

Health Overview and Scrutiny Panel

Thursday, 19th January, 2012
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 and 4 - Civic Centre

This meeting is open to the public

Members

Councillor Capozzoli (Chair)
Councillor Daunt
Councillor Fitzgerald
Councillor Parnell (Vice-Chair)
Councillor Payne
Councillor Thorpe
Councillor Turner

Contacts

Sharon Pearson
Democratic Support Officer
Tel: 023 8083 4597
Email: sharon.pearson@southampton.gov.uk

Caronwen Rees
Policy & Performance Analyst
Tel: 023 8083 2524
Email: Caronwen.rees@southampton.gov.uk

PUBLIC INFORMATION

Southampton City Council's Seven Priorities

- More jobs for local people
- More local people who are well educated and skilled
- A better and safer place in which to live and invest
- Better protection for children and young people
- Support for the most vulnerable people and families
- Reducing health inequalities

- Reshaping the Council for the future

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 the disabled. 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 2011/12

2011	2012
Weds 22 June	Thurs 19 January
Tues 26 July	Thurs 29 March
Thurs 15 September	
Thurs 10 November	

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the Audit Committee are contained in Article 8 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 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 Democratic Support Officer 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 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 10th November 2011 and to deal with any matters arising, attached.

7 ADULT MENTAL HEALTH REDESIGN

Report of the Head of Engagement, Southern Health NHS Foundation Trust for the Panel to note, comment and advise on the update proposals to relocate services from Abbots Lodge, Netley Marsh to Antelope House located on the Royal South Hants Hospital site, attached.

8 UPDATE ON VASCULAR SERVICES PUBLIC CONSULTATION

Report of the Director of Nursing, Ship Cluster, for the Panel to note the progress towards public consultation on vascular services and to consider submitting a further response to the consultation, attached.

9 SINGLE POINT OF ACCESS AND OUT OF HOURS GP SERVICE

Report of the Associate Director Urgent Care And Out Of Hours, Solent NHS Trust for the Panel to note and comment on the update from Solent NHS Trust on the Single Point of Access and Out of Hours GP Service, attached.

10 SOLENT NHS TRUST JOURNEY TOWARDS FOUNDATION TRUST

Report of the Director Of Strategy, Solent NHS Trust, for the Panel to note the proposed development for Solent NHS Trust's progression towards Foundation Trust and to explore and examine these proposals in terms of the pathway towards Foundation Trust, attached.

11 ESTABLISHMENT OF LOCAL HEALTHWATCH IN SOUTHAMPTON

Report of the Executive Director for Health and Adult Social Care, providing an update on developments since June 2011, for the Panel to express a view on how HealthWatch should be developed in Southampton and identify if and how it would engage with local HealthWatch as it developed, attached.

HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2011

Present: Councillors Capozzoli (Chair), Parnell (Vice-Chair), Payne, Thorpe and Turner

Apologies: Councillors Fitzgerald

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

RESOLVED that the Minutes of the meeting held on 15th September 2011 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

16. **UPDATE ON THE DEVELOPMENT OF THE SOUTHAMPTON CLINICAL COMMISSIONING GROUP**

The Committee received and commented on the report and presentation of Dr Steve Townsend, Chair of the Southampton City Clinical Commissioning Group and Sandy Hogg, Executive Director, NHS Southampton City, updating members on the developments regarding clinical commissioning since they last discussed in February 2011. (Copy of the report circulated with the agenda and appended to the signed minutes).

The main points from the report and presentation included the following:-

- Primary Care Trusts (PCT's) and Health Authorities would be disbanded by April 2013 and replaced by Clinical Commissioning Groups and the NHS Commissioning Board with Local Health and Wellbeing Boards being set up to co-ordinate healthcare activity with the aim of making the NHS more accountable to the communities it served.
- Southampton City PCT became part of the SHIP (Southampton, Hampshire, Isle of Wight and Portsmouth) cluster in June 2011 which is a subcommittee of the four PCT's. The Clinical Commissioning Group is a subcommittee of the cluster.
- In order for Southampton City CCG to have the maximum permissible delegated responsibility from the SHIP cluster, an application to be authorised is required during Summer 2012. There will be further Board election early next year to ensure that there would be a stable leadership during this period.
- One of the biggest challenges for CCG's was their capacity and capability to undertake the amount of work required in the development process within the stipulated timeframes.
- The importance of broadening the scope of CCG's to include other areas such as social services, children's services, housing and other related areas impacting on health.

- The Health and Wellbeing Board will be a statutory Board responsible for ensuring that the JSNA was effectively carried into clinical commissioning and the Health Overview and Scrutiny Committee was responsible for scrutinising the decisions taken by the board. These two bodies could not be combined as there would be a conflict of interests.

RESOLVED

- (i) that the report and presentation detailing the progress towards becoming a statutory Clinical Commissioning Group was noted; and
- (ii) that the Committee supported the Clinical Commissioning Group's application to the NHS Commissioning Board to begin the process for authorisation.

17. **UPDATE ON JOINT MEETING WITH HAMPSHIRE HOSC ON SOUTHERN HEALTH FOUNDATION TRUST'S CQC INSPECTIONS**

The Committee received and noted the report of the Executive Director of Health and Adult Social Care providing an update on the joint meeting of Hampshire County Council and Southampton City Council Health and Overview Scrutiny Committees on the report from Care Quality Commission (CQC) relating to Antelope House. (Copy of the report circulated with the agenda and appended to the signed minutes).

It was noted that this had been a useful meeting and that the following recommendations as agreed by the joint meeting of Hampshire County Council and Southampton City Council Health and Overview Scrutiny Committees be ratified:-

RESOLVED

- (i) a report on the progress of action plans under each of the following five workstreams be provided individually to the Hampshire and Southampton HOSC's:
 - Individual care plans.
 - Assessment of service users.
 - Inappropriate detainment of informal patients
 - Recording of critical incidents and observations
 - Staff access to training.
 And the first of these reports be received in January 2012;
- (ii) a report be provided to both HOSC's on the impact of CQC reports on current plans for Adult Mental Health service re-design;
- (iii) Hampshire and Southampton HOSC's contact the Care Quality Commission to ask to be kept informed of any inspections or reports filed on Southern Health Adult Mental Health facilities and a request that their views be taken into account when developing such reports; and
- (iv) the Joint Panel consider any other comments or recommendations they had in relation to the recent CQC inspections.

18. **PROVISION OF POST ACUTE NEURO REHABILITATION SERVICES**

The Committee received and commented on the report of the Executive Director – NHS Southampton, Southampton City Clinical Commissioning Group, setting out reasons for the decision to tender the existing neuro rehabilitation service. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Committee received a verbal update from Sandy Hogg, Executive Director – NHS Southampton and Stephanie Ramsey, Joint Associate Director of Strategic Commissioning, providing further information and clarity on the current position.

The main points included:-

- The main reasons for the delay was the requirement to resolve quality issues before going to tender.
- A recent development, since the drafting of the paper, was that Solent NHS Trust had indicated that they may be able to provide an affordable service to the western hospital. Talks were ongoing but the panel were asked to agree that this would be the preferred option if they were successful.
- The possibility of moving neuro rehabilitation patients from the Stanley Graveson ward to Tannersbrook ward and spaces be made available in the general hospital for acute neuro rehabilitation.

RESOLVED that the Committee agreed that NHS Southampton tender the existing neuro rehabilitation services currently delivered from Stanley Graveson Ward and Snowden Ward at the Western Hospital if no agreement with Solent was reached.

This page is intentionally left blank

Agenda Item 7

DECISION-MAKER:	SOUTHAMPTON HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	ADULT MENTAL HEALTH REDESIGN
DATE OF DECISION:	19 JANUARY 2012
REPORT OF:	PAM SORENSEN HEAD OF ENGAGEMENT SOUTHERN HEALTH NHS FOUNDATION TRUST
STATEMENT OF CONFIDENTIALITY Not applicable	
None.	

BRIEF SUMMARY

Following on from previous engagement of the panel, to receive an update and brief presentation from Southern Health NHS Foundation Trust Adult Mental Health Division in connection with proposals to re locate services from Abbots Lodge, Netley Marsh to Antelope House which is located on the Royal South Hants Hospital site. The service provides reablement for clients whose illness also means they have challenging behaviour. Following concerns that the Trust had not engaged fully with relevant stakeholders, it wishes to offer assurance to the panel that robust engagement has now taken place and that clients and their carers are, in the majority, supportive of the proposals. See Appendix 1. Further information and more detailed information will be shared at the meeting.

RECOMMENDATIONS:

- (i) To note and comment with regard the level and range of engagement opportunities offered, in particular to service users and their carers;
- (ii) To advise with regard the Trust's wish to move forward with plans to transfer the service from Abbots Lodge to Antelope House.

REASONS FOR REPORT RECOMMENDATIONS

1. To be assured that Southern Health have properly and adequately engaged with regard proposals to relocate the service and to be assured that the change in service is in the best interests of service users.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

N/A

DETAIL (Including consultation carried out) None

2. As explained previously, Abbots Lodge is geographically isolated, leading to a level of social exclusion for clients and lone working concerns for staff. The quality of the building, and grounds, is poor for this client group.

The unit has a total of 16 beds, the majority of which have been used for Southampton residents. Occupancy levels have reduced in anticipation of the proposed move to Antelope House. A number of clients have already moved on as part of their usual care pathway. Currently there are 11 clients

in the unit. It is expected that 7 of these clients will have left the unit by mid March 2012 and again this will be as part of their planned care pathway, which has fully involved them, and where appropriate, their carers.

We are working to minimise the number of service users who will require transfer, so that the change in service provision does not hinder delivery of their care plan.

3. The unit at Antelope House will provide the same level of care for any client that may need transfer and in an environment that better suits this client group. By providing the same service that will feel familiar to clients, continuity will be maintained for them. New clients and their carers should feel assured that the service offered at Antelope House will be as least as good as that currently provided at Abbots Lodge and in a new, modern environment. The recent re-inspection of Antelope House by the CQC (Care Quality Commission) confirms that they are confident with the plans that the Trust has put in place to address the concerns they had raised and the inspectors could see visible evidence that these plans were being carried out across the unit.
4. With the transfer of 10 beds for Southampton residents to Antelope House and the development of reablement services in alternative units such as Hollybank in Havant to meet the needs of Hampshire residents, the Abbots Lodge building would no longer be needed.

