
SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 10 OCTOBER 2012

Present: Councillors Claisse, Jeffery, Lewzey (Vice-Chair), Parnell, Pope (Chair) and Tucker

Also in Attendance: Mrs Jane Freeland – Deputation from 38 Degrees

22. **STATEMENT FROM THE CHAIR**

The Chair made the following statements:-

- as the Chair had received a deputation request from “38 Degrees” relating to Item 9 on the agenda and members were present, this item would be moved to the first item of business;
- members were welcome to participate in “Movember”, a way of raising money to fight prostate and testicular cancer, by growing a moustache; and
- as there had been problems and delays with updating equipment used by the Southampton breast screening service, it was AGREED that officers would arrange a meeting with UHS, the CCG and the Chair and Vice-Chair of HOSP to discuss the issues.

23. **SOUTH CENTRAL AMBULANCE SERVICE UPDATE AND CLINICAL QUALITY INDICATORS**

The Panel received and noted the report of the Senior Manager Customer and Business Improvement providing members with the background to the new ambulance service clinical quality indicators to enable understanding and monitoring in the future. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from South Central Ambulance Service (SCAS) and the following was noted:-

- that Southampton’s performance was good and above the national average;
- that all vehicles were issued with a full set of keys, enabling them to access areas that were barricaded or were in sheltered accommodation;
- that a campaign had been launched in a bid to reduce the number of hoax/inappropriate calls being received;
- that ambulance turnaround times were being delayed by hospitals’ inability to manage queues to free up ambulance crews; and
- that an update on when the 111 service would come into operation would be provided after the meeting.

24. **DRAFT CARE AND SUPPORT BILL**

The Panel considered the report of the Executive Director of Health and Social Care summarising key issues set out in the draft Care and Support Bill and requesting that they identify any comments they wished to make in response to the consultation. (Copy of the report circulated with the agenda and appended to the signed minutes).

RESOLVED that the Panel would respond to the draft bill stating their concerns regarding the lack of progress on the future funding of adult social care.

25. **UPDATE ON VASCULAR SERVICES**

The Panel considered the report of the Director of Nursing, SHIP PCT Cluster providing an update on actions taken since the Vascular Services seminar held on 11 June 2012. (Copy of the report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- that a meeting had been held on 3rd October between Portsmouth and Southampton clinicians. It had been positive and progress had been made as the Trusts had agreed to work together in the following areas :-
 - * training;
 - * research;
 - * joint weekend working rota; and
 - * that complex aorta surgery would be handled at Southampton;
- no deadlines had been set for the integration and delivery of the services;
- that officers felt it was important not to jeopardise the current position and if the Panel used their powers and referred this issue to the Secretary of State it would delay the situation for a further period and would not be in the interests of the local people; and
- it was imperative that the HOSP receive a written agreement of commitment between the parties;

Upon putting to the vote, the following was resolved:-

RESOLVED

- (i) that the Chair would write to both Chief Executives informing them that the issue would be referred to the Secretary of State if the HOSP had not received a written agreement of commitment between the parties signed by both Chief Executives by 26th October 2012; and
- (ii) that the PCT Cluster provided the Chair with details of the Portsmouth Hospitals NHS Trust in relation to the **Clinical Governance Framework for the provision of Vascular Surgery**

26. **IMPLEMENTING THE NHS REFORMS IN SOUTHAMPTON, HAMPSHIRE, ISLE OF WIGHT AND PORTSMOUTH**

The Panel considered the report and received a presentation from the Director of Communications and Engagement, SHIP PCT Cluster, providing an update on the changes to local NHS commissioning organisations as a result of the Government reforms. (Copy of the report circulated with the agenda and appended to the signed minutes).

The following points were noted:-

- the over-arching National Commissioning Board would be a single, nationwide organisation, with matrix-working at its heart to provide simplicity, aid and efficiency to ensure a consistent approach it will take up its full statutory duties and responsibilities on 1 April 2013 ;
- there would be 27 Local Area Teams,(LAT's), each having the same core functions which would take on direct commissioning of GP services, dental services, pharmacy and certain optical services;
- there would be 4 regions providing clinical and professional leadership at a sub-national level and Southampton was part of the Wessex Local Area Team which included SHIP, Dorset Bournemouth and Poole. This area comprised of 7 Local Authorities, 9 CCGs and 6 Health & Wellbeing Boards;
- CCG's were groups of GPs and other key health professionals responsible for 80% of the healthcare budget in their area and would buy in services. All GPs would be a member of the CCG in their area and each CCG would have a governing body and would be responsible for engaging with local people to ensure that services met their needs;
- authorisation would be the process by which CCGs would be assessed as ready to take on responsibility for health care budgets for their local communities and Southampton was timetabled in Wave 4, with the authorisation decision due in January 2013;
- CCG's were public bodies/statutory NHS organisations under the umbrella of the National Commissioning Board.
- CCG members and the local care team were represented on the Health & Wellbeing Board, which was a statutory Board and was a crucial vehicle for setting the strategic direction of the new Health and Social Care Act;
- the Southampton CCG and Local Area Team was based in Oakley Road;

The Chair had received a deputation from 38 Degrees who had asked that they be permitted to ask officers a few questions in relation to the above item. The following questions were answered by officers. Members of the organisation had also been given contact details for the Southampton CCG and Link who would be able to assist them if they had any further queries/questions:-

- **Structure of Consultation** - the consultation structure being adopted by Southampton CCG to enable concerned individuals to engage with them would be the same consultation process as previously used and there were robust mechanisms in place to engage with the public.

- **Election of Lay Members/CCG Board** - Lay members/representatives had been appointed and were qualified persons who had applied for the positions. The current 5 members of the CCG Board had been voted in by GP's by way of an internal election.
- **Externalisation/Privatisation** - The proposed model constitution was set by statutory guidelines and would eventually become a public document. This would be shared with the public and published on the SHIP's website.
- **Dr Richard McDermott position** - Dr McDermott was a member of Southampton's CCG and also the managing director of a company called Solent Medical. Officers confirmed that there was strict governance and guidelines around "conflict of interest" issues and this was strictly scrutinised.

Panel members expressed concerns that the CCG and commissioning support units may be fragmented making them less efficient; the private sector might "cherry pick" services that would provide them with more money; and if delivery of services was dominated by cost due to lack of funding, this could lead to inadequate and less efficient services/supplies and subsequently endanger people's lives, the large number of health bodies would require a good communications structure. Officers conceded that there were financial issues but that their core vision and promise was to improve the quality and outcomes for their customers as well as driving costs down.

27. ANY OTHER BUSINESS

Visit to Royal South Hants Hospital – 10th October – Transfer of Elderly Care Beds

Councillor Parnell provided the panel with a brief update on his recent visit to Royal South Hants Hospital, stating that a lot of work was being undertaken in relation to the bed transfer including with the ambulance service and talking with patients – as a result there were less reservations about the changes. Some equipment was already on site at the hospital and recruitment for a consultant was underway. The transfer should be completed in approximately 6 weeks and there was a big improvement in the patients' environment at Royal South Hants.