
SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 26 MARCH 2015

Present: Councillors Stevens (Chair), White (Vice-Chair), Bogle, Mintoff, Painton and Tucker

Apologies: Councillors Claisse, Noon and Parnell

36. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

It was noted that following receipt of the temporary resignation of Councillors Parnell and Noon from the Panel the Head of Legal and Democratic Services, acting under delegated powers, had appointed Councillors Painton and Tucker to replace them for the purposes of this meeting. In addition the Panel noted the apologies of Councillor Claisse.

37. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting held on 29th January 2015 be approved and signed as a correct record.

38. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

The Panel noted that Councillor Bogle was an appointed representative of the Council as a Governor of the University Hospital Southampton NHS foundation Trust.

39. **PUBLIC HEALTH UPDATE**

The Panel considered the report of Director of Public Health summarising a number of strategic and public health issues. The report set out the procedures for updating the Joint Strategic Needs Assessment (JSNA) and the plans to renew the Joint Health and Wellbeing Strategy (JHWS).

The Panel stressed the importance of presenting the best opportunities for children as they start in life and that currently the Council did not have a strategic plan for children under the age of 5 years old. The Panel noted that there would be a forthcoming report to Council in the new municipal year that would seek approval for strategy for children in this age range.

Clarification was sought from officers on how the budget for public health was allocated to address the equalities gap and the socio-economic factors that indicate an increased likelihood for alcohol abuse, obesity and smoking amongst certain communities within the City. It was noted that figures indicated that smoking continued to decrease with the City and that the number of preventable deaths had also fallen.

The Panel noted the formation of a national working group to address health inequalities and were informed that the local Health and Wellbeing Board had set up a strategy group to consider this. The Chair indicated the importance of having a representative of the Panel attend these meetings.

RESOLVED that the Panel requested that:

- (i) the Health and Wellbeing Board response to the Public Health 2014-2015 Annual Report be brought to the earliest possible meeting of the Panel in the new municipal year;
- (ii) officers provide a breakdown of the public health expenditure to the Panel, giving specific detail of the commissioned and contracted services to a future meeting.
- (iii) officers circulate a schedule of meetings of the Health and Wellbeing Strategy Reference Group to identify if there is the opportunity for Scrutiny Panel representation on the Group.

40. **UHS EMERGENCY DEPARTMENT PERFORMANCE**

The Panel considered the report of the Chief Executive of UHS detailing on the latest Emergency Department performance.

The Panel discussed the development of the new Whole System Plan for the Emergency Department and sought to understand what lessons had been brought forward from the Winter Action Plan. In addition the Panel discussed the recruitment of staff to the hospital in particular the Emergency Department and noted that the Chief Executive's response.

The Panel were advised that the Trust had sought advice from other hospital emergency departments in order to reduce any potential waiting time. It was explained that better performing hospitals such as Birmingham's had different circumstances that reflected in their ability to match Government targets. It was further explained that Birmingham's capacity was larger than and that of Southampton, and that the facilities were newer.

In response to questions about improving the flow of patients through the hospital it was noted that the introduction of Site Managers had enabled a whole perspective view of where the patient was within the hospital. It was explained that this had resulted in the reduction of waiting time for the patient by improving the quality of the information detailing what was the current status of care their care pathway.

RESOLVED that the Panel requested a report detailing the new Emergency Department Whole System Plan to the July Panel meeting. The Panel asked that the report would identify any actions resulting from consultations with other Health Trusts and should indicate the changes from the Winter Plan, alongside Emergency Department performance.

41. **WHOLE SYSTEM REPORT ON COMPLEX OR DELAYED DISCHARGES**

The Panel considered the report Chief Executive of University Hospital Southampton Foundation Trust and system partners, including Southampton Social Services, detailing progress on reducing complex discharges from hospital.

The Panel discussed the recent decision by the UHS Trust board's decision to fine the Council in relation to delays in discharging patients from the hospital that were considered medically fit.

The Panel noted areas of good practice between the Hospital Trust and the Council that ensured that discharges from hospital care could take place as quickly as possible, including the use of dual diagnosis for future care. It was explained that the majority of patients did not require any further care once they had been treated at the hospital. The Panel were told of the hospitals target to get patients discharged to be home by lunchtime of the day following an overnight stay.

However, it was acknowledged that a patient could be considered medically fit, because their treatment had been completed but, was not able or ready to return to their home until a comprehensive care package had been developed and that could result in a delay in discharge from the hospital. It was noted that patients in this category tended to have a number of concurrent medical and social issues and that this would result in a more complex discharge plan being developed. The Panel were advised that there was a Delayed Discharges Action Plan that set out the processes involved where a patient discharge was being developed.