For the above reasons the Trust seeks approval from SOSP to progress with its proposal to transfer the service from Abbots Lodge to Antelope House and to close the unit.

RESOURCE IMPLICATIONS

Capital/Revenue

5. None

Property/Other

6. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7. 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:

8. None

POLICY FRAMEWORK IMPLICATIONS

9. None

AUTHOR:	Name:	Pam Sorensen Head of Engagement Southern Health NHS Foundation Trust	Tel:	023 8087 4058
	E-mail:	Pamela.Sorensen@southernhealth.nhs.uk		

KEY DECISION? Yes/No

WARDS/COMMUNITIES AFFECTED:

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Engagement log 1.1 – Letter 1 1.2 – Letter 2
----	--

Documents In Members' Rooms

1.	None
----	------

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No
--	--------

Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:



Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

N/A

This page is intentionally left blank

Abbots Lodge Scheme Client and Carer Engagement

Client	Letter 1	Letter 2	CPA meeting scheduled (Carers invited)	1-2-1 meeting with client and carer		1:1 Carer discussions	Weekly community meeting		
				1-2-1 accepted after first letter	1-2-1 accepted after second letter		23-Nov	01-Dec	07-Dec
Attachment	 G:\Laura Stacey\ Abbots Lodge Project	 G:\Laura Stacey\ Abbots Lodge Project	Updated in RiO notes	1-2-1 accepted after first letter	1-2-1 accepted after second letter				
SP	✓	15/12/11	31/10/11	✓		SW met with relative on 24th November 2011			
MW	✓	15/12/11	24/10/11						✓
JR	✓	15/12/11	19/09/11						✓
RH	✓	15/12/11	19/09/11						
MK	✓	15/12/11	14/11/11						
MB	N/A	N/A	18/07/11	N/A	N/A	Does not want family to be informed	✓	✓	✓
TD	✓	15/12/11	18/07/11						
JT	N/A	N/A	19/09/11	N/A	N/A	Would prefer no contact with carer or for anyone to be informed			
SA	✓	15/12/11	15/08/11					✓	
RM	✓	15/12/11	06/06/11						
CR	✓	15/12/11	21/11/11			Conversation with CR daughter when delivering the first letter			
BA	✓	15/12/11	03/10/11			Sandra spoke with BA's mother on the phone regarding the move, and confirmed that this will not affect BA's journey which is already planned			

Notes:

- Whilst few residents attend the community meetings, all are invited and encouraged to attend, the notes are displayed on the house 1 & 2 Notice boards for the week until the following
- Dates for letter 1 being sent are unavailable as they were all hand delivered at different times

This page is intentionally left blank

Adult Mental Health

Southampton Area Management Office
Grove House
Meridians Cross
Ocean Way
Southampton
SO14 3TJ

TA2925/KD

Date

Address
Address
Address
Address

Tel: 023 8082 1210
Fax: 023 8082 1231
www.southernhealth.nhs.uk

Dear xxx,

You may have heard recently that we have made a proposal regarding the future location of Abbots Lodge, which in turn may have an effect upon your relative who is currently a resident. Therefore, the purpose of us writing to you is to clarify the current position.

As you are aware, Abbots Lodge is situated in Netley. The facilities of this building have been deteriorating over recent years and this, coupled with the isolation of the site, creates many challenges when catering for the particular client group.

We cannot foresee this situation improving and with this in mind, our plan is to re-provide the Challenging Behaviour facility to the newly built facility at Antelope House, Brintons Terrace, St Mary's, Southampton. SO14 0YG.

At this stage, we do not anticipate this occurring until next year. We realise that during times of change, it can be a worrying period. However, please be reassured of our commitment to provide the best challenging behaviour service to your relative.

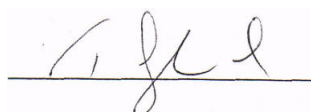
We will of course keep you updated on these developments and provide you with further details as they become available.

In the meantime, please do not hesitate to let Sandra Walter, Unit Manager, know if you are unsure of any of the aspects of the proposed changes. Sandra would be pleased to discuss issues with you and can be contacted on 023 8045 3562.

Yours sincerely,



Trevor Abbotts
Southampton Area Manager



Dr Tom Schlich
Clinical Services Director



INVESTOR IN PEOPLE

An NHS Teaching Trust with the University of Southampton

Trust Headquarters, Maples, Horseshoe Drive, Tatchbury Mount, Calmore, Southampton SO40 2RZ

This page is intentionally left blank

Adult Mental Health

Southampton Area Management Office
Grove House
Meridians Cross
Ocean Way
Southampton
SO14 3TJ

TA2983/KD

Tuesday 29th November 2011

Tel: 023 8082 1210
Fax: 023 8082 1231
www.southernhealth.nhs.uk

Name
Address
Address
Address
Address

Dear xxx,

Re: Abbots Lodge Proposal

Further to my previous letter which brought to your attention the proposed move of services from Abbots Lodge in Netley Abbey to Antelope House in Southampton.

I am aware that some relatives took the opportunity to discuss their concerns with Sandra Walter, Unit Manager at Abbots Lodge.

The purpose of me writing again to you is to confirm that this offer is still available or, alternatively if you prefer you can arrange to meet with myself. Either of the two options can be arranged by contacting Kelly Dunn on the above telephone number who will be more than happy to arrange a suitable date and time. However, should you wish to meet as a group or receive updates via letter / email, again we will be more than happy to arrange this for you. Please let Kelly know which option you would prefer and we will make sure this is actioned for all future correspondence.

As our aim is to ensure that not only do you have the information about the proposals and the reasons for them but also to hear your own views.

Please be assured that we will not make any final decisions with regard to the proposals until we have properly engaged with all interested parties which of course includes yourselves.

Yours sincerely,

Trevor Abbotts
Southampton Area Manager



INVESTOR IN PEOPLE

An NHS Teaching Trust with the University of Southampton

Trust Headquarters, Maples, Horseshoe Drive, Tatchbury Mount, Calmore, Southampton SO40 2RZ

This page is intentionally left blank

Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	UPDATE ON VASCULAR SERVICES PUBLIC CONSULTATION
DATE OF DECISION:	19 JANUARY 2012
REPORT OF:	DIRECTOR OF NURSING, SHIP CLUSTER
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

The Health Overview and Scrutiny Panel responded to the engagement phase on proposals for major trauma, stroke and vascular services in September 2011. Following feedback from the engagement phase the SHIP PCT Cluster have been working with clinicians to develop formal proposals for vascular services which will be subject to consultation. The consultation document should be available to members before 19 January and members are asked to provide a formal view on the proposed changes.

RECOMMENDATIONS:

- (i) To note the update on progress towards public consultation on vascular services
- (ii) Consider if the Panel want to submit a further response to the consultation and the content of any such response.

REASONS FOR REPORT RECOMMENDATIONS

1. To update members on the vascular services consultation and to provide the Panel with an opportunity to submit feedback.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. The consultation document will detail the full range of options that have been considered.

DETAIL (Including consultation carried out)

3. See appendix 1.

RESOURCE IMPLICATIONS

Capital/Revenue

4. N/A

Property/Other

5. N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6. 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.

AUTHOR:	Name:	Sarah Elliott, Director of Nursing SHIP Cluster.	Tel:	02380 725630
	E-mail:	Sarah.Elliott@hampshire.nhs.uk		

KEY DECISION? Yes/No

WARDS/COMMUNITIES AFFECTED:

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Briefing Paper
----	----------------

Documents In Members' Rooms

1.	None
----	------

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No
--	--------

Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

None

Southampton, Hampshire, Isle of Wight and Portsmouth PCT Cluster Review of vascular Surgery – January 2012

1. Background

Since the last update to Southampton HOSC there have been a number of important developments in the progress of our proposals for vascular surgery. The purpose of this paper is to bring the HOSC up to date, prior to the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) public consultation on vascular services which will be launched later in January 2012.

2. Role of the SHIP PCT Cluster

The responsibility for commissioning this service on behalf of local people sits firmly with the SHIP PCT Cluster. We must therefore assure ourselves that all proposals are clinically safe and offer the best outcomes and quality of service for local people. We will only commission a service if it can clearly demonstrate the highest possible quality for local people.

3. Developing options for vascular surgery

An engagement period on proposals for major trauma, stroke and vascular surgery across the NHS South Central region was held between 23 August and 30 September. Since the engagement phase discussions have been taking place between clinicians to develop formal proposals for vascular surgery.

As a result, by November 2011 three options were emerging:

- 1) The original proposal for Southampton to become a vascular centre. Under this proposal all emergency and complex, elective inpatient vascular surgery would be performed at Southampton General Hospital.
- 2) A 'network' option for Southampton General Hospital and the Queen Alexandra Hospital in Portsmouth to share vascular services across both hospital sites. This allows a vascular surgeon to remain on site seven days a week at the Queen Alexandra to provide cover for renal and cancer services.
- 3) An option for the Queen Alexandra Hospital and St Richard's Hospital in Chichester to integrate vascular surgery provision across West Portsmouth, south east Hampshire and west Sussex.

Since then discussions have moved on, and both options 1 and 3 above have been ruled out as unviable.

Feedback from the engagement phase indicated that option one, for Southampton to become a vascular centre would have a detrimental effect on services at the Queen Alexandra Hospital in Portsmouth. In particular there was concern that renal and cancer

services would be affected without support from a vascular surgeon. As a result this option has been ruled out and will not be subject to public consultation.

Option three, for the Queen Alexandra Hospital and St Richard's Hospital to integrate vascular provision has also been ruled out. NHS Sussex and the West Sussex Hospital NHS Trust have written to us to say that they do not support this proposal because of NHS Sussex's planned changes to vascular services in light of the national guidance and retirement of one of their surgeons. St Richard's clinicians are committed to working as part of the Brighton 24/7 specialist rota providing outreach outpatient, day case and follow up services at St Richard's Hospital. As such we do not feel that this option is viable and cannot be subject to public consultation.

Under the network option clinicians from Portsmouth, Southampton, and Winchester would work together as a network to deliver a co-ordinated vascular service across a number of hospital sites. Irrespective of the place where the operation is carried out, all patients would be able to transfer back to their local hospital for their post-operative stay in the same way as patients from the Isle of Wight and Winchester are already transferred back to their local hospitals. The network option is considered viable and will be subject to formal public consultation.

4. The 'stand alone' option

In further discussion with Portsmouth Hospitals NHS Trust and Portsmouth City Council about developing vascular proposals for consultation the Trust said that it believed it could make the necessary changes to meet the standards laid down within the Service Specification in its own right, rather than in a network model with University Hospital Southampton NHS Foundation Trust or with St Richard's Hospital.

