a better	

	Action
understanding of the pressures on acute trusts, especially bed management. It was suggested that an annual summit on SUHT's care plan for dementia patients could be held where our plans are shared with the option of feedback from attendees. What we've been doing the previous year and the issues that arose. All those linked with care in this area could come along to the event. KM reported to the group that there seems to be lack of knowledge concerning the differences between a care home/rest home and nursing home among medical staff based at hospitals. When discharges don't know this there can be difficulties. BP added that he would like to see a set form agreed and piloted with these four care homes so best practice can be developed and rolled out to others. JB told the group that pressure ulcers – those acquired from elsewhere or us – have become a national priority. Safety and prevention measures need to be implemented to avoid unnecessary pain. All pressure ulcers need to be recorded, as certain diseases can produce these. There is often a lack of understanding and bad care should not be presumed. KP raised the issue of lost property especially false teeth. This can be very distressing for dementia patients. JB and NC agreed that lost teeth have been a problem in the Trust. JB suggests telling the matron as they operationally deal with this every day. JB also confirmed that the Trust is looking at its property policy and will be re-launching this with a set process on dealing with lost property. LS asked about how the hospital deals with D & V patients as they had a client return to their care home with this condition.	

	Action
JB confirmed that the hospital does not discharge someone with D & V or someone that has had symptoms with in 48 hours. Isolation is the key; the hospital does not wait until we get the results confirming the condition we isolate immediately when a patient presents with symptoms.	
KP was concerned that a lot of her clients have been referred to other departments for follow up but never hear anything else. This is especially apparent among occupational therapy appointments.	
JB and NC encouraged the care home representatives to contact the OT department directly about this problem.	KP
JB and NC would like care home managers advice on end of life/palliative care pathway for their clients. Hospital tries to support patient wishes to die at home, sometimes home can be care home residence. Need to make sure these wishes are honoured and care home is provided with necessary equipment to deal with this situation.	
PCT makes decision on tools they are able to provide. This would also help free up pressures on hospital service.	
KP will contact Debbie Clarke, Adrian Littlewood or Dawn Buck from the PCT to discuss this issue.	
The PCT must be involved in future discussions as they commission these services.	
BP wanted to make clear that he is available for all future meetings as a representative of SLINk.	
Actions as a result of this meetings • Agree patient form to be piloted between care homes present and SUHT with client details and important information to follow client on patient journey. • Get a representative from the PCT involved in any future meetings. • Representative from care home managers agreed	

Action

to link in with dementia working group – speak to Nadia Chambers.
- Maintain a clear link with SLINk.
- Consider holding an annual, wider care home summit with all partners involved.

Contact details:

Julia Barton – associate director of nursing – julia.barton@suht.swest.nhs.uk

Nadia Chambers – consultant nurse in elderly care -nadia.chambers@suht.swest.nhs.uk

Sophie Daltry – membership manager – sophie.daltry@suht.swest.nhs.uk

Pauline Holloway – Manager of Whitehaven Lodge, Millbrook – pauline.halloway@southampton.gov.uk

Kate Mearns – Manager of Woodside Lodge, Millbrook – catherine.mearns@southampton.gov.uk

Simeon Nwaoko – SCC – nsimeone123@yahoo.de

Karen Perrin – Manager of Oakwood karenperrin11579@hotmail.com

APPENDIX 5 – SOUTHAMPTON POPULATION FIGURES

Source: mid year estimate 2008. Released 13th May 2010. Due to rounding totals may not add correctly.