RESOLVED that

- (i) the Chair, following consultation with the Panel, be instructed to write to the UHS Trust board seeking a resolution to the ownership of costs incurred as result of delayed discharges and urging them not to resort to fining the Council on this matter;
- (ii) a report detailing the Delayed Discharges Whole System Action Plan be presented to a future meeting of HOSP within the new municipal year.
- (iii) a progress report on the system redesign work for rehabilitation and reablement services be presented to Panel at an appropriate meeting in new municipal year.

42. **ADULT SOCIAL CARE PERFORMANCE INDICATORS**

The Panel considered the report of Head of Adult Social Care that provided a snapshot of the latest available performance data for adult social care in Southampton with national comparisons.

The Panel noted that as part of its terms of reference it had a duty to monitor performance and outcomes of the Adult Social Care Service in the City. Officers presented to the Panel a number of potential ways that the information relating to the service could be presented at future meetings and sought instruction on how the Panel wished the information presented.

RESOLVED that the Panel:

- (i) agreed the quarterly performance indicators set out in the report would be presented to future meetings;
- (ii) requested that officers provide an illustrative break down, supporting the adult social care key performance indicators, that is simple and understandable

43. **SOUTHAMPTON ADULT MENTAL HEALTH SERVICES AND COST IMPROVEMENT PLAN UPDATE**

The Panel considered the report of the Southern Area Manager, Southern Health Trust, providing an overview of mental health services in Southampton, noting the updates provided by the Trust tabled at the meeting. The report included both a service

overview and the details of the recent Care Quality Commission (CQC) inspection, a finance update, and details a number of projects and new initiatives taking place within the Trust.

The Panel discussed the findings of the recent Care Quality Commission inspection in particular the elements of the report that detailed concerns over seclusion and restraint. It was noted that the issues around seclusion at Antelope House detailed within the inspection were related to the layout of the facility. The Trust explained that steps had been undertaken to alter the layout that would resolve the issues raised by the CQC. The Panel noted that additional training relating to the deployment restraint techniques had been initiated so that all staff were aware of correct prescribed procedures for escalating restraint methods.

It was explained that an additional financial resource had been required to be allocated to patients who were receiving treatment outside of the region. It was further noted that the Trust was addressing this issue by allocating new beds in wards within the region.

The Panel discussed how the Trust's funding from NHS England would be used to implement a new care model designed to improve patients' health, well-being and independence. The new Multi-specialty Community Provider (MCP) will see GPs partner with Southern Health in one of a small number of national vanguard projects which will transform how the Trust delivers out of hospital care. The Panel considered that it would be helpful for the Trust to share the lessons it learns in implementing these changes in order to inform the roll out of the Southampton Better Care Plan.

In addition the Panel were presented with further information relating to a pilot taking places in the Stefano Olivieri Unit based at Melbury Lodge. The unit provides older patients with mental health services that were previously undertaken at the Minstead Ward of Western Hospital, which is now closed. The Panel were asked to consider whether the changes proposed constituted a significant variation to the services available to the City.

RESOLVED that:

- (i) the Panel agreed the reported changes to the services provided at Melbury Lodge did not constitute a significant variation to the services available to the City.
- (ii) the Panel requested that Southern Health provide a report to the Panel detailing progress against the recent Southern Health Trust CQC Inspection and the resulting Action Plan in the first half of the new Municipal Year;
- (iii) the Panel requested that Southern Health provide a report detailing the learning and progress achieved from the Trust's Vanguard Project that would inform the Southampton Better Care Plan.

44. **WALK-IN CENTRE AND COMMUNITY NURSING SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP - COMMISSIONING UPDATE**

The Panel considered the report of the Clinical Commissioning Group's Chief Executive providing a brief update on various Southampton City Clinical Commissioning Group (SCCCG) developments regarding procurement activity, mental health, community nursing pilot /Bitterne Walk-in Centre (BWIC) and performance of the Royal South Hants Minor injuries Unit (MIU).

The Panel discussed the performance of the MIU set out in appendix 4 of the report. It was explained to the Panel that the funding for treatment for those patients from outside of the City boundary was chargeable to the relevant health authority. The Panel discussed the effectiveness of sign posting patients toward the MIU and were informed that “Think First” campaign had directed patients to the correct place to receive treatment and that this was evidenced in the relatively small increase overall in those people attending the Emergency Department.

In response to questioning the Panel were informed that work was being undertaken within the City to promote male mental health issues within schools. It was stated that the Joint Strategic Need Assessment had included the issue. It was explained that mental health services were being integrated into general medical services as a part of normalising issues about mental health.

At the meeting the Panel were presented a timeline that illustrated the 4 phases of consultation, for the winter nursing pilot and the Bitterne Walk-in Centre, set out in the report. The Panel discussed the process and stressed how important it was that the language used was clear and understandable to those affected.

RESOLVED that the Panel supported and agreed the consultation process in regard to the Winter Nursing Pilot and the Bitterne Walk-in Centre, including the timeline presented at the meeting.

CHAIR



23 APRIL 2015