In considering this development the PCT Cluster had to take into account the fact that delivering vascular services will become much more challenging for providers in future. Portsmouth Hospitals NHS Trust would have to recruit a number of additional vascular consultant surgeons and a number of additional interventional radiologists to ensure that the Service Specification was met, and to ensure that patients could achieve significantly better outcomes than at present.

We received a detailed proposal from Portsmouth Hospital Trust on November 23 2011. Under the stand alone option it is proposed that there would be different arrangements across Southampton, Hampshire, Isle of Wight and Portsmouth. This would mean:

- Southampton General Hospital would continue as the base for a vascular network covering Winchester, Southampton, south west Hampshire and the Isle of Wight as it is now.
- Frimley Park Hospital would continue as the base for a vascular network for Basingstoke and north east Hampshire patients as it is now.

- Queen Alexandra Hospital, Portsmouth would become a stand alone vascular centre for the Portsmouth and south east Hampshire area. Patients in the Chichester area will be able to choose to have their treatment at either Queen Alexandra Hospital, Portsmouth or the Royal Sussex Hospital, Brighton

Since receiving the proposal we have been assessing its viability. Part of our assessment of the proposal has involved detailed discussions with GPs in the Chichester area and in Portsmouth, Southampton and South East Hampshire to test their views on this proposal. These discussions have been taking place in recent weeks.

The stand alone option was subject to scrutiny by an independent expert panel of clinicians on Thursday 5 January 2012. The role of the clinical panel was to review the proposal from Portsmouth Hospitals NHS Trust to act as a standalone vascular centre. In particular clinicians focused on whether the proposal was clinically safe and sustainable in the long term. Patient and public representatives were also invited to observe the deliberations of the panel and ensure that local decision-making took account of the needs of both patients and the public. The panel's decision will be made public shortly.

5. Public consultation

We expect that the formal public consultation on vascular services to begin shortly. It will ask for views on both the network option and the stand alone proposal from Portsmouth Hospital Trust. We will be completely transparent about the viability of options and the reasons why any discounted options were considered unviable.

Once we have a clear view from local GPs about the options, we will take a decision about whether the stand alone or the network proposal is our preferred option for the future prior to launch of the public consultation.

6. Working with NHS Sussex

As the HOSC will be aware a review of vascular services is also being carried out in Sussex. As a result the SHIP PCT Cluster has been working closely with NHS Sussex to make sure that any proposals developed for the SHIP area are compatible with plans in Sussex. This has included seeking clarification from NHS Sussex about their views on the Portsmouth/Chichester option. As outlined above, NHS Sussex is clear that this option was not developed in collaboration with them and suggests the use of clinicians who will actually be working at Brighton. For these reasons NHS Sussex has confirmed the Portsmouth/Chichester option does not have their support.

Following the decision of West Sussex HOSC that they do not feel a consultation is required on the proposals in Sussex, we have agreed with NHS Sussex that we will align engagement in Sussex with consultation across SHIP. This will make it easier for

partners and the public to understand the extent and context of these changes, whilst at the same time demonstrating that the needs of the whole population are being fully taken into account.

The HOSC are asked for their views on this approach.

Agenda Item 9

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	SINGLE POINT OF ACCESS AND OUT OF HOURS GP SERVICE
DATE OF DECISION:	19 JANUARY 2012
REPORT OF:	ASSOCIATE DIRECTOR URGENT CARE AND OUT OF HOURS, SOLENT NHS TRUST
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This paper provides details on the Single Point of Access and the Out of Hours GP Service which member have expressed interest in previously.

RECOMMENDATIONS:

- (i) To note the update from Solent NHS Trust on the Single Point of Access and Out of Hours GP Service and comment as appropriate.

REASONS FOR REPORT RECOMMENDATIONS

1. To bring members up to date with progress.

DETAIL (Including consultation carried out)

Single Point of Access (SPA)

2. The Solent SPA was implemented to enable patients to more easily contact community teams and health professionals to make urgent community referrals through a single telephone number. This facilitates straightforward and timely access to services and maximises the proportion of time that can be spent by teams on face to face patient contact.
3. The Solent NHS Trust SPA was launched in April 2011 to support unscheduled care delivery in Portsmouth and Southampton. At this time the 0300 300 2011 number for health professionals and 0300 300 2012 number for patients was launched; sharing its telephone number with the OOH services to deliver 24 hour accessible care.
4. More recently SPA has been developed as a point of access to planned care services Diabetes clinics, and the COAST service. In Southampton; the Community Nursing Teams and Virtual Ward teams can be accessed via SPA. Nurses are available in hours to take calls from patients requiring clinical triage and assessment. General paediatric services are currently being integrated into the SPA. Plans are currently underway to implement access to planned sexual health services and dental helpline.
5. In the past 3 months; SPA in Southampton has taken 7031 calls from patients and 2879 from health professionals. At present referrals can still be made and patients can contact services through the previously existing team numbers, but new patients are encouraged to use SPA.
6. Over the next year we will be developing SPA to include nearly all of our urgent and planned care teams. SPA will utilise a Directory of Services to directly book new appointments for assessment and enable patients to change appointments to suit their needs. It is envisaged that the SPA will

also provide a direct point of access for calls into Solent community services from 111, from September 2012.

Out of Hours

7. The Solent GP Out of Hours Service has improved its quality performance and operational resilience significantly during 2011/12. The Performance of GP OOH services in England are judged against a standard set of 17 indicators – the National Quality Requirements (NQRs). These are rated Green, Amber or Red depending on performance level. From June – December 2011, Solent has improved from 50% of Red or Amber Indicators to 100% Green.
8. Across Christmas and New Year 2010-11; Solent NHS Trust OOH service was unable to meet the increased peak demands – leading to very large queues of answered calls building. Improved planning during Autumn 2011 has allowed the Christmas and New Year demand to be matched by available OOH capacity – maintaining a high quality service for patients.
9. Solent NHS Trust GP OOH service continues to exceed its targets for helping to avoid hospital admissions, by offering timely expert healthcare advice to callers and prompt GP treatment, where this is indicated.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

10. N/A

RESOURCE IMPLICATIONS

Capital/Revenue

11. None

Property/Other

12. None

LEGAL IMPLICATIONS

Statutory Power to undertake the 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.

AUTHOR:	Name:	Matthew Hall – Associate Director Urgent care and Out of Hours, Solent NHS Trust
	E-mail:	Matthew.hall@solent.nhs.uk

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	None
----	------

Documents In Members' Rooms

1.	None
----	------

Integrated Impact Assessment

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	Yes/No
--	--------

Other 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
----	------

Integrated Impact Assessment and Other Background documents available for inspection at:

WARDS/COMMUNITIES AFFECTED:	
------------------------------------	--

This page is intentionally left blank

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	SOLENT NHS TRUST JOURNEY TOWARDS FOUNDATION TRUST
DATE OF DECISION:	19 JANUARY 2012
REPORT OF:	SARAH AUSTIN, DIRECTOR OF STRATEGY, SOLENT NHS TRUST
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This paper provides an update on progress on Solent NHS Trust's Foundation Trust application.

RECOMMENDATIONS:

- (i) To note the proposed development for Solent NHS Trust to progress towards Foundation Trust
- (ii) To explore and examine the proposals put forward by Solent NHS Trust in terms of the pathway towards Foundation Trust

REASONS FOR REPORT RECOMMENDATIONS

To inform and update the Panel on Solent NHS Trust developments towards Foundation Trust. To update the Panel on Solent NHS Trust's milestones and direction of travel forward.

DETAIL (Including consultation carried out)

1. Solent NHS Trust is an ambitious and innovative provider of community and mental health services, leading the way in local care across Southampton, Portsmouth and southern Hampshire. We are in our first year as an NHS Trust and our second year as a merged community and mental health provider, delivering high quality care and working in partnership to make things better for children and families, adults and older people.
2. In 2010/11 we had some notable achievements
 - Over 1 million patient contacts
 - £7m of new business, including the provision of substance misuse services across Hampshire
 - Savings delivered of over £10m (over 5% of our annual income) through transformation
 - We ranked in this year's Healthcare 100, making us one of the best healthcare organisations to work for in the UK.
 - We received an excellent review from the Department of Health during their visit to our Sexual Assault Referral Centre (SARC), Treetops.
 - We eliminated mixed sex accommodation across all Solent sites
 - Our Child and Adolescent Mental Health Service (CAHMS) has been accredited as 'excellent' under the Royal College of Psychiatrists Quality Network for Community CAHMS
 - We achieved NHS Trust status

3. This year we have formally joined the national Foundation Trust (FT) development programme and are working towards achieving Foundation Trust status by April 1st 2013. We believe that authorisation as a Foundation Trust should be the outcome of delivering clinical and business excellence within the organisation and the culture which underpins this. In this way Foundation Trust status will be a milestone in our journey **'to lead the way in local care'**.
4. The Trust is entering its second calendar year of preparation for Foundation Trust status planned for April 2013. Key dates include:
 - Latest draft of business plan Feb
 - Board to Board with SHA March
 - Public consultation on Constitution March-June
 - Final draft business plan July
 - Final Board to Board with SHA July
 - Referral to DH August
 - Referral to Monitor Autumn
 - Stakeholder engagement and alignment continues throughout

All main dates are set out in the Tripartite Formal Agreement which is attached at the end of this report.

5. There is an ongoing programme of engagement, involvement and consultation. Other recent activities include:
 - visiting Cascades Shopping Centre in Portsmouth
 - visiting Portsmouth library
 - sending a letter to the Zimbabwe community
 - continuing to visit community groups as part of our community talks programme
 - including an article in the Hampshire Link newsletter
 - sending a mail shot to NHS Southampton City 'interest' list
 - attending a parents evening at Maytree Nursery
 - visiting Fareham Shopping area.
6. There is a requirement to consult on the organisations Constitution. The FT consultation is not a referendum on whether or not an application should be made. It is a consultation on the proposals that are being suggested including:
 - governance proposals (including membership and Council of Governors)
 - the visionary elements of our Integrated Business Plans (IBP)
 - the benefits and risks of NHS Foundation Trust status.
7. Monitor, the Independent Regulator of Foundation Trust's must be satisfied that:
 - robust consultation has been undertaken and a representative membership base has been developed
 - staff and stakeholder involvement in the development of the integrated business plan has been actively sought and impacted
 - the organisation can demonstrate a continued commitment to expand and progress the wider culture change and social responsibility required to operate as an NHS Foundation Trust.
 - Specific information is enclosed in the attached report.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

8. N/A

RESOURCE IMPLICATIONS

Capital/Revenue

9. None

Property/Other

10. None

LEGAL IMPLICATIONS

Statutory Power to undertake the proposals in the report:

11. 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.

