

# Health Overview and Scrutiny Panel

Thursday, 10th November, 2011  
at 6.00 pm

## **PLEASE NOTE TIME OF MEETING**

Committee Rooms 1 and 2 - 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

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## 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 15<sup>th</sup> September 2011 and to deal with any matters arising, attached.

### **7 UPDATE ON THE DEVELOPMENT OF THE SOUTHAMPTON CLINICAL COMMISSIONING GROUP**

Report of the Chair of the Southampton City Clinical Commissioning Group (CCG) updating the Committee on the developments regarding clinical commissioning, since the last update in February 2011, attached.

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

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 and requesting that the Committee formally ratifies the recommendations as agreed at this meeting, attached.

**9 PROVISION OF POST ACUTE NEURO REHABILITATION SERVICES**

Report of the NHS Southampton – Executive Director Southampton City Clinical Commissioning Group, requesting that the Committee agree NHS Southampton tender the existing neuro rehabilitation services currently delivered from Stanley Graveson Ward and Snowden Ward at the Western Hospital, attached.

Wednesday, 2 November 2011

HEAD OF LEGAL AND DEMOCRATIC SERVICES

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HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 15 SEPTEMBER 2011

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

Apologies: Councillor Fitzgerald

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

**RESOLVED** that the Minutes of the meeting held on 26<sup>th</sup> July 2011 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

13. **SAFE AND SUSTAINABLE - REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND, REPORT OF THE PUBLIC CONSULTATION**

The Panel received and commented on the report of the Executive Director of Health and Adult Social Care, providing details on the public consultation on 24<sup>th</sup> August 2011, the paper from Southampton University Hospitals NHS Trust to members of the JCPCT on the retrieval of critically ill children from the Isle of Wight and associated letter from Jeremy Glyde, Safe and Sustainable Programme Director to Sir Neil McKay CB, Chair of the JCPCT regarding the retrieval of critically ill children from the Isle of Wight. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a verbal presentation from Michael Marsh, Medical Director, Southampton University Hospitals Trust and Ali Ayres, Director Communications, Southampton University Hospitals Trust providing further information and clarity on the recent public consultation.

The main points from the report and presentation included:-

- Strong support amongst respondents for the key principles.
- Strong support for the need for care in each of the Specialist Surgical Centres.
- Strong agreement that systems should be implemented to improve the collection, reporting and analysis of mortality and morbidity data.
- Option A received the highest level of support from personal respondents as the majority of public were voting for their local centre.
- Option B was the most widely supported across the country, excluding responses from people in the East Midlands and South Central regions, and more organisations supported Option B.
- The letter from the Safe and Sustainable Programme Director to the JCPCT around the emergency retrieval of children from the Isle of Wight strengthened the case for Option B and the secretariat would further advise the JCPCT to take the conclusions about retrievals from the Isle of Wight into account when

considering the outcome of the public consultation which would result in rescoreing of the options.

- Network maps were now in the process of being discussed by all the Trusts.
- Officers to explore the possibility of including the Channel Islands with the Isle of Wight under the “retrieval from remote areas” category.
- The decision will be taken by the JCPCT on 15 December 2011.
- Thanked the Panel for their support on this issue.

### **RESOLVED**

- (i) that the report and presentation be noted; and
- (ii) that a further response be submitted to the review, to include the following points:-
  - Appropriate weighting be given to professional opinions and results that were skewed as a result of local campaigns be acknowledged and considered appropriately.
  - That quality and excellent care be recognised as the most important principle and standard for the future configuration of services.
  - That detailed responses be considered along side the report and in relation to the Panel’s previous response to the point concerning patient numbers and flows, PICU, interdependences, GUCHD and complex procedures be considered by the JCPCT in their decision making.
  - That the report on the retrieval of critically ill children from the Isle of Wight and the associated letter from Jeremy Glyde be taken into consideration and that Southampton be treated with the same status as Bristol in order for the review to be fair.

#### **14. UPDATE ON ADULT SOCIAL CARE PROVIDER MARKET ISSUES**

The Panel received and commented on the report of the Executive Director of Health and Adult Social Care, providing an outline written summary of the current position regarding the provision of contracted care in Southampton. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel received a verbal update from Penny Furness-Smith, Executive Director of Health and Adult Social Care and Councillor White, Cabinet Member for Health and Adult Social Care, providing further information and clarity on the current position.

The main points included:-

- All CQC inspections that had been undertaken in the City were as a result of alerts by the authority on service providers which were now being followed up by CQC.
- That the cost of care had no influence on the quality of care provision.
- There needed to be investment in care in the widest sense, for example improving the opportunities and skills of social care workers so that social care was seen as a desirable profession and engagement with schools so that social care was seen as a growing business/profession.



- All healthcare providers, health trusts, social care providers and opticians had to be registered with CQC. However, although CQC had significant statutory powers and were able to enter and inspect providers and issue closure notices on homes, including the staff, they had no power over day services. In the last 6 weeks the Care Quality Commission (CQC) had been actively reviewing and inspecting a number of local adult health and social care services detailed below:-
  - **Southampton Care UK - domiciliary care services** – As a result of CQC’s inspection, 500 hours of care, which was 39 care packages and 20% of Southampton’s contract, had been relocated to other providers so that Southampton Care UK could concentrate on improving the quality of care. We are working with them to do this.
  - **Oak Lodge, a BUPA nursing care home service specialising in services for very vulnerable older people with dementia and end of life provision** - An action plan for improvements for all residents had been agreed with CQC and as a result, new nursing staff had been recruited to support the unit; however, as new placements have been suspended, alternative provision had to be bought which was at a higher cost. The importance of engaging with the local GP community to support recovery was also highlighted.
  - **South Haven Lodge** – we notified CQC of safeguarding concerns and are working with the home to secure improvements.
  - **Abbecroft Residential Care Home** – safeguarding concerns were investigated. Actions are being taken and cases reviewed.
  - **Tatchbury Manor Care Home** – Concerns raised by Hampshire CC. Evaluating on a case by case basis if it was in the Southampton residents’ interests and safety to be moved. Working with Hampshire to support improvements.
  - Domiciliary care, KDCA - Have gone into receivership. 200 hours of care needed to be re-provided via the framework contract. We underwrote staffing costs to ensure consistency of care could continue.
  - **Southern Cross Care Homes St Basils/Hampton Lodge** – move to become run by the Methodist Care Homes Association. Will hold discussions with them on any legacy issues.

