

PRESENT

	<u>Members</u>	<u>Officers</u>
Hampshire	Keith Chapman Pat West (Chairman) Brian Collin?	Denise Holden Martin Combs
Portsmouth	Lynne Stagg	Tony Quinn
Isle of Wight	Margaret Webster	
Southampton	Brian Parnell	

Apologies were received from Councillors Ray Love (Hampshire), Peter Edgar (Hampshire), Liz Fairhurst (Hampshire)

1. **1 MINUTES**

The Minutes of the meeting of the Joint Committee held on 16 March 2010 were confirmed as a correct record.

2. **Unscheduled Care: proposed strategy for a remodelled system for Southampton, Hampshire, the Isle of Wight and Portsmouth (SHIP)**

Dr David Paynton, Director for Unscheduled Care - SHIP, delivered a presentation on a strategy for a remodelled system for unscheduled care across the SHIP area. The model was well researched and strongly supported by evidence and engagement, including subsequent feedback from health stakeholders. Further and ongoing proactive engagement is planned as this work is taken forward.

Key points in the presentation included:

- Evidence to suggest that the unscheduled care system, as it stands, was not in balance – indications of this included a step change increase in attendance at hospital Emergency Departments, particularly following the introduction of the GP GMS contract in 2002/3, and steadily increasing demand on the ambulance 999 service.
- The critical importance of the unscheduled care service strategy taking the public and patient perspective as its starting point
- The strategy proposes there are three main categories of people using unscheduled care:
 - Those who require 'urgent care' for relatively minor injuries and illnesses
 - Those who have 'chronic illnesses'
 - Those who require 'emergency care resulting from major trauma or life threatening incidents
- Identification of ways in which current services do not meet the needs of the different categories of patients
- Identification of ways in which services will need to evolve and work differently to delivery unscheduled care
- Consideration of the financial and economic issues necessary to ensure sustainability, efficiency and cost effectiveness of the remodelled system
- An outline of the next steps following support of the SHIP HOSCs

Members raised questions in response to the presentation, for example:

- recognising that issues such as reducing drunken behaviour in town centres at weekends that created extra demand for emergency services depended at least in part on local licensing authorities being able to acquire information on pubs and bars that failed to self regulate the drinking of their customers.
- Reinforcing the benefits of 'knowing the customers' with respect to matching the best and most appropriate type of 'unscheduled' care to the person requiring it – work on the Hampshire Health Record is continuing to progress which should support the better sharing of health information across the health/care community

It was also noted that:

- South Central Ambulance had appointed a programme manager to sort out the better use of resources in Hampshire
- The shifting of commissioning and resources has challenges for acute providers, but also provides opportunity for them to focus more on the specialist care that can only be provided in that setting.

RESOLVED:

That the proposals be welcomed by the JHOSC and that work continues to be taken forward on the strategy and remodelling of the unscheduled care system for the SHIP area

3. **Solent Healthcare: presentation on future plans**

Dr Ros Tolcher, Chief Executive of Solent Healthcare provided an overview of the creation of Solent Healthcare NHS Trust and of its plans for the future. Dr Tolcher explained that Solent Healthcare arose out of the merger of the service provider arms that were originally part of Portsmouth City PCT and Southampton City PCT. The resulting Solent Healthcare expects to be more clinically and financially viable than either of the original provider arms would have been alone.

Solent Healthcare came into existence formally in April 2010. Underpinning its conception was a detailed business case. South Central SHA has given its approval in principle to Solent becoming an independent NHS provider, but Department of Health approval has yet to be obtained.

The SHA has stipulated that Solent Healthcare should test again to ensure it meets the following conditions, ie. that:

- In its engagement of stakeholders, it must include greater GP involvement in their future role as commissioners of services
- Particular attention should be paid to the views of Directors of Children's Services and Public Health as set out in the DH TCS tests and supplementary assurance
- There should be continued market testing of services in light of "any willing provider" will probably apply for community services in 2011/12
- Direction of travel towards extending choice will be included in the commissioners case for change, and
- Sufficient resource is assigned to refreshing the business case to reflect changes in local and national policy to evidence that an additional, autonomous NHS Trust is sustainable in South Central.

The presentation included a breakdown of Solent's main sources of income, nearly 70% of which comes from Portsmouth and Southampton PCTs, and approximately 18% from Hampshire PCT. Currently Solent claims to serve a population of 1.5 million, has an income of £184 million and over 4,200 staff.

Potential challenges and threats to the organisation's future include:

- Timescales and workload
- Assurance on financial viability: part of a larger system

- Assurance on organisational and board competency and capability
- Changing markets, competition and demand for services
- Impact of transition to new commissioning arrangements
- Business continuity

Clarity on some issues was sought by members

RESOLVED:

That the plans of Solent Healthcare be noted

4. **Assessment Framework – update**

A refresh of the SHIP framework for assessing substantial change was presented by the Corporate Scrutiny Manager at Hampshire County Council. It included an explanation of why it was necessary to update and build on the successful earlier framework developed within the context of the Joint Committee. It was pointed out that experience of its use in the SHIP area had been beneficial for local authority scrutiny and NHS organisations alike, since it always supported the best interests of patients and local health organisations at a number of levels.

Work on the update exposed questions and issues around the as yet not fully detailed intentions of the new government, particularly concerning clarity of implementation. Nevertheless, members believed that even though the Health system was facing unprecedented challenges and that the need for scrutiny and accountability was never more important, through good and careful practice the SHIP assessment approach has gained the respect of Health organisations in the area.

RESOLVED:

That the 'next steps' as suggested in the presentation be accepted and that:

- Endorsement of the NHS organisations in the area be sought for the principles and approach proposed in order for effective and constructive engagement to be maintained.
- That HOSC members in each of the SHIP areas be re-acquainted with the assessment framework
- That as the Framework is adjusted to reflect evolving legislation and guidance
- That the Framework be updated on a regular basis

7 **UPDATE FROM LOCAL AUTHORITIES**

Southampton

- The OSC is undertaking a joint assessment in relation to access to everyone's records (?)
- The committee has receive a Southampton PCT update on changes in the NHS
- The Health Overview and Scrutiny Committee has now merged with the committee that scrutinises adult social care services

Hampshire

- Work on the reprovision of health services in Havant/Oak Park has been completed, the outcomes of which have been very pleasing, and are very different from the original intentions and plans proposed by the NHS
- The Joint Review of Therapy Services for Children with Special Educational Needs has been completed, and is now entering the monitoring stage
- The Committee submitted the Hampshire response to the White Paper proposals
- A HOSC panel is now reviewing falls and falls prevention in Hampshire
- The HOSC is monitoring a potential reconfiguration of acute services in mid and north Hampshire

Isle of Wight

- A consultation has been undertaken with regard to patients with dementia who have been transferred from one care/nursing home to another.
- White Paper is still under discussion
- The PCT is now referring some patients to the mainland (for what?)

- Neurological services are now available again on the Isle of Wight
- There is concern about the social care budget
- There is concern about what is giving rise to homelessness

Portsmouth

The review of Alcohol Related Hospital Admissions is nearing completion and it is anticipated that the findings will be published in December. The findings of the review will be showcased at the "Marmot – One Year On" conference being held in February 2011. The HOSP have just submitted a referral to the Secretary of State in respect of lack of consultation over the closure of ward G5 at QA Hospital, which will help to inform the discussion on updating the Assessment Framework. The HOSP are also looking at the Sustainability Plan as well as the implications for the health economy, resulting from the White Paper proposals.