AUTHOR:	Name: Sarah Austin	Tel: 023 80 608 819
	E-mail: Sarah.Austin@solent.nhs.uk	

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	January Report Sarah Austin
2.	Draft Constitution and Plans

Documents In Members' Rooms

1.	None
----	------

Integrated Impact Assessment

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No
--	----

Other 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	

This page is intentionally left blank

Solent NHS Trust
Foundation Trust Programme Update for Southampton City OSC
January 2012
Sarah Austin Director of Strategy and Exec lead for the FT programme

Introduction

The Trust is entering its second calendar year of preparation for FT trust status planned for April 2013.

Key dates include

- Latest draft of business plan Feb
- Board to Board with SHA March
- Public consultation on Constitution March-June
- Final draft business plan July
- Final Board to Board with SHA July
- Referral to DH August
- Referral to Monitor Autumn
- Stakeholder engagement and alignment continues throughout

All main dates are set out in the Tripartite Formal Agreement which is attached at the end of this report

Integrated Business Plan (IBP) and Long term financial model (LTFM)

The latest draft of the IBP and LTFM is due to be produced in February. Internal and external engagement with key stakeholders will continue to ensure alignment with commissioner's requirements and local needs. Regular strategic exchanges continue with PCTs, clinical commissioning groups, local authorities and partner organisations and we are due to have a Board to Board with Southampton LINKs in January.

Board Development

A comprehensive programme continues designed to develop Board and individual director effectiveness. There have been three recent appointments to complete the Director team

1. Michael Parr Director of Finance and Performance
2. Doctor Tony Snell Medical Director
3. Sarah Austin Director of Strategy and New Business

Membership and Constitution

The membership team are making good progress with recruitment of over 700 members so far. The aim is to recruit 6500 public members including 2800 from Southampton. Solent staff have already been opted into membership.

Two introductory membership sessions were held in December and combined information about membership and the trust with useful GP advice about staying healthy over winter. The theme to our events of 'medicine for members' will continue throughout 2012

Other recent activities include

- visiting Cascades Shopping Centre in Portsmouth
- visiting Portsmouth library
- sending a letter to the Zimbabwe community
- continuing to visit community groups as part of our community talks programme
- including an article in the Hampshire Link newsletter

- sending a mail shot to NHS Southampton City 'interest' list
- attending a parents evening at Maytree Nursery
- visiting Fareham Shopping area.

The draft FT constitution has been agreed by Solent Board and formal public consultation starts in March. OSCs and LINKs have been invited to work with the trust to ensure the consultation is as effective as possible (no response yet from Southampton OSC)

It is proposed to have a Council of Governors of 25 and approaches have been made to organisations regarding appointed members.

Constituency	Number of Governors
Public	
Portsmouth	5
Southampton	5
Hampshire	4
Subtotal Public, patients, service users and carers	14
Staff	
East	2
West	2
Hampshire	1
Appointed	
3 Local Authority, 2 Clinical Commissioning Group, 1 University	6
Subtotal Staff and Appointed	11
Total	25

Tripartite Formal Agreement

Milestone	Date	Position
First draft IBP and LTFM	23rd June 2011	Complete
Complete Shadow Historical Due Diligence	01/08/2011	Complete
Executive to Executive	22-Jul-11	Complete
Estate Asset Transfer confirmed	Sep-11	Delayed at DH
Board to Board	Nov-11	On track
Board Observation	Sep-11	Delayed at SHA
Public Consultation begins	Apr-12	Scheduled for March
Second Draft of IBP and LTFM	Oct-11	Complete
Confirm delivery of 2011/12 financial plan, CIP delivery, performance against national targets	End of May 2012	

Board to Board	Mar-12	
Third draft of IBP and LTFM	Mar-12	
2012/13 Contract signed	Apr-12	
Public consultation on FT Application to commence repeat of above	Apr-12	
Historical Due Diligence Part 1 latest date trying to bring forward	Apr-12	
Board Observation	Jun-12	
Final Draft of IBP/LTFM needs to be July as has to wait outcome of public consultation	Jun-12	
Commissioner support confirmed	Jun-12	
Historical Due Diligence Part 2	Jul-12	
Public consultation to complete	Jun-12	
Q1 Performance and Financial Review: 2012/13 Financial Plan on Track, CIP trajectory delivered, service performance on track	End July 2012	
Board to Board	Jul-12	

This page is intentionally left blank

Foundation Trust Consultation Strategy

Introduction

All aspirant Foundation Trusts (FT) have a duty to undertake a statutory 12-week consultation on their Foundation Trust Application.

We will be undertaking our consultation between 5 March 2012 and 5 June 2012.

The purpose of this document is to:

- outline consultation requirements
- outline consultation plans for Solent NHS Trust's Foundation Trust application
- provide assurance that regulatory guidance has been followed.

This paper will be presented to Trust Board on 16 January 2011.

The consultation documents and our plans will be shared with local Links groups, local Overview and Scrutiny Committees and the Strategic Health Authority.

Consultation requirement

The FT consultation is not a referendum on whether or not an application should be made. It is a consultation on the proposals that are being suggested including:

- governance proposals (including membership and Council of Governors)
- the visionary elements of our Integrated Business Plans (IBP)
- the benefits and risks of NHS Foundation Trust status.

We are also required to have engaged informally and sought to reach agreement locally on a range of issues, include the HR arrangements, the detail of the service development plans, protected assets and services etc.

In addition, the consultation document will be used as an opportunity to invite people to become a member of the Trust.

Monitor requirements

Monitor must be satisfied that:

- robust consultation has been undertaken and a representative membership base has been developed
- staff and stakeholder involvement in the development of the integrated business plan has been actively sought and impacted
- the organisation can demonstrate a continued commitment to expand and progress the wider culture change and social responsibility required to operate as an NHS Foundation Trust.

To allow Monitor to grant authorisation, we must seek views about the application from the following:

	For Solent NHS Trust this means
Individuals who live within the proposed public 'constituencies' of the Trust	People living in Hampshire, Portsmouth and Southampton
Individuals who will be eligible to be members of the 'patient or service user constituency' of the Trust if there is to be one	NA
Any local authority that would be authorised by the proposed constitution to appoint a governor to the Board of Governors	Southampton City Council, Portsmouth City Council and Hampshire County Council
Any persons prescribed by regulations	OSCs/LINKS
The staff of the Trust	Solent NHS Trust staff

The consultation will be undertaken in line with the seven consultation criteria outlined in the Government's 'Code of Practice on Consultation' January 2008.

Criterion 1 – When to consult

Formal consultation should take place at a stage when there is scope to influence policy outcome.

Criterion 2 – Duration of consultation exercise

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3 – Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4 – Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5 – The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consulters buy-in to the process is to be obtained.

Criterion 6 – Responsiveness of consultation exercise

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

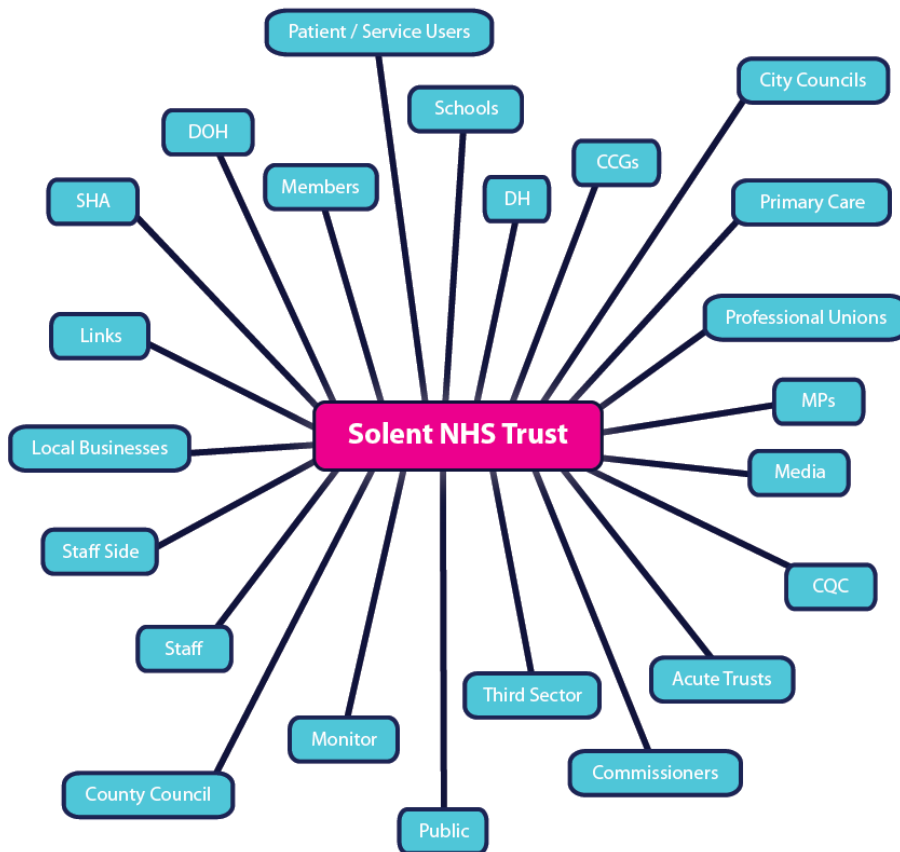
Criterion 7 – Capacity to consult

Officials running consultations should seek guidance in how to run effective consultation exercise and share what they have learned from experience.

The consultation process

Key stakeholders

We will be engaging with the following stakeholders.



It is also important that we consult with hard-to-reach groups to ensure we take a representative view.

Action plan

A consultation plan, detailing the actions which will be undertaken throughout the 12 weeks, is shown in appendix 1.

Consultation materials

A number of consultation materials will be produced including:

- Consultation documents
- Storyboards to support consultation events
- Website information
- Presentation materials

Consultation events

Public events

A number of external consultation events will be held throughout the consultation period. It is proposed that we will have:

- 3 public drop-in events:
 - 1 in Hampshire
 - 1 in Portsmouth
 - 1 in Southampton

These events will be promoted widely. Advertising will be supplemented with the opportunity to request that a Solent NHS Trust representative attends community group meetings (see below: consultation meetings).