The Panel received a verbal update from Pam Sorensen, Head of Consumer Experience and Engagement, Southern Health NHS Foundation **Trust on the situation at Antelope House (an NHS service) for mental health services.**

At the meeting on 22<sup>nd</sup> June, the Panel had agreed the level and range of engagement activity in respect of proposals to relocate adult mental health services in the Southampton area without formal consultation of the proposals on the basis that consultation had taken place with affected users and carers. One of the proposals was the use of 10 beds in the new purpose-built acute inpatient unit, Antelope House, located on the Royal South Hants Hospital site for service users with reablement needs whose illness meant they had challenging behaviour. This was currently provided at Abbots Lodge, but the unit was geographically isolated and the quality of the building and grounds was poor. CQC had been on site at Antelope House inspecting the mental health services and interviewing staff from Health and Social Care, including the approved mental health practitioners in relation to safeguarding and supporting staff

issues. A draft report had been prepared by CQC on 11<sup>th</sup> August, but this had to be validated and cleared by their legal advisors and formal action would only come out in the final report. It was agreed that the Panel would be provided with copies of the final report when it had been formalised.

**RESOLVED**

- (i) that the report and verbal updates be noted;
- (ii) that officers provide the Panel with a copy of the Care Quality Commission's final report on Antelope House as soon as it had been formalised; and
- (iii) that a special meeting be arranged to discuss the findings of the report.

# Agenda Item 7

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	UPDATE ON THE DEVELOPMENT OF THE SOUTHAMPTON CLINICAL COMMISSIONING GROUP
<b>DATE OF DECISION:</b>	10 NOVEMBER 2011
<b>REPORT OF:</b>	DR STEVE TOWNSEND CHAIR, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP (CCG)
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

## **BRIEF SUMMARY**

This paper seeks to update the Panel on the developments regarding clinical commissioning, since the last update in February 2011.

## **RECOMMENDATIONS:**

- (i) To note the progress towards becoming a statutory Clinical Commissioning Group.
- (ii) To seek support from the Panel for the Clinical Commissioning Group to begin the process of applying to the NHS Commissioning Board for authorisation.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. The formation of Clinical Commissioning Groups is be part of the Health and Social Bill 2011.
2. To engage with the Panel at an early stage on progress of the development of the CCG in Southampton City

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

3. Southampton City GPs originally agreed that they would form a Clinical Commissioning Group that was co-terminous with the City of Southampton. This was supported by the panel. Our approach has been confirmed by the NHS Future Forum, and we intend to apply to the NHS Commissioning Board for authorisation on this basis

## **DETAIL (Including consultation carried out)**

4. The Health and Social Care Bill presently before Parliament proposes reforms that will bring about the largest reorganisation of the NHS since its inception. Primary Care Trusts (PCTs) and Health Authorities will be disbanded and replaced by Clinical Commissioning Groups (formerly General Practitioner Commissioning Consortia) and the NHS Commissioning Board. Local Health and Wellbeing Boards will be set up to coordinate healthcare activity with the

aim of making the NHS more accountable to the communities it serves.

As a first step, the PCTs have been clustered, and on 1<sup>st</sup> June Southampton City PCT became part of the SHIP (Southampton, Hampshire, Isle of Wight and Portsmouth) cluster. Legally the cluster is a subcommittee of the four PCTs, and Clinical Commissioning Group is a subcommittee of the cluster.

The NHS Commissioning Board will be established as a 'special health authority' during Autumn 2011 and, subject to the satisfactory passage of legislation, will be constituted in its substantive form in the summer of 2012. The NHS Commissioning Board will be responsible for overseeing the establishment of CCGs and will take on other commissioning responsibilities, such as general practice, dental and pharmacy contracting from April 2013.

CCGs will be able to submit their applications to become authorised during the summer of 2012 and may become authorised from October 2012, so that they become statutory bodies. This will allow them to hire staff and to enter into contracts. However, they cannot operate independently until PCTs are abolished in April 2013. They will all be established by April 2013, but those that fail to meet the requirements of authorisation will have relevant functions carried out on their behalf by the NHS Commissioning Board.

Southampton City CCG aspires to have the maximum permissible delegated responsibility from the SHIP Cluster from April 2012. This will allow us to operate as if we were an authorised CCG, under the supervision of the cluster. To do this, we will need to submit an application to become authorised during the summer of 2012. The Board will be elected next spring to ensure that we have stable leadership during this period.

The authorisation process will require us to demonstrate capacity and capability across six domains (see Annex 1). The authorisation process is likely to consist of:

- 360 degree feedback from stakeholders, with a particular emphasis from the shadow Health and Well Being Board.
- A robust, technical assessment of long term plans.
- A desktop review of policies and working arrangements
- Case studies demonstrating delivery during transitional period
- Face to face panel interview

While we do not have to excel in all of these domains, we intend to become a competent and credible commissioning organisation, rather than just "ticking the boxes". A development plan will be published in November 2011

The CCG Board and the new arrangements continue to deliver increased clinical involvement within commissioning. An added focus is being placed upon the three localities to increase both the voice and contribution of grass roots GPs in the agenda. The priorities for this year remain around delivering

the Quality, Innovation, Productivity and Prevention (QIPP) agenda and ensuring the new CCG inherits a local health economy that is financially viable and of high quality.