Age	Total	Male	Female
Total	234,100	117,700	116,400
1-4	13,400	6,800	6,600
5-9	10,600	5,300	5,300
10-14	11,200	5,600	5,600
15-19	17,500	8,700	8,900
20-24	32,300	16,700	15,600
25-29	24,600	13,000	11,600
30-34	16,900	8,700	8,200
35-39	15,600	8,000	7,600
40-44	14,800	7,700	7,100
45-49	13,200	6,700	6,400
50-54	11,900	6,200	5,700
55-59	10,900	5,600	5,300
60-64	10,500	5,300	5,200
65-69	8,000	4,000	4,000
70-74	6,600	3,100	3,500
75-79	6,200	2,700	3,500
80-84	4,900	1,900	2,900
85+	5,100	1,600	3,500

APPENDIX 6 – POLICY ON DIVERSITY

SOUTHAMPTON LINK POLICY ON DIVERSITY

Introduction

Southampton LINk recognises that in society certain individuals and groups experience discrimination, and is committed to promoting good practice in Equality & Diversity and challenging discrimination on any grounds including race, colour, religious or political beliefs, gender, class, illness (such as HIV and Aids, Epilepsy, Hepatitis), age, disability, marital status, sexuality, gender reassignment or who have mental health or learning disability needs.

Equality & Diversity is about recognising and valuing differences and creating an environment where everyone has access to opportunities what ever their situation.

Southampton LINk will try to work in a way that promotes good practice in Equality & Diversity in all aspects of its work.

This policy will help everyone involved in Southampton LINk:-

- Be aware of Equality & Diversity issues.
- Be aware of the law in relation to Equality & Diversity.
- Avoid discriminating against anyone else.
- Provide good practice in Equality & Diversity.
- Challenge Equality & Diversity issues.

Equality & Diversity & The Law

There are lots of laws that work in ensure people are not discriminated against. Southampton LINk aims to work within the following legislation.

Equal Pay Act 1970	Employment Equality Sexual Orientations Regulations 2003
Rehabilitation of Offenders Act 1976	Employment Equality Religion and Beliefs Regulations 2003
Sex Discrimination Act 1975	Carers Equal Opportunities Act 2004
Disability Discrimination Act 1995	Gender Recognition Act 2004
Race Relations Act 1976 plus Race Relations (Amendment) Act 2000	Civil Partnerships Act 2005
Human Rights Act 1998	Disability Discrimination Act 2005
Part-Time Workers Directive 1999	Employment Equality Age Regulations 2006
Gender Reassignment Regulations 1999	Equality Act 2006

(More information about any of these laws can be accessed from the host).

PUTTING EQUALITY & DIVERSITY INTO PRACTICE

Training:

Southampton LINk will offer participants the opportunity to get involved in training in Equality & Diversity. Active members of Southampton LINk will have this training as part of their induction.

Engaging with diverse communities:

Southampton LINk will try to ensure that its network positively reflects the local community. Methods of engagement will take cultural, language and accessibility needs into account and Southampton LINk will make sure it prioritises resources and work planning to respond to the communities who don't often have a voice. It will promote positive images of diversity and be proactive to encourage under-represented groups to be part of Southampton LINk.

Opportunities to get involved:

Southampton LINk will practice fair access to all of its opportunities, making sure information, recruitment, selection and support is accessible to all.

Conduct:

Please also to refer to the code of conduct for Southampton LINk. It is important that people involved in the LINk behave in a way that does not discriminate against anyone else on any ground. Complaints that relate to Equality & Diversity practice will be dealt with seriously.

Discrimination & Harassment

What is discrimination and harassment?

- Direct discrimination is when a person is treated less favourably than another in the same situation on any of the grounds outlined in this policy.
- Indirect discrimination is when a requirement or condition is applied equally to everyone, but inadvertently disadvantages an individual or group who would be unable to meet that requirement.
- Harassment is behaviour which is deliberate and unwelcome (either by the person receiving it or another person). It is directed at a person or group because of any of the grounds outlined in this policy and can be verbal, non verbal or physical.
- Victimisation is when a person is treated less favourably in a situation because they have made a complaint, an allegation or they are helping someone else to make a complaint.

Southampton LINk will not tolerate discrimination, harassment or victimisation.