Solent NHS Trust directors will be asked to attend consultation events. Representatives from the Communications and Membership Team will also attend to ensure a log of the event is completed and any feedback captured.

In addition, Solent NHS Trust will hold joint membership recruitment and consultation events at high footfall areas such as shopping centres, supermarkets and libraries throughout the consultation period.

Community consultation meetings

In addition to the consultation events, we will also include the FT consultation as part of our 'community talks' programme. We will seek opportunities to speak with 'special interest' groups such as LTC groups, local church groups and BME community groups. We will also attend existing service patient groups to speak during the consultation period.

Solent NHS Trust Directors will be asked to attend community meetings with a representative from the Communications and Membership Team who will ensure a log of the event is completed and any feedback captured.

Staff events

Internally, consultation information will be displayed in canteen areas for a period of time to allow staff to comment on the application. In addition, staff will be offered the opportunity for a Trust Director to attend their team meeting to talk through the proposals, hear comments and answer any questions. Staff will be advised of the road show and staff team meeting opportunities will via payslip leaflets.

Directors will be asked to complete feedback forms following internal staff events.

Staff Roadshow

Adelaide Health Centre Atrium 14-18 May 2012

Accessible information

To ensure that the consultation materials are available to all, consultation documents will carry the 'Access to Communication' logo to provide people with the opportunity to have the consultation translated into the spoken word, Braille and large print.

In addition, we will work with specialists to develop materials for people with learning disabilities.

Receiving responses and comments

To aid the Trust in identification of key issues, a structured response form will be provided at the back of consultation documents/ online etc. In addition, consultees will be able to ask questions during the consultation period.

A record of all questions raised at meetings, or via other means, and the answers given will be recorded. These will form Frequently Asked Questions.

The reporting framework provided by Monitor will be used to categorise responses given and questions asked.

Resources

The consultation will be led by the Communications and Membership Team with support from the Patient and Public Involvement Manager. The Associate Director of Human Resources will lead on the staff engagement and involvement part of the consultation process.

The consultation period will also require input from Directors/ Associate Directors and administrative support to staff events.

The consultation will be overseen by the Director of Strategy to ensure it complies with Monitor requirements.

Timeline

The consultation will take place between 5 March 2012 and Tuesday 5 June 2012.

Response

Following the consultation, any feedback will be considered and used to make any revisions to the governance arrangements. Any final revisions to our membership strategy will also take place at this point and any revisions to our five year strategy for the Trust will be made.

A report on the consultation process will be provided to Monitor. We are required to report on:

- the media used
- the number of formal responses received
- the number of responses received in total
- the nature of the responses received
- whether there was an OSC review process
- the main topics that attracted critical comment and the Trusts' response
- the main areas attracting support locally.

- the general tenor of responses with regard to specific topics
- the staff engagement, involvement and wider culture change.

Action plan: Last updated: 16 November 2011

Date	Audience	Type of comms/engagement event/ approach	Lead	Progress
Set up				
NA	NA	Develop consultation documents	AH	
NA	NA	Develop feedback forms	AH	
16 January 2011	Solent NHS Trust Board	Sign off strategy and draft consultation documents		
	NA	Website populated with information and link to consultation document include online feedback form	LJ	
NA	NA	Storyboards for events	AH	
NA	NA	Book events	KH	
NA	NA	Create posters advertising events	KH/AH	
TBC	Portsmouth Links	Meeting with Portsmouth Links to discuss proposals	AH/SA	
11 Jan	Southampton Links	Meeting with Southampton Links to discuss proposals	AH/SA	
TBC	Hampshire LINKS	Meeting with Hampshire Link to discuss proposals	AH/SA	
NA	Public	Paid for advertising in local media re engagement events	AH/LR	
February				
End Feb	OSCs and Links	Send letter to Links and OSCs informing them of consultation		
end Feb	Staff	Payslip leaflets informing staff of consultation and staff events		
March				
During March	Staff side/ unions	Meetings with staff side/ DDNC	JP/AS	
By 1 March	Media	Press release to media	ED	
1 March 2011	Public	Information goes live on website with online form	LJ	
1 March 2011	Staff	Information goes live on intranet with online form	LJ	
1 March	Public	Consultation documents sent	KH	

2011				
1 March 2011	Public	Posters sent to: Schools Libraries Supermarkets Sports Centres Health Centres GP Surgeries Hospitals .. and other high footfall areas	KH	
5 March 2011	Staff	Article in Team Briefing	ED	
10 March	Key stakeholders	Letters to key stakeholders with consultation document	AH	Letter from RT/AS
30 March	Links and OSCs	Article in Solent Monthly	LR	
During March	Public	Information stand at Portsmouth Library	KH	Looking into whether viable
During March	Public	Information stand at Southampton Library for duration of consultation	KH	Looking into whether viable
During March	Staff	Staff drop-in at various locations in Southampton/Portsmouth and Hampshire	KH	
During March	Southampton patient's forum	Meeting to talk through consultation	SR	
During March	OSCs	Briefing to OSCs	SR	Dates to be arranged
During March	Links	Briefings to Links groups	SR	
During March	Public	Public event in Portsmouth		
During March	Public	Public event in Southampton		
During March	Members	Send consultation document to members	CC	
During March	Stakeholders	Invite stakeholders to engagement events	AH	
April				
2 April	Staff	Article in Team Briefing		
During April	Public	Public event in Portsmouth		
During April	Public	Public event in Hampshire		
During April	Staff	Staff drop-in at various locations in Southampton/Portsmouth and Hampshire	KH	
27 April	Links and OSCs	Article in Solent Monthly		
May				
7 May	Staff	Article in Team Briefing		

During May	Stakeholders	Article re consultation in stakeholder newsletter		
During May	Public	Public event in Hampshire		
During May	Public	Public event in Southampton		
During May	Staff	Staff drop-in at various locations in Southampton/Portsmouth and Hampshire	KH	
25 May	Links and OSCs	Article in Solent Monthly		

1 March – 1 June 2012



Public consultation

Have your say
on our plans to become
an NHS Foundation Trust



Contents

Welcome	4
About Solent NHS Trust	7
What do we do?	8
About Foundation Trusts	9
Our vision and values	10
Our plans	11
How will the Trust be run?	14
Tell us what you think	22
Become a member	24





Dr Ros Tolcher
Dr Ros Tolcher
Chief Executive



Alistair Stokes
Alistair Stokes
Chairman

Solent NHS Trust is applying to become an NHS Foundation Trust from April 2013. We believe that becoming a Foundation Trust will bring important benefits to the communities we serve. By becoming an NHS Foundation Trust, we will be able to be more innovative and provide even better services to our patients. We will also have more control over our finances which will allow us to re-invest back into our services.

As a Foundation Trust, we will have a membership and a Council of Governors. This means that the public, patients, carers and staff will be able to shape the organisation and have even more of an influence in the way it is run.

This consultation document explains to you about the benefits of becoming a Foundation Trust. It also shares our plans for the next five years, our governance and membership proposals and it lets you know how you can get involved with your local community and mental health trust.

The consultation asks you questions which cover three areas:

- Our vision and future plans
- Our membership
- Our Council of Governors

We welcome your views. They will have shape the future of the Trust. We also invite you to become a member, and possibly a Governor, of our Trust and have a greater say in how we run, and in how our services are provided.

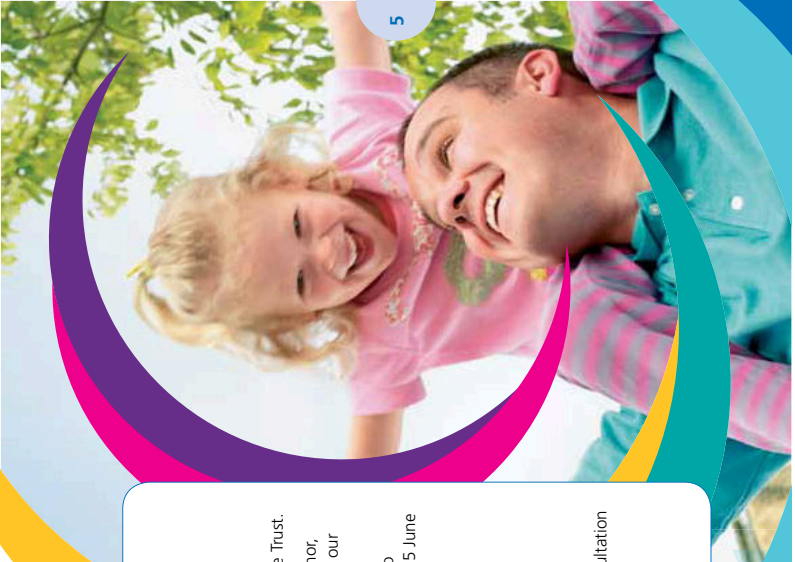
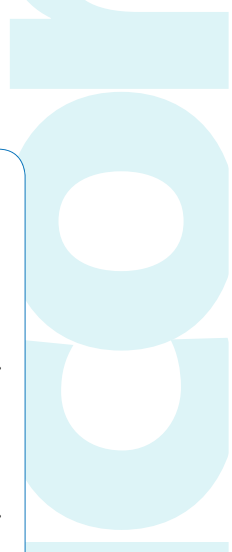
Your views on our proposals will form part of our application to become an NHS Foundation Trust. Please have your say before 5 June 2012 by:

- filling in the form at the end of the document
- visiting our website and filling in our online form at www.solent.nhs.uk
- phoning us
- writing us a letter.

We would very much like to meet with you at one of our consultation events, details of these are at the back of the document.

Thank you for taking the time to read our proposals. We look forward to receiving your comments.

Welcome



About Solent NHS Trust

- We were established as an NHS Trust on 1 April 2011.
- We are the main provider of community services to the cities of Portsmouth and Southampton and to parts of Hampshire.
- We are the main provider of mental health services to people living in Portsmouth.
- We work from over 100 clinical sites spread across the areas we serve.
- We employ over 3,500 staff
- We have an income of more than £175 million.
- We have over 1.5 million patient contacts each year.

Our services

We provide the following services across Southampton, Portsmouth and Hampshire.