Key Milestones

<b>Date</b>	<b>Milestone</b>
Winter 2011	NHS Commissioning Board comes is established temporarily as a 'special health authority'.
Spring 2012	Re-election of 6 GP Leaders Finalise draft application for authorisation
Summer 2012	NHS Commissioning Board is constituted in substantive form (subject to legislation). Submit application to become authorised.
October 2012 April 2012	CCGs become authorised
April 2013	All CCGs authorised PCTs disbanded.

**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

<b>AUTHOR:</b>	Name:	David Peck, Associate Director of CCG Development	Tel:	023 8029 6075
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**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	
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**SUPPORTING DOCUMENTATION**

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

**Appendices**

1.	The Six Domains of the Authorisation Process
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**Documents In Members' Rooms**

1.	None.
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**Integrated Impact Assessment**

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

1.	None	
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## Appendix 1- Six Domains of the Authorisation Process

Domain	Description
A strong clinical and multi-professional focus which brings real added value	A great CCG will have a clinical focus perspective threaded through everything it does, resulting in having quality at its heart, and a real focus on outcomes. It will have significant engagement from its constituent practices as well as widespread involvement of all other clinical colleagues; clinicians providing health services locally including secondary care, community and mental health, those providing services to people with learning disabilities, public health experts, as well as social care colleagues. It will communicate a clear vision of the improvements it is seeking to make in the health of the locality, including population health.
Meaningful engagement with patients, carers and their communities;	CCGs need to be able to show how they will ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities. They should include mechanisms for gaining a broad range of views then analysing and acting on these. It should be evident how the views of individual patients are translated into commissioning decisions and how the voice of each practice population will be sought and acted on. CCGs need to promote shared decision-making with patients, about their care.
Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes), and local joint health and wellbeing strategies;	CCGs should have a credible plan for how they will continue to deliver the local QIPP challenge for their health system, and meet the NHS Constitution requirements. These plans will set out how the CCG will take responsibility for service transformation that will improve outcomes, quality and productivity, whilst reducing unwarranted variation and tackling inequalities, within their financial allocation. They need a track record of delivery and progress against these plans, within whole system working, and contracts in place to ensure future delivery. CCGs will need to demonstrate how they will exercise important functions, such as the need to promote research.
Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible;	CCGs need the capacity and capability to carry out their corporate and commissioning responsibilities. This means they must be properly constituted with all the right governance arrangements. They must be able to deliver all their statutory functions, strategic oversight, financial control and probity, as well as driving quality, encouraging innovation and managing risk. They must be committed to and capable of delivering on important agendas included in the NHS Constitution such as equality and diversity, safeguarding and choice. They must have appropriate arrangements for day to day business, e.g. communications. They must also have all the processes in place to commission effectively each and every one of those services for which they are responsible, from the early health needs assessment through service design, planning and reconfiguration to procurement, contract monitoring and quality control.
Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support;	CCGs need robust arrangements for working with other CCGs in order to commission key services across wider geographies and play their part in major service reconfiguration. They also need strong shared leadership with local authorities to develop joint health and wellbeing strategies, and strong arrangements for joint commissioning with local authorities to commission services where integration of health and social care is vital and the ability to secure expert public health advice when this is needed. They also need to have credible commissioning support arrangements in place to ensure robust commissioning and economies of scale. They need to be able to support the NHS Commissioning Board in its role of commissioner of primary care and work with the Board as a partner to integrate commissioning where appropriate.
Great leaders who individually and collectively can make a real difference.	Together, CCG leaders must be able to lead health commissioning for their population and drive transformational change to deliver improved outcomes. These leaders need to demonstrate their commitment to, and understanding of, partnership working in line with such senior public roles, as well as the necessary skill set to take an oversight of public services. They need individual clinical leaders who can drive change, and a culture which distributes leadership throughout the organisation. The accountable officer needs to be capable of steering such a significant organisation and the chief finance officer must be both fully qualified and have sufficient experience. All those on the governing body will need to have the right skills.

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# Agenda Item 8

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	UPDATE ON JOINT MEETING WITH HAMPSHIRE HOSC ON SOUTHERN HEALTH FOUNDATION TRUST'S CQC INSPECTIONS
<b>DATE OF DECISION:</b>	10 NOVEMBER 2011
<b>REPORT OF:</b>	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

## **BRIEF SUMMARY**

A Joint Hampshire and Southampton Health Overview and Scrutiny Committees (HOSCs) informal meeting was arranged to consider the recent report from Care Quality Commission (CQC) relating to Antelope House. This paper seeks agreement of the full Panel to the recommendations agreed at the joint meeting,

## **RECOMMENDATIONS:**

- (i) The Panel formally ratifies the following recommendations as agreed by a joint meeting of Hampshire County Council and Southampton City Council Health and Overview Scrutiny Committees that:
  - a a report on the progress of action plans under each of the following five workstreams be provided individually to the Hampshire and Southampton HOSCs:
    - 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.
  - b A report is provided to both HOSC's on the Impact of CQC reports on current plans for Adult Mental Health service re-design.
  - c Hampshire and Southampton HOSCs 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.
  - d The Joint Panel consider any other comments or recommendations they have in relation to the recent CQC inspections.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. Hampshire and Southampton HOSC members represented at the meeting agreed to report back to their respective Committees to formally agree the recommendation arising the joint meeting.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None.