This project was completed by the Southampton LINk, supported by Rica Solutions

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DECISION-MAKER:	SCRUTINY PANEL B
SUBJECT:	JOINT STRATEGIC NEEDS ASSESSMENT – CONSULTATION DRAFT
DATE OF DECISION:	23 SEPTEMBER 2010
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE AND DIRECTOR OF PUBLIC HEALTH

AUTHOR:	Name:	DIRECTORATE STRATEGIC BUSINESS MANAGER	Tel:	023 8091 7831
	E-mail:	martin.day@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

The first Joint Strategic Needs Assessment (JSNA) was published in 2008, covering the period 2008/11. An updated JSNA is now being developed by the council and the PCT, and it is planned this will be adopted in the spring of 2011. A consultative draft document has been produced and the Scrutiny Panel is invited now invited to make comment on the document and identify any issues it would wish to see covered in the final JSNA document in 2011.

RECOMMENDATIONS:

(i) That the Scrutiny Panel makes a response to the Consultative Draft Joint Strategic Needs Assessment document.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide Scrutiny Panel B with an opportunity to respond to the consultation draft JSNA.

CONSULTATION

2. An extensive consultation programme is being undertaken, and is detailed in paragraph 11 of the report.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None. There is a duty on the council and PCT to produce a Joint Strategic Needs Assessment.

DETAIL

Background

4. The purpose of a JSNA is to identify the big picture in terms of the health and wellbeing needs and inequalities of a local population. It is a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning and commissioning decisions. It identifies needs, but does not commit the council, the NHS or any other service provider to any given course of action. The JSNA aims to provide

good information and data to assist decision makers and commissioners over the lifetime of the document and dataset.

5. The Department of Health expects that the JSNA Process is underpinned by:

- Partnership working: with the process being undertaken by Directors of Public Health, Adult Social Services and Children's Services working in collaboration with Directors of Commissioning
- Community engagement: actively engaging with communities, patients, service users, carers, and providers including the third and private sectors to develop a full understanding of needs, with a particular focus on the views of vulnerable groups
- Evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs will best be met.

Southampton's First JSNA 2008-11

6. Southampton City Council and Southampton City PCT published its first Joint Strategic Needs Assessment in 2008, and it covered a 3 year period up to 2011. Following publication the JSNA was used as a key tool for producing the Health and Wellbeing Strategic Plan 2009-12. In this strategy document the council, the PCT and other NHS bodies have signed up to working individually and collectively towards a number of improved health and wellbeing outcomes over a 3 year period. The strategic plan has contributed towards the development of integrated teams between the PCT and adult and children's social care services, and to improved joint working on key issues such as teenage pregnancy and joint commissioning arrangements.

JSNA Refresh

7. As the current JSNA draws to a conclusion, work has been taking place to produce an updated document. Data has been collected and analysed, and a draft document produced for consultation. The draft document is now being presented to the scrutiny panel for comment.

8. It important to recognise that the JSNA is more than the published document. It is also the extensive data, not only on health, children's services and adult social care, but also on other determinants of health and well-being, including housing, income, employment rates, injuries and accidents and lifestyle issues such as smoking and alcohol consumption. This data is available on-line: http://www.southamptonhealth.nhs.uk/publichealth/jsna/data/ .

9. The abundance of data has meant that there is an element of selection in the content of the consultation draft document and in the needs identified which are drawn from that data. One of the key objectives of the consultation process is to allow leaders, stakeholders and residents to assess whether their experiences of need are adequately reflected in the draft document, and to identify and evidence aspects of health, wellbeing and care that require further development and explanation.

Outline of the JSNA Refresh Consultation Document 2010

10. The consultative draft of the JSNA has been circulated to members of Scrutiny Panel B and copies placed in the members' rooms. At over 100 pages long, and already being a précis of large volumes of data it is not

possible to summarise it in a meaningful way in a scrutiny panel report. Members are advised to read the sections that interest them most. The document is laid out as follows:

- **Section 1 – Demographic overview**

  This provides a demographic overview of the city. It analyses population trends including age structure, birth rates and ethnicity. It also summarises the economic condition of residents in terms of income, wealth and poverty.