Services	Provided predominantly to:		
	Portsmouth	Southampton	Hampshire
Adult Mental Health			
Adult Mental Health	•		
Neurological Inpatient Rehabilitation	•	•	•
Eating Disorders Service	•	•	
Chronic Fatigue Service	•		
Psychology / Psychological Therapies	•		•
Older Persons Mental Health Services	•		
Learning Disabilities (LD)	•		•
Children and Families			
Audiology and Newborn Hearing		•	•
Child and Adolescent Mental Health (CAMHS)		•	•
Community Paediatric Medical Service		•	•
Community Children's Nursing Service		•	•
Children with LD Units		•	•
Health Visitors		•	•
School Nurses		•	•
Enuresis and Encopresis		•	•
Occupational Therapy (Paediatrics)		•	•
Physiotherapy (Paediatrics)		•	•
Child Clinical Psychology		•	•
Sleep Service		•	•
Speech and Language Therapy		•	•

Services	Provided predominantly to:		
	Portsmouth	Southampton	Hampshire
Sexual Health Services			
Sexual Health Services	•	•	•
Inscape and Southampton Gay Men's Health Promotion Service	•	•	•
Treetops Sexual Assault Referral Centre (SARC)	•	•	•
Primary Health Care Services			
GP Out of Hours	•	•	•
Dental Services	•	•	•
Endoscopy		•	•
Nicholstown GP Surgery		•	•
Adelaide GP Surgery		•	•
John Pounds Medical Centre	•		
Paulsgrove and Wymering Healthy Living Centre	•		
Offender Health (HMP Kingston, HMP Winchester, IRC Haslar)			•
Homeless Healthcare		•	
Patient Contact Centre (Choose and Book)	•		•
Walk-in Centre		•	•
Minor Injuries Unit		•	•

Services	Provided predominantly to:		
	Portsmouth	Southampton	Hampshire
Health Promotion			
Health Promotion Services		•	
Stop Smoking Services		•	
Promoting Independence/Care Closer to Home			
Community Equipment Service	•	•	•
Community/District Nursing (inc. Community Matrons, Continence and Stoma)	•	•	•
Safeguarding Adults	•	•	•
Specialist Palliative Care	•	•	•
Continuing Care / End of Life Care (Jubilee House)	•	•	•
Intermediate Care and Rapid Response	•	•	•
Inpatient Rehabilitation Units			
Spinnaker, Rembrandt and Royal South Hants Hospital	•	•	•
Stroke Rehabilitation Unit	•	•	•
Occupational Therapy (Adults)	•	•	•
Physiotherapy (Adults)	•	•	•
Podiatry	•	•	•
Cardiac Nurses (inc Rehabilitation)	•	•	•
Diabetes	•	•	•
Substance Misuse Services	•	•	•

What do we do?

Our role is to provide community and mental health services to local people.

We work with families to help children have the best start in life and provide community support when children are unwell and need extra help.

We work with adults and older people with physical or mental health problems and provide care in the community.

By working together with GPs and social services, we can bring services together to help people manage their condition better, to stop it getting worse and to help keep people at home.

We also promote health and well being. Our screening and health promotion services support people to lead a healthy lifestyle.

As part of the NHS family, we work closely with other Trusts to make sure that service users get the best possible care.



About Foundation Trusts

Four good reasons to become an NHS Foundation Trust

Why an NHS Foundation Trust?

1) Membership

NHS Foundation Trusts are membership organisations. People like you can join as a member and help shape the future of our Trust and our services. By joining as a member, you can get involved as much or as little as you would like. Find out more about membership on page 21 of this document.

2) Services where staff are even more involved

Staff will have even more opportunity to get involved in the direction of the Trust. For the first time, staff will be able to stand for election as a staff governor.

3) More opportunity for services to innovate

Our staff, patients, services users and carers often know how we can make our services even better.

Whilst we have clear targets which we have to meet, becoming a Foundation Trust will give us even more opportunity to innovate and introduce new things to provide the best services we can.

4) More financial freedoms

As an NHS Trust we will have more financial freedom. This means that we will be able to make a surplus and re-invest this back into our services to benefit local people.

What is a Foundation Trust?

A Foundation Trust:

- is answerable to local people
- who can become members and Governors, they will have even more of a say in how we do things
- has more freedom to provide services which meet the needs of local people
- still has to meet national standards for things like cleanliness and the patient environment
- is overseen by a national body called Monitor who can intervene if they think that rules are not being followed
- has more financial freedoms, and can keep money to invest back into services.

Our vision and values

These are the things which help us get to where we want to be. Our vision... where we see ourselves in the next 5 years. Our values... how we will behave.

Our vision - To lead the way in local care.



Our values

I N S P I R E

-  **Involved**
-  **Nurturing**
-  **Striving for excellence**
-  **Passionate**
-  **Innovative**
-  **Respectful**
-  **Empowered**

Our plans

Our Foundation Trust application includes a five year business plan, called the Integrated Business Plan (IBP). The IBP describes our vision for the Trust and health services in the local area. It also outlines our objectives and how we will achieve them.

Our future plans

We want to develop our services so that they meet the needs of local people.

We plan to provide more and more services in the community so that people can increasingly receive their care in or close to home.

We will work with family doctors, social services, and with our patients and their families to provide home based, reliable services, 24 hours a day, 7 days a week. We will also work with other NHS Trusts/Foundation Trusts so that service users who move between organisations as part of their care pathway, have a good experience

With improved community care, our proposals will help patients with the most complex medical and social needs remain in their own home – keeping even more people out of hospital.

Quality promise

Our quality promise ensures that:

- services are safe
- people have a good experience of our services
- we use best practice to ensure better outcomes for our patients
- we meet national standards.

A patient-led organisation

Meaningful patient and public involvement is key to the success of the Trust. We will ensure that we continue to engage and involve our patients, carers, partners and wider stakeholders in the delivery and design of our services.

We will:

- raise awareness of our services and the work of the Trust
- create opportunities for involvement
- support and empower patients
- improve information resources.

How will we get there?

Our vision is supported by three strategic objectives. These are based on what our partners, patients, staff and Commissioners tell us what they would like us to do.

Objective 1:

To provide services which enable improved health outcomes with particular focus on areas of known health inequality.

We will provide services which will help improve health care outcomes for everyone especially for those suffering deprivation and health inequalities.

Ways in which we will achieve this include:

- Supporting people to stop smoking.
- Encouraging mums to breast feed.
- Helping substance misuse patients stay drug free.
- Helping patients get back into employment.
- Helping people to manage their own health problems, sometimes using technology in the home.
- Putting services into people's homes to prevent them going into hospital when they don't need to.

Objective 2:

To deliver care pathways that are integrated with local authorities, primary care and other providers.

We will provide services, with family doctors, which address both health and social care needs.

Ways in which we will achieve this include:

- Creating multi-disciplinary teams of health and social care staff, which can provide for all of the patient's needs.
- Identifying people who need special support in the community with complex conditions, such as diabetes or heart or lung problems. By intervening early we will be able to keep people well for longer and stop their illness getting out of control.
- Ensuring our teams have specialist skills so that even complex care can be provided at home.
- Ensuring all of our services can be easily accessed through a single phone number and ensuring that we can respond to urgent needs quickly, within one to two hours
- Sharing records of care between different health professionals and working collaboratively with other local NHS providers.

Objective 3:

To maintain profitability in core business by offering best value alternatives to acute hospital admissions.

We will provide services which are good value and apply best practice to help the whole of our health system remain financially viable.

Ways in which we will achieve this include:

- Working with the main hospitals to provide more services into the community.
- Making sure our services are run as efficiently as possible.
- Expanding our services where it is appropriate to do so.

Question time

Do you agree with the objectives for the Trust?

How will the Trust be run?

If we become a Foundation Trust, the way we run will change. Our governance, which describes how the Trust will operate, will have three main strands:

- 1) Membership
- 2) Council of Governors
- 3) Board of Directors

Membership

By becoming a Foundation Trust we will be accountable to our public and the local communities we serve through membership. We will have greater freedom and flexibility to determine how to deliver services which meet local priorities and deliver our aims. Through membership, we will listen to your views and opinions which will help influence decisions and the Trust's future.

Members will be able to elect a Council of Governors. The Council of Governors will advise our Board on how we should provide and improve services. This will be achieved by ensuring the views of local people (members) are taken into consideration when decisions about healthcare are made.

Members can:

- have a say in what we do
- help shape our future plans for services and the Trust
- receive the quarterly newsletter 'Shine for members'
- be involved in focus groups or surveys about our services
- be invited to events and health talks
- elect Governors to represent their views
- stand for election as a Governor
- be involved as much or as little as they wish.

Our aim is to recruit a diverse membership which is representative of the communities we serve.

Our targets for membership are:

- 7,850 members by April 2013
- 10,050 members by 2014

Who can become a member?

Membership is open to anyone over the aged of 14 living in Hampshire, Southampton or Portsmouth. We have chosen this lower age limit as we provide services to younger patients and want to ensure we have representation from this age group.

Our proposal is to have two membership constituencies:

1) Public constituency

The public constituency will consist of three distinct constituencies (people who live in the areas of):

- Portsmouth City
- Southampton City
- Hampshire

2) Staff constituency

All members of staff who have worked for the Trust for 12 months or more have been opted into staff membership, unless they have chosen to opt out. We will be inviting all bank staff and seconded staff to become a member.

We will ask honorary staff, agency staff, and volunteers to become public members.

It is proposed that the staff category be subdivided into geographical constituencies. The three staff constituencies will be:

1. Staff predominantly based in Portsmouth
2. Staff predominantly based in Southampton
3. Staff whose focus is in Hampshire

Question time

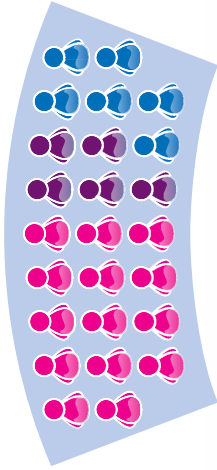
Do you agree with the proposed public constituencies – do you think that they are representative of the communities we serve?

Question time

Do you agree that people who are aged 14 should be able to become a member?

Governors

The Council of Governors will be made up of people elected by our members to represent their views, and by a number of appointed Governors from partner organisations.