## **DETAIL**

3. A Joint Hampshire and Southampton HOSCs meeting was arranged to consider the recent CQC inspection report relating to Antelope House and resulting action plan produce by Southern Health Foundation Trust (appendix 1) as the facility serves both authorities. The meeting took place on 26 October. Councillors Capozzoli, Parnell and Payne represented the HOSP.
4. Concerns expressed by Members about the CQC report were sharpened by the current consultation on proposals to reconfigure Adult Mental Health Services across both Southampton and Hampshire. Both Committees agreed to a foreshortened consultation period on the grounds that the proposals had wide-spread stakeholder support and would improve the quality of care and support available to service users. Following a brief discussion at a recent Southampton HOSC meeting the panel wrote to CQC to raise their concerns (appendix 2) and the response from CQC is included in the papers (appendix 3).
5. The joint meeting will explored the issues around quality of care and support to service users. A copy of the meeting note is attached at appendix 4.
6. Councillor Capozzoli also met with senior representative of Southern Health Foundation Trust on 24 October. At this meeting it was explained that there had been an error and consultation with users and carers on the proposed change of use of 10 beds at Antelope House to accommodate patients from Abbott's Lodge had not taken place. Members will recall that the HOSP had agreed that formal consultation on the proposed changes was not required as they were informed that consultation with users and carers had, and would continue to, take place. However, the Trust are reconsidering the proposal and will come back to our January meeting with an update on progress and to seek agreement on the way forward.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

7. None

### **Property/Other**

8. None

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

9. 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:**

10. None

**POLICY FRAMEWORK IMPLICATIONS**

11. None

<b>AUTHOR:</b>	Name:	Caronwen Rees	Tel:	02380 832524
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**KEY DECISION** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	
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**SUPPORTING DOCUMENTATION**

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

**Appendices**

1.	Action Plan in Response to CQC Inspection of Antelope House – August 2011
2.	Letter from Southampton HOSC to CQC
3.	Response from CQC
4.	Hampshire and Southampton Health Overview and Scrutiny Committees Joint Meeting Wednesday 26 <sup>th</sup> October 2011, 5pm – meeting note.

**Documents In Members' Rooms**

1.	None
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**Integrated Impact Assessment**

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

1.	None.	
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**Action Plan in Response to CQC Inspection of Antelope House – August 2011**

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
<b>OUTCOME 4 – Care &amp; welfare of people who use services</b>							
1. Care plans did not always reflect the specific needs of people that staff told us about.	Care planning	<p>To review every current inpatient's care plan and risk assessment immediately, at Antelope House and across every inpatient unit in AMH (acute, PICU, rehabilitation).</p> <p>To develop and implement a flowchart which describes the process for the review of every care plan and risk assessment – daily at every shift handover, and weekly at the multi-disciplinary team meeting. The extent of the review will depend on changes in the individual's presentation. The flowchart will include key questions for clinical staff to consider in assessing the individual's needs and changes in their presentation.</p> <p>To undertake a weekly spot check of the use of the flowchart on every ward.</p> <p>To accelerate the Productive Ward module about handovers on Trinity ward, monitored through AMH project plan.</p> <p>To set up and deliver specific, multi-disciplinary training for registered ward staff at Antelope House on the writing of care plans, and the associated assessment skills. Impact will be measured through the use of supervision and audit (see below).</p> <p>To incorporate a review of the Trust CPA training, including the development of effective care plans, as part of the wider review of care co-ordination already underway, and to make recommendations for improvement accordingly.</p>	<p>AMH</p> <p>AH, then roll-out to AMH</p> <p>AH, then roll out to AMH</p> <p>Ward, then roll-out to AH</p> <p>AH</p> <p>MH/LD</p>	<p>The care plan &amp; risk assessment for every inpatient is available on RIO.</p> <p>Flowchart and associated process in operation.</p> <p>The care plan &amp; risk assessment for every inpatient is available on RIO.</p> <p>Record of weekly spot check maintained.</p> <p>Module completed and signed off by PW lead.</p> <p>Handover practice observed and evaluated by Modern Matron.</p> <p>Training delivered and attendance recorded.</p> <p>Audit evidence re quality of care plans.</p> <p>Review report complete.</p>	<p>All care plans &amp; risk assessments up to date.</p> <p>Care plans &amp; risk assessments reviewed daily and weekly.</p> <p>Thorough monitoring mechanism is in place.</p> <p>Effective and focused use of handover to exchange timely information which is relevant to care planning and delivery.</p> <p>Improved quality of care planning and care plans.</p> <p>Inclusion of care planning skills in the CPA training sessions.</p>	<p>Divisional Director</p> <p>Acute Care Lead</p> <p>Modern Matron</p> <p>Productive Ward Lead</p> <p>Modern Matron</p> <p>Divisional Lead Nurse</p> <p>Acute Care Lead Consultant</p> <p>Contact Consulting</p> <p>Managing Director, MH/LD</p>	<p>Completed 12 August 2011 (Antelope) &amp; 17 August 2011 (all other units)</p> <p>30 Sept 2011</p> <p>From 1 October 2011</p> <p>31 October 2011</p> <p>30 November 2011</p> <p>30 November 2011</p> <p>31 December 2011</p>