- **Section 2 – Achieving better health and well-being for all and tackling health inequalities**

  This section summarises trends in life expectancy and health, particularly with reference to health inequalities. It analyses the incidence and trends of major conditions, and looks at the needs of specific groups such as armed forces veterans and people with a disability.

- **Section 3 – A healthy start to life: Children and young people**

  The health and wellbeing needs of children are assessed from birth through to the verge of adult life. It includes details relating to obesity and exercise, poverty, safeguarding and emotional wellbeing. This section also examines the issues of educational attainment, maximising the positive contribution that children and young people make to community life and maximising the number of young children and young people who achieve economic wellbeing.

- **Section 4 – Staying healthy throughout life: Healthcare and support services for adults**

  The needs for adult social care services are analysed, along with sections on mental health and suicide. Specific reference is made to the demand for additional services to support the growing number of people with dementia and the support needs of carers.

- **Section 5 - The social, economic and environmental impacts on health and wellbeing**

  This section of the document looks at a number of the key wider determinants of health and wellbeing including economic wellbeing, housing, fuel poverty, the impact and fear of crime, alcohol, smoking and drug and substance misuse. It also looks at environmental determinants including transport, environmental health and carbon reduction.

- **Section 6 – Protecting our health**

  This section analyses the needs for vaccination services and the impacts of vaccination and immunisation programmes.

- **Section 7 – Delivering the best healthcare outcomes**

  Incidences of major cancers are analysed in this section, along with dental and oral health, obesity, diet and physical exercise, vulnerable people with supported housing needs.

Consultation and engagement

11. An extensive consultation programme is being undertaken across the NHS and the Council. In addition key city partnerships, stakeholders and the voluntary sector are being consulted. Southampton Local Involvement

Network (S-LINk) is undertaking a series of events across the city to consult with the public. Full details of the JSNA have been published on the web, together with a page for feedback, and an easy to read publication entitled Health Matters has been published highlighting some of the key issues, and it contains a freepost response form.

12. The JSNA is neither an NHS document, a children's services document, nor an adult social care document. It is a needs assessment for the city. For the council it is important to recognise that all directorates have a role to play in improving the health and wellbeing outcomes of people living in Southampton. Input from a wide range of staff across the organisation has already been received and further engagement with Directorate Management Teams is being undertaken in September and October.

13. The consultation period has been extended for an additional month beyond the end of October deadline referred to in the documentation. The end of November deadline will ensure that all interested parties have the best possible opportunity to contribute.

14. The current timetable for the production of the final JSNA is as follows:

- September to November 2010: Consultation and engagement
- December 2010 – January 2011: JSNA revised taking account of consultation responses
- Spring 2011 – Final JSNA approved by council and PCT. Feedback to consultation respondees.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

15. There are no capital implications contained in this report.

Revenue

16. There are no revenue implications contained in this report. The JSNA will inform future decision making and commissioning, but any decisions with revenue implications will then be subject to the normal decision making process at the appropriate time.

Property

17. There are no property implications contained in this report.

Other

18. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

19. The Local Government and Public Involvement in Health Act 2007 requires PCTs and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The duty to undertake health scrutiny is set out in the Local Government Act 2000 and the Health and Social Care Act 2001.

Other Legal Implications:

20. None.

POLICY FRAMEWORK IMPLICATIONS

21. None.

SUPPORTING DOCUMENTATION

Appendices

1.	None

Documents In Members' Rooms

1.	Joint Strategic Needs Assessment Refresh Consultation 2010

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: http://www.southamptonhealth.nhs.uk/publichealth/jsna/

KEY DECISION? **No**

WARDS/COMMUNITIES AFFECTED:	All

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