14 Public Governors

Southampton
Portsmouth
Hampshire

5 Staff Governors

Staff predominantly based in Southampton
Staff predominantly based in Portsmouth
Staff predominantly based in Hampshire

6 Proposed Appointed Governors

Southampton City Council
Portsmouth City Council
Hampshire County Council
Southampton CCG
Portsmouth CCG
University TBC

We propose to have a Council of Governors with 25 members. These include:

- 14 elected public Governors who represent the geographical areas elected by the public including:
 - 5 public Governors from the Southampton constituency
 - 5 public Governors from the Portsmouth constituency
 - 4 public Governors from the Hampshire constituency
- 5 staff Governors who represent the geographical areas elected by staff members, including:
 - 2 staff Governors from the Southampton staff constituency
 - 2 staff Governors from the Portsmouth staff constituency
 - 1 staff Governors from the Hampshire staff constituency
- 6 non-elected Governors who will be appointed from partner organisations including:
 - Southampton City Council
 - Portsmouth City Council

- Hampshire County Council
- Southampton Clinical Commissioning Group
- Portsmouth Clinical Commissioning Group
- University TBC

The Council of Governors will:

- appoint (or remove) the Trust's Chair and the Non-Executive Directors
- approve the appointment of the Trust's Chief Executive
- appoint the Trust's external auditors
- agree the salaries of Non-Executive Directors and the Chair
- receive the annual reports and accounts
- advise the Board and represent members views about the strategic direction of the Trust
- represent the views of members
- help develop the Trust's membership strategy and help the Trust to recruit members.

The Governor's role does not include managing the day-to-day business of the Trust. This responsibility remains with the Board of Directors who ensure that the Council of Governors is fully involved in the future plans of the Trust.

Governor elections

Governors are elected through TBC, with the exception of appointed Governors. Elections will be held every three years unless the seat is uncontested in which case they will be held every two years. The electoral process will be carried out by a professional electoral company.

Question time

Do you agree with our proposals for the Council of Governors?

Board of Directors

All NHS Trusts are required to have a Board of Directors. The Board will always have a majority of non-executive directors. The Board of Directors will include:

- a (non executive) chairman
- 5 non-executive directors
- 5 executive directors including: the Chief Executive, finance director, a registered medical practitioner or a registered dentist, and a registered nurse or midwife.

The Board of Directors is the accountable body for the running of the Trust. The day to day business of the Trust will remain the responsibility of the Board of Directors.





Have your say?

We would like to hear what you think of our plans to become a Foundation Trust. Your feedback will form part of our application to the Secretary of State for Health.

You have until Tuesday 5 June 2012 to tell us what you think. You can share your thoughts by:

- visiting our website at www.solent.nhs.uk/ft and filling in our online feedback form
- completing the feedback form attached to the back of this form and sending it back to us at the Freepost address provided – no stamp needed.
- emailing us at communications@solent.nhs.uk

Want to know more?

We have arranged a number of events where you can speak with us in person about our proposals.

<include event details>

DETAILS NEEDED

Community groups

If you are a member of a community group and would like us to come and speak to your group about our plans please either email us at communications@solent.nhs.uk or call 023 8060 8937. We would be happy to come and talk with you.

What happens next?

Once our consultation has ended (5 June 2012) we will review all the comments we receive. We will use your comments to refine our Foundation Trust application. We may not be able to make all the changes suggested by people but we will consider every response with an open mind.

We will prepare a summary document containing all the responses received and the changes we have made to our plans as a result of the comments received. The document will be viewable on our website or you can request a copy of the document from the Communications Team on 023 8060 8935.

Tell us what you think

We would like to know what you think about our proposals to become a Foundation Trust. Please share your views by completing this form and sending it back to us:XXXXXXXXXXXXXXXXXXXX. You do not need to attach a stamp. Please respond by Tuesday 5 June 2012.

Do you agree with the objectives for the Trust?

Do you agree with the proposed public constituencies – do you think that they are representative of the communities we serve?

Do you agree that people who are aged 14 should be able to become a member?

Do you agree with our proposals for the Council of Governors?

Personal details

Are you Patient Resident Member of Staff Partner organisation Other

Name

Address

Telephone

Email

Member Yes/No If you are not a member would you like to become one?

Become a member

Have your say about local health matters by becoming a member of our Trust.

Membership provides even more opportunities for the local community, patients, staff and partners to get involved in our work, share experiences and have a much bigger say in the way the local health services are run.

You can decide how involved you would like to be. You might choose to receive updates, you might like to comment on our plans and take part in events. Alternatively, you may consider standing for election as a Governor. The choice is yours!

The larger and more involved our membership is, and the more closely it reflects the different communities we treat

as patients, the better. We aim to deliver the best in care and make improvements based on what you say. We need as many interested people as possible to join us – and we'd love you to be one of them.

You must be at least 14 years old to become a member.

Join us today

it's quick and easy and it won't cost you a penny.

To join either:

- complete the form attached to this document and pop in the post to XXXXXX (no stamp needed)
- fill in our online form at www.solent.nhs.uk/membership



Become a member using this form

You must be at least 16 years old.

Section 1: Your contact details

Title (e.g Mr, Mrs, Miss, Ms, Dr): _____

*These fields are mandatory

*First name: _____

*Surname: _____

Gender: Male Female

Date of birth: ____ / ____ / ____ DD/MM/YYYY

Email address: _____

(Where possible we ask you to provide an email address as this is the quickest and most cost effective way to communicate with you.)

*Address: _____

*Postcode: _____

Home telephone no: _____

Mobile telephone no: _____

Do you have any special information requirements?

Audio tapes Large print Braille Other (please state) _____

Section 2: About you

This section is optional, however it will help us to build a membership that is representative of the community we serve.

Ethnicity

- White British
 - White Irish
 - White Other
 - White & Black Caribbean
 - White & Black African
 - White & Asian
 - Mixed Other
 - Chinese
 - Indian
 - Bangladeshi
 - Pakistani
 - Asian or Asian British Other
 - Caribbean
 - African
 - Black or Black British Other
 - I would rather not disclose this
 - Any other ethnic group
- Please specify _____

Disability

By knowing your disabilities or special needs, we can communicate with you better.

Would you describe yourself as having:

- A sensory disability
- A physical disability
- Other (please state) _____
- A mental health problem
- A learning disability

Section 3: Your membership

Please let us know what level of involvement you would like in the Trust?

- Connection with the Trust**
- Public
 - Patient / service user / carer. Please tell us which service you have had contact with?
 - Member of staff
 - A former member of staff
 - Member of a community group if so, which?

Signature: _____

Date: ____ / ____ / ____ DD/MM/YYYY

Section 4: Declaration

I confirm that the information provided on this form is accurate, that I am at least 16 years old and that I have not been:

- involved in the previous five years in an act of assault, violence or harassment against any Trust staff or registered volunteers of the Trust
- convicted of offences against children or vulnerable adults.

I would like to: (tick all that apply)

- Receive regular information about the services provided by the Trust and be invited to meetings
- Respond to consultations and suggestions for changes
- Be invited to workshops and focus groups
- Become a governor

Which of our services are you interested in finding out more about? (tick all that apply)

- Care of the elderly
- Child and family services
- Long term health problems
- Adult services
- Mental health services
- Learning disability services
- General Trust information

Section 5: Data Protection and the Public Registers

The information on this form will be kept by Solent NHS Trust and only used in connection with membership and public involvement. This is in accordance with the Data Protection Act 1998.

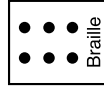
- Please tick this box if you do not want your name to be included on the public register of members.





For a translation of this document,
an interpreter or a version in


large
or
print



or



please contact Access to Communication

 **023 8024 1300**

**For an easy read version of this leaflet
please contact the Communications Team on 023 8060 8937.**

www.solent.nhs.uk

This page is intentionally left blank

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	ESTABLISHMENT OF LOCAL HEALTHWATCH IN SOUTHAMPTON		
DATE OF DECISION:	19 TH JANUARY 2012		
REPORT OF:	EXECUTIVE DIRECTOR FOR HEALTH AND ADULT SOCIAL CARE		
AUTHOR:	Name:	MARTIN DAY	
	E-mail:	martin.day@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			

SUMMARY

The Health and Social Care Bill currently before Parliament requires each upper tier local authority to make arrangements for local HealthWatch. This report updates the Scrutiny Panel on developments since the previous report in June 2011. It summarises recent developments, outlines the scope envisaged for local HealthWatch, and provides an opportunity for the Scrutiny Panel to express a view on how it would wish to see HealthWatch develop in Southampton.

RECOMMENDATIONS:

- (i) That the Scrutiny Panel determines whether it wishes to express a view on how HealthWatch should be developed in Southampton.
- (ii) That the Scrutiny Panel identifies if and how it would wish to engage with local HealthWatch as it develops and once it is established

REASONS FOR REPORT RECOMMENDATIONS

1. To provide an opportunity for the Health Overview and Scrutiny Panel to express a view on the development of local HealthWatch in Southampton.

CONSULTATION

2. A range of other stakeholders are being engaged on this issue, including the shadow Southampton Health and Wellbeing Board, S-LINK, and community and user groups.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The council will have a duty to establish local HealthWatch. The precise form is not being determined at this stage, but it is essential to undertake the necessary preparatory activities in order to be able to introduce local HealthWatch from April 2013.

DETAIL

4. The government intends to establish HealthWatch to be the new consumer champion for both health and adult social care. It will exist in two distinct forms – Local HealthWatch, at local level, and HealthWatch England, at national level.

HealthWatch England will be a national body that enables the collective views of the people who use NHS and adult social care services to influence national policy, advice and guidance. It will be a statutory committee of the Care Quality Commission (CQC) with a Chair who will be a non-executive director of the CQC HealthWatch England. It will have its own identity within the CQC, but be able to use the CQC's expertise and infrastructure and will be funded as part of the Department of Health's grant in aid to the CQC.

HealthWatch England will provide leadership, guidance and support to Local HealthWatch organisations. It will also provide advice to the Secretary of State, NHS Commissioning Board, Monitor and the English local authorities and they must have regard to that advice. HealthWatch England will be able to escalate concerns about health and social care services raised by Local HealthWatch to the CQC. There will be a requirement for the CQC to respond to advice from HealthWatch England.

HealthWatch England will have a strong principle of continuous dialogue with Local HealthWatch, keeping communication lines open and transparent. This will facilitate HealthWatch England's responsibility to provide national leadership and support.

The Secretary of State for Health will be required to consult HealthWatch England on the mandate for the NHS Commissioning Board.