Appendix 1

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
		<p>To review clinical supervision arrangements at Antelope House, in accordance with the recently-revised Trust policy, and ensure care planning skills are specifically covered.</p> <p>To enhance the visibility and role-modelling of senior clinical staff at Antelope House (medical, nursing, psychology). This includes daily 'walking the floor' by MDT, designation of a Lead Consultant, exploration of a multi-disciplinary daily handover, timely response to requests for input from nursing staff, and working alongside nursing staff to role-model effective competencies and behaviours.</p> <p>To maintain programme of peer (mock) inspections as a means of auditing progress, in advance of enhanced Trust programme being implemented.</p> <p>To review the annual care planning audit tool to ensure it captures the quality of care plans. To consider an increase in the audit cycle to quarterly.</p>	AH  AH  Trust  MH/LD	<p>Report considered at MH/LD Operational Management Board and actions agreed. Audit of supervision in line with policy.</p> <p>Increased presence of senior clinical staff 'on the floor'.</p> <p>Nursing staff reporting timely response to requests for input.</p> <p>Establishment of multi-disciplinary leadership meeting.</p> <p>Records and reports of mock inspections.</p> <p>Revised audit tool &amp; guidance (including audit intervals).</p>	<p>Improved quality of care planning and care plans.</p> <p>Improved support to clinicians in making decisions about care.</p> <p>Greater ownership of the day-to-day decision-making and challenges which face the acute inpatient service.</p> <p>Regular monitoring of compliance with CQC standards as part of the Trust's assurance process.</p> <p>Improved auditing of the quality of care plans.</p>	Acute Care Lead  Acute Care Lead Clinical Service Director  Managing Directors & Associate Director of Governance Deputy Director of Nursing, MH/LD	30 September 2011  30 September 2011  Ongoing  30 November 2011
2. Ward doors were locked. Assessment of two informal patients was inadequate, and even after medical assessment, there was no clear action plan for staff as to what should happen if the patient tried to leave.	Care planning; Risk assessment & management; Safeguarding	<p>Actions in '1' above are relevant.</p> <p>To remind all relevant ward staff of Locked Door Policy, and ensure the individuals involved in the breach are clear about their responsibilities and accountabilities. This includes medical and nursing staff.</p> <p>To undertake spot checks and monitor the use of locked doors on a weekly basis</p> <p>To review Trust policy to ensure that requirements and expectations are clear.</p>	MH/LD  MH/LD  MH/LD	<p>Health records provide evidence that policy has been followed in all cases.</p> <p>Records of spot checks and use of locked doors maintained.</p> <p>Revised policy in place.</p>	<p>Full compliance with policy.</p> <p>Full compliance with policy.</p> <p>Active monitoring to ensure the use of locked doors is not excessive.</p> <p>Policy reflects latest best practice, including links with other policies such as Safeguarding &amp; MHA.</p>	As above Completed 12 August 2011 in AMH 30 September 2011 for other MH/LD Divisions  Modern Matrons  Head of Safeguarding	30 September 2011  30 September 2011  30 September 2011

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
3. Risk assessments were not updated: <ul style="list-style-type: none"> <li>o Incidents of self harm were under-reported</li> <li>o Risk management actions were non-specific</li> <li>o Did not reflect information found in daily records</li> </ul>	Risk assessment & management; Documentation	<p>To design a bespoke training package for AMH MH/LD inpatient staff in the use of locked doors, in line with the revised policy and to devise a training programme for the roll out of the training in AMH MH/LD inpatient units.</p> <p>To deliver bespoke training package to relevant staff in Antelope House.</p> <p>To cascade bespoke training package to all other MH/LD inpatient units.</p> <p>To write to every registered nurse and trained mental health practitioner, reminding them of their professional accountability in relation to the use of locked doors.</p> <p>To review every current inpatient's care plan and risk assessment immediately, at Antelope House and across every inpatient unit in AMH (acute, PICU, rehabilitation).</p> <p>Actions in '1' above are relevant.</p> <p>To ensure that all self-harm incidents are reported in accordance with policy, and that care plans and risk assessments are reviewed accordingly. This will be done by nurse-in-charge checking details at every handover.</p> <p>To review incident reports in the weekly MDT meeting.</p> <p>To review the positive risk management practice development work undertaken over the last six months, identify gaps and define further action, which will then be included on this action plan.</p>	<p>MH/LD</p> <p>AH</p> <p>AMH, MH/LD</p> <p>MH/LD</p> <p>AMH</p> <p>MH/LD</p> <p>AH</p> <p>AMH</p>	<p>Bespoke training package and training programme recorded on LMS.</p> <p>Training records</p> <p>Training records</p> <p>Letter</p> <p>The care plan &amp; risk assessment for every inpatient is available on RIO.</p> <p>Incident data.</p> <p>Record of spot checks at handover (by Modern Matron).</p> <p>Meeting notes.</p> <p>Record of discussion at MH/LD Operational Management Board.</p> <p>Practice development reports provided by independent consultant, including numbers of participants and reported learning outcomes.</p>	<p>Availability of bespoke training programme</p> <p>Full compliance with policy.</p> <p>Fully compliance with policy</p> <p>Better awareness of professional accountability for registered nurses.</p> <p>All care plans &amp; risk assessments up to date.</p> <p>All incidents will be reported in line with policy.</p> <p>Increased awareness and reporting, and links made to care planning.</p> <p>Improved clinical skills, leading to improvements in care planning and risk assessment.</p>	<p>Head of Safeguarding Strategic Education Lead</p> <p>Head of Safeguarding Strategic Education Lead</p> <p>Head of Safeguarding Strategic Education Lead</p> <p>Managing Director, MH/LD</p> <p>Divisional Director</p> <p>Managing Director, MH/LD Deputy Director of Nursing, MH/LD</p> <p>Acute Care Lead</p> <p>Clinical Director</p>	<p>31 October 2011</p> <p>31 October 2011</p> <p>31 December 2011 – March 2012</p> <p>Completed 12 August 2011 (Antelope) &amp; 17 August 2011 (all other units)</p> <p>As above</p> <p>30 September 2011</p> <p>30 September 2011</p> <p>30 September 2011</p>

