DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL						
SUBJECT:		UPDATE ON "GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES"						
DATE OF DECISION:		28 JANUARY 2016						
REPORT OF:		DIRECTOR OF SYSTEM DELIVERY - NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP						
CONTACT DETAILS								
AUTHOR: Name:		Dawn Buck	Tel:	023 80296932				
	E-mail:	Dawn.buck@southamptoncityccg.nhs.uk						
Director Name		Peter Horne	Tel:	023 80725660				
	E-mail:	Peter.horne@southamptoncityccg.nhs.uk						
STATEMENT OF	CONFID	ENTIALITY						
None.								
BRIEF SUMMAR	Y							
This report provides an update on progress of the decommissioning of the Bitterne Walk-In Service (BWIS) and the actions that were agreed at the CCG Governing Body and HOSP.  The CCG board will meet on 27 January 2016 to consider the progress. A verbal report will be made to the Panel on 28 January 2016 to inform them of the outcome of								
the CCG Board m								
RECOMMENDA								
(i)		progress on decommissioning of						
(ii)	(ii) Consider the proposed approach to monitoring the impact of the closure over the next six months.							
REASONS FOR	REPORT	RECOMMENDATIONS						
The Health Overview and Scrutiny Panel has requested regular updates on the impact and implementation of the closure of the Walk-In Service.								
ALTERNATIVE (	OPTIONS	CONSIDERED AND REJECTE	D					
2. Not appl	icable.							
DETAIL (Includii	ng consul	tation carried out)						
Overvie	Overview							
	Following a public consultation in the summer, the CCG decommissioned the Walk-in Service at Bitterne Health Centre on 31 October 2015.							
Health C	Subsequent to the decision by the Governing Body, Southampton City Health Overview and Scrutiny Panel (HOSP) accepted the decision and made the following monitoring recommendations:							
1	That the draft Urgent and Emergency Communication Plan is circulated to the Panel for comment.							
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	NHS 111 and GP Out of Hours services are circulated to the Panel.				
	That the proposal for a community hub on the east side of Southampton is considered at a future meeting of the Panel if the scheme progresses.				
	That the Panel scrutinise the impact and implementation of the closure of the Walk-In Service at each HOSP meeting until the Panel informs the CCG that the information is no longer required.				
	Communications and Engagement				
5.	The initial focus for communications works was aimed at ensuring people were aware of the closure of the walk-in service and the alternative services in place to support people when they become unwell. Following the closure of the service, attention has turned to building confidence in urgent care services across the City. The plan was presented to the Panel in November 2015.				
6.	Communications and engagement has continued apace over the last two months with particular emphasis on supporting local people to manage common winter conditions such as coughs and colds. Messaging included top tips to treat symptoms along with the promotion of the relevant services.				
7.	A separate work stream to help improve access to GPs is now being implemented. Details of activities are in the attached paper.				
	Monitoring the Impact				
8.	The CCG continues to monitor the impact of the closure using both qualitative and quantitative information.				
	<ul> <li>Quantitative info. The BWIS closure impact monitoring data pack for January (based mainly on M8 data) can be found at Appendix 2. There have not been any substantial activity changes, in particular relating to East locality patients, which are unexpected or raise significant concern. The CCG has added some monthly data on capacity in community nursing.</li> </ul>				
	Qualitative info. The qualitative impact is monitored through the CCGs normal monitoring mechanism. The main activities related to this have been: gathering feedback from service users; a stall in Bitterne market and a survey that is being run at present. There are no issues to report.				
9.	Members are asked to consider the information presented at the meeting and following discussions comment on the report.				
RESOU	IRCE IMPLICATIONS				
Capital	/Revenue				
10.	None.				
Propert	ty/Other				
11.	None.				
LEGAL	IMPLICATIONS				

Other Le	Health Service Act out in Part 1A Secti	2006. The duty		Ilth scrutiny is set o	out in National			
	aal Implications:	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.						
40	gal Implications:							
13.	None.							
POLICY FRAMEWORK IMPLICATIONS								
14.	None.							
KEY DEC	CISION	No.						
WARDS/	COMMUNITIES AF	FECTED:	None direc	tly as a result of th	is report.			
SUPPORTING DOCUMENTATION								
Appendi	ices							
	Southampton CCG Board Paper: Getting the Balance Right in Community Based Health Services							
2.	2. BWIS closure impact monitoring – data at January 2016 (mainly M8)							
Docume	nts In Members' R	ooms						
1.	None							
Equality	Impact Assessme	nt						
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.				No				
Privacy I	Impact Assessmer	nt						
Do the im	Do the implications/subject of the report require a Privacy Impact No							
Assessment (PIA) to be carried out.								
Other Background Documents  Equality Impact Assessment and Other Background documents available for inspection at:								
Title of Background Paper(s)		Informat 12A allo	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)					
1.	None							