SOUTHAMPTON CITY COUNCIL HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 15 AUGUST 2012

<u>Present:</u> Councillors Claisse, Jeffery, Lewzey (Vice-Chair), McEwing, Parnell,

Pope (Chair) and Tucker

Also in Attendance

Councillor Rayment – Cabinet Member for Communities

11. <u>DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS</u>

Councillor Lewzey disclosed a personal interest in Items 15, 16 and 18, remaining in the meeting but not taking part in the debate on Item 18.

12. MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

RESOLVED that the Minutes of the Meeting held on 21st June 2012 be approved and signed as a correct record, subject to the following amendments:-

<u>Page 3 – Item 7 – Southampton Clinical Commissioning Group Annual Plan and</u> Priorities

The following points from the presentation to be added:-

- that the SHIP Committees received Freedom Of Information Requests and not CCG's; and
- that officers were unable to provide information on the percentage of GP's in support of the Health and Social Care Act.

Matters Arising

<u>Page 1 - Item 4 – Southampton, Hampshire, Isle of Wight and Portsmouth Heath</u> <u>Overview and Scrutiny Committees : Arrangements for Assessing Substantial Change</u> in NHS Provision

To note that work to update the arrangement for assessing substantial change in NHS provision has not commenced due to the recently introduced Government consultation on the new proposed statutory guidelines.

<u>Page 1-2 – Item 5 – Update from Joint Seminar re Vascular Surgical Services</u>

The Chair reported that he was not happy with the response received from Portsmouth Hospitals NHS Trust, which had only invited Southampton HOSP members to visit the hospital and had made no mention of resolving the issue. After discussion it was AGREED that the request for an "Update on Vascular Surgical Services" scheduled for the meeting in October, should be amended to request "Confirmation and Agreement of the Way Forward in relation to Vascular Surgical Services".

It was noted that to make a referral to the Secretary of State would be a measure of last resort.

13. ANNUAL MEETING PROGRAMME 2012-2013

The Panel considered the report of the Democratic Support Officer, requesting that the Panel approve the revised programme of meeting dates. (Copy of the report circulated with the agenda and appended to the signed minutes).

RESOLVED that the following amended dates be approved:

- Wednesday 10th October 2012; and
- Thursday 31st January 2013.

14. <u>EXCLUSION OF THE PRESS AND PUBLIC - CONFIDENTIAL PAPERS INCLUDED IN THE FOLLOWING ITEM</u>

In accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of Item No 15. The report contains information deemed to be exempt from general publication based on Category 3 of paragraph 10.4 of the Council's Access to Information Procedure Rules, as it includes details of a proposed transaction which, if disclosed prior to entering into a Legal contract, could put the Council or other parties at a commercial disadvantage.

15. CONSULTATION ON SHORT BREAK SERVICE

Councillor Lewzey disclosed a personal interest in the above item as he was a member of Solent NHS Trust and remained in the meeting.

The Panel considered the confidential report of the Deputy Director of Integrated Strategic Commissioning, NHS Southampton, detailing proposals for a Short Break Service. (Copy of the report circulated with the agenda and appended to the signed minutes).

Donna Chapman, NHS Southampton PCT and Sam RAY, Southampton City Council were present and briefed the Panel on the background to the report.

RESOLVED

- (i) that a targeted consultation be carried out by the PCT from September to November 2012; and
- (ii) that a report on the outcome of the consultation be brought to the Panel in November.

16. JOINT HEALTH AND WELLBEING STRATEGY: CONSULTATIVE DRAFT

Councillor Lewzey disclosed a personal interest in the above item as he was involved with the Health and Wellbeing Board and local authority partnerships and remained in the meeting.

The Panel considered the report of the Director of Public Health, detailing the Consultative Draft of the Joint Health and Wellbeing Strategy. (Copy of the report circulated with the agenda and appended to the signed minutes).

Dr Andrew Mortimore and Councillor Rayment were present and briefed the Panel on the draft document.

The Panel noted the following:-

- That the draft strategy had been drawn up by the Shadow Health & Wellbeing Board for consultation and had been circulated to all partners, local communities and stakeholders.
- The consultation would end on 30th September 2012 and the final strategy would be tabled at the November meeting of the Health and Wellbeing Board for approval, prior to the final decisions being taken by the Southampton City Council Cabinet and the Southampton City Clinical Commissioning Group Board in December 2012.
- That the strategy proposed six priority areas to focus local action and ensure best outcomes; feedback, by way of questions, was requested on each priority area.
- That the Health and Wellbeing Board was a partnership board with democratic representation, leading the strategic direction of health and wellbeing in Southampton through the development of a Health and Wellbeing Strategy with clearly agreed priorities and objectives.

RESOLVED

- (i) that the draft consultative strategy be noted;
- (ii) that an informal workshop be convened in order that officers could assist panel members in providing a concise response to the consultation questions; and
- (iii) that the outcome of the informal workshop be submitted as the response from the Panel to the draft Health and Wellbeing Strategy.

17. LOCAL AUTHORITY HEALTH SCRUTINY - PROPOSALS FOR CONSULTATION

The Panel considered the report of the Senior Manager Customer and Business Improvement providing details of the Department of Health's consultation on changes to legislation on Health Overview and Scrutiny Panels, relating specifically to the extended scope of HOSC's and referrals to the Secretary of State. (Copy of the report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- That the consultation closed on 7th September and therefore an urgent response to the consultation questions was required.
- That to date the Health & Overview Scrutiny Panel had not needed to refer anything to the Secretary of State as issues had been managed locally.
- The Panel felt that referral to the NHS Commissioning Board as an intermediate stage prior to consideration by the Secretary of State and requiring full council's

agreement to refer to the Secretary of State were an unnecessary additional layer of bureaucracy .

RESOLVED that Panel Members would email individual responses to the consultation questions to the Chair, Vice Chair and Mark Pirnie by Friday 17th August and a co-ordinated response to the Department of Health would then be prepared.

18. COMMISSIONING LOCAL HEALTHWATCH: LEARNING POINTS FROM LOCAL INVOLVEMENT NETWORKS (LINK)

Councillor Lewzey disclosed a personal interest in the above item as he was involved with commissioning of Healthwatch and remained in the meeting but did not take part in the debate.

The Panel received and noted the report of the Executive Director of Health and Adult Social Care detailing some of the learning points from the Local Involvement Network (LINKs) which would be applied to the development of Healthwatch. (Copy of report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- A contract directly with Healthwatch, as opposed to a hosting arrangement would provide greater accountability.
- Provision for the transfer of data relating to individual members had been an operational issue with LINK and in setting up local Healthwatch, provision would be made in the specification to ensure that contact details could be transferred to any successor body.
- The specification for Healthwatch would set out a number of performance indicators for each of the activities to be undertaken and there would be provision to withhold part of the payment in the event that the full information required was not supplied and Healthwatch was not performing to the level specified.