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
4. Observations were inadequately recorded.	Risk assessment & management	To ensure the requirement for timed observations is emphasised to all ward staff. This will be done by the nurse-in-charge checking details at every handover.  To facilitate practice development work to explore the use of observations, the effectiveness of the intervention and its contribution to care planning and risk assessment, with all ward staff.	AH  AH, then roll-out to AMH & MH/LD	Observation records. Record of spot checks at handover (by Modern Matron). Attendance record. Record of spot checks at handover (by Modern Matron).	Improved use & recording of this intervention.  Improved use of this intervention.	Modern Matron  Deputy Director of Nursing, MH/LD	30 September 2011  31 October 2011
5. Care plans were not dated.	Care planning	To ensure this is addressed, by the nurse-in-charge checking at handover, and also at the weekly MDT meeting.	AH, then roll-out to AMH & MH/LD	Record of spot checks at handover (by Modern Matron).	Dated care plans.	Modern Matrons	30 September 2011
6. Information was not always transferred to RiO.	Documentation	To understand why this task is not being undertaken in a timely fashion (skills, time etc), and the extent of the problem, and plan remedial action accordingly. This action will be added to this plan.	AH	RiO records.	RiO records will be contemporaneous and complete.	Acute Care Lead	30 September 2011
7. Detention papers were contained in another file rather than RiO.	Documentation	It is Trust policy (Clinical Information Assurance (Record Keeping) Policy) to maintain a copy legal file held on the ward, in addition to the master legal file held by the MHA Administrator. This is because the MHA module on RiO is not designed to accommodate large volumes of paper documents, but simply to record data. The Trust has evidence that this system has dramatically improved MHA compliance, which has been recognised by the CQC and its predecessor organisation, the MHA Commission, on a regular basis. For this reason, the Trust does not propose to take action in response to this comment.	MH/LD	-	-	-	No further action
<b>OUTCOME 7 – Safeguarding people who use services from abuse</b>							
1. CQC unaware of an allegation of staff assault on a patient.	Safeguarding	To confirm notification process with CQC & implement consistent system across the Trust to ensure timely and appropriate notification.	Trust	Safeguarding notification correspondence.	Clarity with CQC about the notification process required.	Head of Safeguarding & Associate Director of Governance	1 October 2011



Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
2. Lack of staff awareness about the decision-making process which led to the door being locked, when to use MHA holding powers, or when to request a medical assessment.	Safeguarding; Care planning; Risk assessment & management	Actions in '1', '2' & '3' above are relevant. To explore the development of a multi-disciplinary handover (one per day, from early to late shift), as a means to improve engagement of multi-disciplinary team (doctors, psychologists, OTs) in daily decision-making processes about care planning and risk assessment. This will be achieved as part of the 'Productive Ward' module about handovers.	AH, then roll-out to AMH	Revised handover process. Record of spot checks undertaken by Modern Matron.	Full engagement of the multi-disciplinary team in daily care planning and risk assessment, to enhance the existing approach which can be limited to nursing staff.	Acute Care Lead Clinical Services Director	As above 31 October 2011
<b>OUTCOME 14 – Supporting Staff</b>							
2. Staff reported difficulty in being released to attend training.	Training	To ensure that training updates are reviewed during supervision with each member of staff.  To review safeguarding training compliance at Antelope House.  To deliver bespoke safeguarding training session for all ward staff who are not up-to-date.  To ensure all other staff are booked onto appropriate training.  To consider continuous professional development in safeguarding, and specific needs of inpatient settings, at MH/LD Operational Management Board.  To review information on cancellations and DNAs for all training in order to assess the scale of the problem, and plan remedial action accordingly.  To agree reporting arrangements to review compliance.	AH  AH  AH  MH/LD  MH/LD	Audit of supervision in line with policy.  Training records.  Training records.  Training records.  Record of discussion & actions at MH/LD Operational Management Board.  Training records.  Record of discussion at Operational Management Board, MH/LD  Record of discussion at Quality & Safety Committee.	Regular review of training updates, leading to full compliance with training requirements.  Clarity as to shortfalls in training.  All relevant staff trained.  All relevant staff trained.  Ongoing safeguarding development needs assessed and planned for.  All relevant staff trained.	Acute Care Lead  Strategic Education Lead  Head of Safeguarding  Acute Care Lead  Head of Safeguarding Managing Director MH/LD  Associate Director, LeAD Managing Director, MH/LD  Medical Director	31 October 2011  Completed  30 September 2011 30 September 2011 31 October 2011  31 October 2011

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
3. Some staff were unhappy about e-learning.	Training	To explore this issue further with staff, and provide support with the use of new technology through facilitated sessions with the Site Support Services Manager. Additional actions will be included in this plan accordingly.  To share findings across Trust to influence development of e-learning.	AH  Trust	Record of discussions with staff.  Record of discussion at Operational Management Boards.	Better engagement in and understanding of e-learning with staff.	Support Services Manager.  Associate Director, LeAD	31 October 2011  30 November 2011
4. Staff were not up-to-date in substance misuse training.	Training; Care planning; Risk assessment & management	To design a substance misuse training package for use within the acute care pathway, based on a 'skills escalator' approach, ranging from basic awareness to expert practitioner.  To resource and deliver training package to relevant staff, ensuring that every ward team has a critical mass of skill to manage this need.  To roll out training package across AMH.	AMH  AH  AMH	Training package/curriculum.  Training records.	Availability of bespoke training package.  Improved care planning and risk assessment for people with substance misuse needs.	Associate Director, LeAD Divisional Lead Nurse  Associate Director, LeAD Area Manager Divisional Lead Nurse  As above	31 October 2011  31 December 2011  31 March 2012

