
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 26 JULY 2011

Present: Councillors Capozzoli (Chair), Daunt, Fitzgerald, Parnell (Items 8, 9, 10 and 11), Payne (Items 8, 9, 10 and 11), Thorpe and Turner (Items 7 and 8)

7. **ELECTION OF VICE-CHAIR**

The Panel appointed Councillor Parnell as Vice-Chair for the Municipal Year.

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

RESOLVED that the Minutes of the meeting held on 22nd June 2011 be approved and signed as a correct record, subject to an amendment on page 2, to change final paragraph under "Establishing the SHIP PCT Cluster" to read: "The mechanism for dealing with disputes and problems that might arise and decisions made by the cluster board was discussed in detail. The panel agreed they would write formally to the Cluster Board to seek re-assurance on dispute resolution between the Cluster and Local Authorities, specifically regarding the mechanism to be applied for resolving disputes regarding the eligibility of a service user for continuing care."

(Copy of the minutes circulated with the agenda and appended to the signed minutes).

9. **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

The Panel received, noted and commented on the report of the Executive Director of Health and Adult Social Care and Director of Public Health, on the findings of the Joint Strategic Needs Assessment (JSNA) and the arrangements for the publication of the JSNA covering the period 2011-2014. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from Graham Watkinson, Public Health Consultant for NHS Southampton City and Martin Day, Strategic Business Manager, which highlighted the comments and key themes arising out of the consultation process which had taken place since September 2010. It was acknowledged that there was a legal requirement to produce the Joint Strategic Needs Assessment.

Main points from the presentation included:

- Feedback had been received from many different consultees and many data sets had been identified during the development and consultation process, some of which had highlighted areas of concern where performance in Southampton was below other towns and cities;
- Southampton has little data in some areas and there is a need to improve data collection, working with commissioning services to do so;
- It was considered important for there to be a clear mechanism for measuring outcomes of commissioning decisions taken and policies implemented;
- There was a requirement to be mindful of new and changing legislation and the changing NHS infrastructure;

- Substantial changes were expected in Southampton in the demography of the age of the population at the lower and upper end of the spectrum in the next seven years;
- The JSNA has a role to play in joining the emerging Clinical Commissioning Group and Local Authority via the Health and Wellbeing Board;
- Poverty was considered to encourage ill health and therefore it was thought important to address this issue;
- The Executive Summary needed to be reviewed regarding the language used and should be simplified to enable all to understand;
- The JSNA should signpost health assets which would enhance health and well-being of individuals;
- The integration of Public Health into the Authority will provide an opportunity to improve communication around the role other directorates can play in creating a healthier environment;
- Nine key themes had emerged from the consultation process and these themes had dovetailed with the six Marmot 2010 main policy recommendations. The following points were highlighted under the themes:
 - Improve Economic Wellbeing – the average gross weekly wage in Southampton was £54 less than other areas in England with many young people living in relative poverty;
 - Take Responsibility for Health – it was considered important to educate and empower people to take responsibility for their own health. Alcohol-specific hospital admissions for the under 18s in Southampton were high when compared with the rest of the UK. Alcohol in the UK was also relatively cheap when compared with the past and consideration about how to address this issue should be taken into account;
 - Improve Long Term Conditions – the percentage of people living in Southampton with long term medical conditions was increasing and it was considered important to try and prevent these diseases and offer more support to carers;
 - Responding to an Ageing Population - The ageing profile of Southampton was likely to increase the number of people living with disabilities, health conditions and requiring intensive support. It was considered that extending mobility and independence could be improving by encouraged access to additional enjoyable activities and helping people to stay fitter for longer. More activities to discourage social isolation were considered to be a good thing;
 - Creating a Healthy Environment – Ensuring the physical environment helped to promote walking, cycling and safe local recreation and play was considered important. As was the role of related services, for example, by encouraging warm homes, the risk of illness decreased, thereby saving NHS money.

10. **SOUTHAMPTON UNIVERSITY HOSPITALS TRUST - FOUNDATION TRUST APPLICATION**

The Panel considered and commented on the report of the Director of Communications and Public Engagement - Southampton University Hospitals Trust (SUHT), on the progress with SUHT's Foundation Trust Application (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from Judy Gillow (Director of Nursing) and Alison Ayers (Director of Communications), SUHT, setting out the process which had taken place from 2007 to date, including a detailed consultation which had involved key stakeholders. It was highlighted that in 2010 the process had been paused due to the national economic crisis which had caused difficulty with financial stability within the Trust. However in the spring of 2011 the Department of Health had been content to continue the process to the final stage and there had been satisfactory progress since that time. The success or otherwise of the application would be known at the end of September 2011.

Main points from the presentation included:

- By becoming a Foundation Trust, the local responsibility and accountability for managing budgets increased, and statistics from other Trusts had shown that many areas demonstrated great improvement;
- Foundation Trusts have tight frameworks in which to operate and therefore any expansion or contraction of service cannot be changed easily and required a consultation process;
- Members of the Council of the Foundation Trust represented the whole city and not wards and a view was expressed stating that the phrase used on the NHS website "Council Members" could be misleading as the public may consider them to be Members of Southampton City Council;
- It was considered to be useful for Members to establish a method of engagement with Members of the Council from SUHT;
- Good customer service was considered to be vital in maintaining the reputation of the Trust with patients and commissioners;
- There was a five year strategy report on becoming a Foundation Trust and the Panel asked for this to be circulated to their Members;
- An imminent meeting was scheduled to explore how LINK and the SUHT Council membership can work better together.

RESOLVED that the report and presentation be noted and supported by the Panel with the exception of Councillors Payne and Thorpe who abstained.

11. **TRANSFORMING OLDER PEOPLE'S MENTAL HEALTH SERVICES : PUBLIC CONSULTATION - FINAL REPORT AND RECOMMENDATIONS**

The Panel considered and commented on the report of the Head of Consumer Experience and Engagement Southern Health NHS Foundation Trust (SHFT), on the proposed closure of the Linden and Willow Wards at the Tom Rudd Unit, Moorgreen Hospital. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a presentation from Pam Sorenson, Southern Health NHS Foundation Trust, updating the panel on the outcome of the public consultation and the process required to enable the closure of Linden and Willow Wards at Moorgreen hospital, which would release capacity of staff and finance. Although some redundancies would be required as a result of the changes clinical staff were not included in this aspect. Hampshire County Council and Eastleigh Borough Council had been consulted and confirmed that there was capacity for patients, if the closure took place. The Panel noted that there was a feeling that many medical services were migrating to the west of the city and that this situation needed to be monitored,

especially in connection with available transport for patients. The closed wards would be used for other purposes, in due course after consultation has taken place. It was confirmed that the impact of the changes would be the subject of a review in the future and the panel would be provided with copies of any reports of the review group.

RESOLVED to note the report with a request that there would be provision of a sustainable travel plan for residents on the east side of the city.