5. Local HealthWatch will be established to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local HealthWatch will be an independent organisation, able to employ its own staff and volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public. Local HealthWatch will have to be inclusive and reflect the diversity of the community it serves. There is an explicit requirement in the Health & Social Care Bill that Local HealthWatch membership must be representative of local people and different users of services including carers.
6. At its meeting on 22nd June 2011 the Scrutiny Panel received an initial report from on the HealthWatch function set out in the Health and Adult Social Care Bill. At the time of the previous report to the Scrutiny Panel, indications were that local authorities would be required to establish local HealthWatch from July 2012. Over the summer the start date slipped to October 2012, and on 3rd January 2012 the Department of Health announced the implementation date would now be April 2013. A letter from the Director for Social Care, Local Government and Care Partnerships at the Department of Health, detailing the latest changes to the government's plans, is attached at appendix 1 to this report. In addition to giving notification of the change of date, David Behan has also announced that HealthWatch Pathfinders will

receive a degree of funding, and that there will be an additional £3.2 million nationally to assist with HealthWatch start-up costs. The new start date for HealthWatch now brings its establishment into line with the other major changes proposed in the Bill, including the formal establishment of a Health and Wellbeing Board, Clinical Commissioning Groups going live, and the transfer of public health authorities to local government.

7. The previous report indicated that a joint submission to the Department of Health had been made with Portsmouth CC, Hampshire CC and the Isle of Wight Council to be part of the Pathfinder programme, designed to develop and share learning. The Department accepted the submission, and the 4 local authorities have been working together since that date. Two joint stakeholder engagement events were organised by the SHIP Pathfinder authorities were held in November and December 2011. The feedback from these events and activities held by each of the 4 local authorities will help to inform the extent to which any of the HealthWatch elements can be jointly commissioned. As referred to above it has now been announced that Pathfinder areas will receive a small degree of financial support for developmental activities. Clarification on the level of financial support is being clarified with the Department and further details will be provided at the meeting.

Local HealthWatch Activities

8. There are to be 3 main activities to be undertaken by local HealthWatch
 - NHS complaints advocacy
 - Signposting
 - Patient and public engagement

The third of these activities is the existing work undertaken by the Local Involvement Network (S-LINK). It will be important to build on the strengths and successes of the existing LINK and not lose the enthusiasm and expertise built up by LINK members in recent years.

9. The council will made responsible for commissioning NHS complaints advocacy services for people requiring support to make a complaint. The services can either be commissioned from the new HealthWatch, or from a suitably qualified third party provider. The service is currently provided to the NHS by an external provider and the contract is scheduled to expire at the end of March 2013.
10. Local HealthWatch organisations will be responsible for providing information to service users to access health and social care services, promoting choice and acting as a point of contact for individuals, community groups and voluntary organisations when dealing with health and social care. It is recognised that significant resources are already put into providing information on health and care by a number of local organisations. One of the key challenges will be to develop a system which adds value, rather than

simply replicates, existing information sources.

11. In terms of patient and public engagement the following key activities have been identified:
- Having have a seat on the health and wellbeing board, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups. This will ensure that Local HealthWatch has a role in promoting public health, health improvements and in tackling health inequalities
 - Enabling people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved
 - Alerting HealthWatch England to concerns about specific care providers
 - Providing authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services

Helping Clinical Commissioning Groups to make sure that services really are designed to meet citizens' needs

The Role of the Local Authority

12. Local HealthWatch will be funded by local authorities, via grant from the Department of Health. The local authority will then hold local HealthWatch to account for its efficiency and effectiveness. The local authority will be free to choose how they commission local HealthWatch in order to achieve best value for money for their communities. It is expected that local authorities will work in partnership with their existing LINK, voluntary groups and community organisations when designing their approach to commissioning Local HealthWatch

Subject to the passage of the Health & Social Care Bill, local authorities will have to provide an advocacy service to people who wish to make a complaint about their experience of NHS care from April 2013. Local authorities will be able to commission the service from any provider including Local HealthWatch.

Developing a HealthWatch for Southampton

13. It will be important to commission a Southampton HealthWatch which will meet the needs and expectations of people living in the city. To help develop what this might look like, a series of consultation activities are being

undertaken, and the engagement of the Health Overview and Scrutiny Panel forms part of this process. Arrangements are being made for a discussion with the LINK steering group, and also with representatives from the voluntary sector.

14. There are a number of activities which the council will need to undertake in order to secure its HealthWatch service. These include:
 - Completion of stakeholder engagement
 - Analysis of feedback from the engagement activities
 - Development of tendering specification in light of final Health and Social Care Act, and feedback from engagement
 - Publication of tenders
 - Analysis of tenders procured and award of contract

15. In view of the fact the revised introduction timetable was announced in the week that this report is being written, further work is now being undertaken to develop a revised timetable for delivery.

16. One of the key ways that local HealthWatch will differ from Local Involvement Networks is that the legislation will require each local HealthWatch to become a “body corporate”. This is very different from the existing local involvement network set up, where the LINK has no legal status. 5 types of legal entity are emerging as possible vehicles for local HealthWatch:
 - Charitable company limited by guarantee
 - Charitable incorporated organisation
 - Community interest company
 - Industrial and provident society
 - Non-charitable not for profit company

It will be for the Council ultimately to select the most appropriate form. The final choice will be informed by the final nature of the business being commissioned, expected outcomes from local HealthWatch, and local market conditions.

17. Establishing appropriate governance arrangements will be key to the long-term success and viability of HealthWatch Southampton. It will be accountable to local people, the council, and to HealthWatch England. The detail of the governance arrangements will need to be developed over the coming months, but key issues for consideration will include membership arrangements, the operation of the governing body, and arrangements for joint working in respect of services which are jointly commissioned with other local authorities.

Conclusion

18. The current details released by the government on establishing local HealthWatch should, subject to the passage and enactment of the Health and Social Care Bill, enable local authorities to create their local HealthWatch organisations to begin functioning from April 2013. The local challenge is to establish a HealthWatch that is relevant to local people, builds on the experience gained through both Patient and Public Involvement Forums and Local Involvement Networks, has robust and sustainable governance mechanisms, and identifies and exploits opportunities to add value to the system, either by joint working with other local authorities or with other organisations representing local patients and service users.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

19. None.

Revenue

20. Local Healthwatch will commence from April 2013. The ongoing funding to support Healthwatch is derived from several strands. These are outlined as...
- Existing funding LINKs, currently held within the Council budget - £140,000pa
 - New funding from Department of Health in respect of
 - PCT PALS – Estimated at £120,000 a year from 13/14.
 - NHS complaints advocacy service - Estimated at £60,000 a year from 13/14.
 - PCT DOLS (Deprivation of Liberty Safeguards) - Estimated at £7,000 a year from 13/14.

The Department of Health will clarify the final funding for local HealthWatch in December 2012 for 2013/14.

In respect of 2012/13 the DoH have announced that non-recurrent funding will be available to support the set up of the Local Healthwatch. For Southampton it has been announced that £6,500 will be available in respect of PCT DOLS whilst an estimated £15,000 will be available for the set up of Healthwatch, (this figure is still to be confirmed by the DoH.).

Property

21. None.

Other

22. Southampton Voluntary Services holds the contract for hosting S-LINK . In the light of the delay to introduce local HealthWatch, arrangements will need to be agreed for the continuation of hosting the LINK.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

23. The Health and Social Care Bill currently before Parliament requires all upper tier local authorities to make arrangements for local HealthWatch.

Other Legal Implications:

24. None.

POLICY FRAMEWORK IMPLICATIONS

25. None.

SUPPORTING DOCUMENTATION

Appendices

1.	Letter from David Behan, Director for Social Care, Local Government and Care Partnerships at the Department of Health, dated 3 rd January 2012.
----	--

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:

FORWARD PLAN No: N/A KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	None
-----------------------------	------

This page is intentionally left blank

3 January 2012

Gateway reference: 17068

*Department of Health
Room 213
Richmond House
79 Whitehall
London
SW1A 2NS*

Tel: 0207 210 5727

To:

Leaders of Local Authorities
Chief Executives of Local Authorities
Directors of Children's Services
Directors of Adult Social Services

Copy:

Local Involvement Networks
Healthwatch Programme Board and Advisory Group

Dear Colleague

Local Healthwatch

I am writing to let you know about the announcement made (today) by Secretary of State for Health, Andrew Lansley.

The announcement covers:

1. a new start date for Local Healthwatch
2. funding made available for the Healthwatch pathfinders
3. new funding of £3.2m for start up costs for Local Healthwatch; and

1. A new start date for Local Healthwatch in April 2013

Subject to parliamentary approval, Local Healthwatch will be the local consumer champion for patients, service users and the public. It will have an important role to champion the local consumer voice, not least through its seat on the local health and well being boards.

The new date for establishing Local Healthwatch in April 2013 will support the need to align this closer to the establishment of other new bodies such as the health and well being boards. The extension will also support preparations for implementation and enable Healthwatch England (which will be established in October 2012) to provide the leadership and support to Local Healthwatch organisations.

2. Funding made available for the HealthWatch pathfinders in Q4 of 2011/12

The funding being made available to each of the 75 Healthwatch pathfinders is in response to stakeholders seeking resources from the Department to support them in delivering their work. Whilst how this will be spent is for each pathfinder to agree with their delivery partners, there are three areas where value for money could be sought:

- demonstrate testing elements of proposed Healthwatch functions

- stakeholder events to involve local people
- develop wider community engagement
- rewarding and reimbursing volunteers (particularly from LINKs) for their contribution
- contributing to their regional network to accelerate shared learning.

The funding for the pathfinders will be allocated through the local government Formula Grant route and we will be in contact with each pathfinder local authority to make them aware of this.

In addition to this, the Department will be funding expertise from the sector to draw together and share the learning and it will be important for the Healthwatch pathfinders to support this work to gather the information from them so to inform planning for the implementation stage in 2012/13.

3. New funding of £3.2m for Local HealthWatch in 2012/13

The new funding of £3.2m that will be made available in 2012/13 is for start up costs in setting up Local Healthwatch and includes costs such as staff recruitment/training, office set up costs, and branding; the funding will be allocated as part of the DH learning disabilities and health reform grant in 2012/13.

Under the Local Government and Public Involvement in Health Act 2007, local authorities will need to continue to provide a Local Involvement Network (LINK) and funding for this continues to be allocated as part of the local government Formula Grant in 2012/13 and the £3.2m will be in addition to this.

The Department will provide further advice for planning purposes about funding for Local Healthwatch in 2013/14, as part of the Local Government allocations notifications at the end of 2012.

Yours sincerely,



David Behan
Director General for Social Care, Local Government and Care Partnerships