## OTHER ACTIONS TAKEN OR PLANNED FOLLOWING CQC INSPECTION AT ANTELOPE HOUSE

Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
To increase leadership capacity at Antelope House by introducing an additional 1wte post of Acute Care Lead.	AH	Post established and postholder identified.	Enhanced leadership in Antelope House	Divisional Director	Completed 5 September 2011
To increase the visibility of senior nursing leaders at Antelope House.	AH	Daily presence of Divisional Lead Nurse and/or Deputy Director of Nursing for MH/LD, pending arrival of Acute Care Lead. Managing Director/Director of Nursing visits to Antelope House increased.	Enhanced visibility and access to senior nursing leaders at Antelope House.	Managing Director/Director of Nursing, MH/LD	Completed 11 August 2011  Completed but ongoing
To accelerate completion of the review of staffing practices already commissioned at Antelope House.	AH	Review report finalised. Actions agreed.	Improved understanding of the underlying causes of practice shortfalls at Antelope House, thus informing more effective action planning for improvement.	Deputy Director of Nursing Divisional Director	30 September 2011
To undertake a safety and security review at Antelope House, incorporating earlier work on AWOL incidents and the management of violence and aggression.	AH	Review report produced. Actions agreed.	Improved management of the physical environment as well as relational security.	Deputy Director of Nursing	30 September 2011
To assess and plan for the cultural development needs of the service at Antelope House, using input from <i>TalentWorks</i> .	AH	Development programme, with specific reference to leadership, designed and delivered.	Enhanced leadership and effectiveness in Antelope House.	Divisional Director	30 November 2011
To share learning from the inspection across the Division and Trust.	Trust	Record of discussion through key governance meetings such as Trust Board, Quality & Safety Committee, Divisional Integrated Governance Groups, AMH Acute Care Forum.	Trustwide improvement in standards, and management of monitoring processes, as a result of the learning gained.	Managing Directors Medical Director Divisional Directors Clinical Directors	Initial learning shared by 7 September 2011 Ongoing process to take place over the next two months.

**Notes**

**Scope**

Antelope House  
 AH Adult Mental Health  
 AMH Specialist Mental Health & Learning Disabilities  
 MH/LD Trustwide  
 Trust

**Accountable Leads**

Managing Director, ICS	Sue Harriman
Managing Director, MH/LD	Jane Elderfield
Medical Director	Dr Huw Stone
Divisional Director, AMH	Anna Lewis
Clinical Director, AMH	Dr Lesley Stevens
Divisional Lead Nurse, AMH	Fiona Hartfree
Area Manager, Southampton AMH	Trevor Abbotts
Clinical Service Director, Southampton AMH	Dr Tom Schlich
Acute Care Lead, Southampton AMH	Louise Orr
Acute Care Pathway Manager, Southampton AMH	Julie Cooper
Modern Matron, Southampton AMH	Brendan O'Reilly
Support Services Manager, Southampton AMH	Sally-Ann Wilson
Productive Ward Lead, AMH	Steve Denton
Associate Director of Governance	Julie Jones
Deputy Director of Nursing, MH/LD	Sarah Baines
Head of Safeguarding	Jo Lappin
Associate Director, LeAD	Bobby Scott
Strategic Education Lead	Louise Hartland

# Agenda Item 8

Appendix 2



## **SOUTHAMPTON HEALTH OVERVIEW AND SCRUTINY PANEL**

Southampton City Council  
Civic Centre  
Southampton SO14 7LY

Direct dial: 023 80832524

Email: [caronwen.rees@southampton.gov.uk](mailto:caronwen.rees@southampton.gov.uk)

Please ask for: Caronwen Rees

Fax: 023 8083 3232

Minicom: 023 8083 2798

Date: 28 September 2011

Val Sevier,  
Compliance Inspector,  
CQC,  
Citygate,  
Gallowgate,  
Newcastle Upon Tyne,  
NE1 4AA

Dear Ms Sevier

### **ANTELOPE HOUSE**

I am writing to you as Chair of the Southampton Health Overview and Scrutiny Panel. At our meeting on 22 June 2011 the Panel were consulted by Southern Health NHS Foundation Trust regarding proposals for the change of use of ten beds at Antelope House adult mental health unit. The proposal is that the 10 beds are provided for service users with reablement needs whose illness also means they have challenging behaviour. This function is currently provided at Abbots Lodge in Netley which is due to close as part of this and a related proposal.

At the meeting the Panel agreed that they were content for the proposal to go forward without formal consultation. However, the Panel are aware of the recent CQC inspection of Antelope House which raised concerns in relation to the following outcome areas:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 14 - Supporting staff

The Panel have already had a short discussion regarding the inspection of Antelope House with Southern Health and a joint meeting of Southampton and Hampshire HOSCs is being arranged to discuss the inspection report, resulting action plan and how we can work with Southern Health to ensure improvements are made.

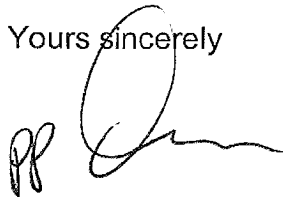


INVESTOR IN PEOPLE

My reason for writing is to seek the views of CQC regarding the appropriateness of the proposal in the light of the findings of the recent inspection. The panel are particularly concerned about the capacity of Antelope House to manage the care of this difficult client group and would welcome any advice on how this proposal should be progressed or otherwise.

I look forward to hearing for you on this matter. Please feel free to contact me if you require any further information.

Yours sincerely

A handwritten signature in black ink, appearing to be 'V. Capozzoli', with a large loop at the end.

Cllr Vincenzo Capozzoli  
Chair, Southampton Health Overview and Scrutiny Panel

CC: Katrina Percy, Chief Executive, Southern Health NHS Foundation Trust;  
Debbie Fleming, Chief Executive, SHIP PCT Cluster ;  
Penny Furness-Smith, Executive Director of Health & Adult Social Care,  
Southampton City Council;  
Cllr Pat West, Chair, Hampshire Health Overview and Scrutiny Committee

# Agenda Item 8

Appendix 3

**From:** Sevier, Val [mailto:Val.Sevier@cqc.org.uk]  
**Sent:** 12 October 2011 12:15  
**To:** Rees, Caronwen  
**Subject:** Antelope House Southern Health NHS Foundation Trust  
**Importance:** High

Please could you ensure that Cllr Vincenzo Capozolli receives this reply thank you

Dear Sir,

RE: Review of Compliance Antelope House

Thank you for your letter of 29 September 2011. In order to ensure a speedy response as we are now in October I have chosen to send an email and hope that is acceptable on this occasion.

It may be helpful if I clarify that the Commission is unable to comment on any proposed service redesigns. Our role is to assess compliance of health and social care providers with the Essential Standards outlined in the Health and Social Care Act 2008.

You will have seen from the report that Southern Health NHS Foundation Trust are required to provide an action detailing how they will address the compliance actions. I am able to confirm that we have received a copy of the action plan and will be following up on progress with a further inspection. When we have undertaken the follow up inspection I will ensure you receive a copy of the report.

In the meantime, Margaret McGlynn, who is the Compliance Manager for South Hampshire, would be happy to attend a meeting of the panel to discuss the role of the Commission and how we carry out reviews of compliance.

If we can be of any further assistance or you would like Margaret McGlynn to attend a meeting please contact us.

Regards  
Val Sevier  
Compliance Inspector  
Operations  
Care Quality Commission  
South East Region  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

Email: [enquiries.southeast@cqc.org.uk](mailto:enquiries.southeast@cqc.org.uk)  
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**Care Quality Commission Report  
Adult Mental Health Services  
Hampshire and Southampton Health Overview and Scrutiny  
Committees  
Joint Meeting  
Wednesday 26<sup>th</sup> October 2011, 5pm**

### Meeting Note

**Attendance:** Cllr Vincenzo Capozzoli (*Southampton City Council*), Cllr Phryn Dickens (*Hampshire County Council*), Cllr Liz Fairhurst (*HCC*), Cllr Pam Mutton (*HCC*), Cllr Brian Parnell (*SCC*), Cllr Warwick Payne (*SCC*), Cllr Pat West (*HCC*).

**Officers in Attendance:** Katie Benton (*HCC*), Jane Brentor (*SCC*), Anna Lewis (*Southern Health NHS FT*), Katrina Percy (*SH NHS FT*), Caronwen Rees (*SCC*), Pam Sorensen (*SH NHS FT*), Dr Huw Stone (*SH NHS FT*), Dr Ray Vieweg (*SH NHS FT*), Diane Wilson (*NHS Hampshire*).

**Observing:** Richard Barritt (*Solent Mind*), Carol Bode, (*SH NHS FT*), Harry Dymond (*Southampton LINK*).

### 1) Welcome and Apologies for Absence

Members and officers were welcomed, and a short health and safety briefing was given.

### 2) Declarations of Interest

Cllr Phryn Dickens	Husband and son employed by NHS
Cllr Pam Mutton	Daughter employed by NHS Member, League of Friends, Andover WMH
Cllr Pat West	Daughter-in-law employed by NHS

### 3) Chairman's Communications

Members had met to consider the recent report by the Care Quality Commission (CQC) on Antelope House, and Southern Health's resulting action plan in relation to the concerns raised. Members did not consider the wider-ranging adult mental health consultation, as it was felt that this was a matter for the formal Hampshire and Southampton HOSCs to consider.

The Joint Chairmen welcomed the three observers attending the meeting. Introductions were made between all Members and officers in attendance.

#### 4) CQC Report - Antelope House

*(Take in attached presentation)*

- Southern Health opened their presentation by accepting that some of the adult mental health services they provided had fallen short of the essential standards expected of them by the Care Quality Commission (CQC), and, to this end, they understood the concerns voiced by Members. However, Southern Health did not believe that the areas requiring improvement were of a serious nature, and were not of the scale seen on recent documentary programmes (e.g. Panorama programme on Castlebeck).
- Overall, a shift in the culture of the organisation was needed, and bad practices of the past needed to be left behind. The recruitment process for new staff was changing, and the Trust was embarking on a programme to provide clinical leadership to services and facilities that will help bring about a culture shift. This included changes to the appraisal process and a leadership development programme.
- Southern Health stated that they had been too ambitious in expecting facilities to provide their own quality and clinical governance based on centrally published policy – work would now be progressing to ensure that all services had the same set of processes in place.
- Internal inspections were currently ongoing across the whole Trust, which has close to 200 individual adult mental health services and facilities. This round of inspections would be completed within six months. Southern Health were using the CQC's compliancy standards approach to inspection, and have a full-time team of dedicated governance staff undertaking this work, with support from others across the organisation. The Trust are keen for external stakeholders to be involved in these inspections, and are communicating with commissioners, governors, and other organisations/individuals to see how this can be taken forward.
- After the initial draft report on Antelope House from the CQC was received by Southern Health, an audit and completion of all care records was undertaken by staff on the wards within 12 hours, and all other facilities had completed similar care record inspections within three working days.
- Since this time, all care plans have been and are now subject to unannounced regular spot-checks.
- A large amount of work has gone into practice-based development with staff, and this has been built into training and courses for both current and new employees. All staff that work in adult mental health facilities must receive mandatory training, including on safeguarding – and this isn't just exclusive to clinical and care staff.
- Training has been one of the main focuses of the action plan, with some immediate sessions having already been undertaken for staff, and other scheduled for the near future.
- A locked door is a complex dilemma for staff – the issue at Antelope House was that the correct use of the Southern Health Trust policy was

not being evidenced when staff felt it necessary to lock the doors of informal patients.

- Patient experience is important. Southern Health want to return the confidence and trust of service users, carers and other stakeholders in the services provided.

In response to questions, Members heard:

- That the first six months of internal inspection will be a benchmarking exercise, which Southern Health expects should find most services compliant with the CQC's standards. Those that have been shown to have compliancy issues will have an action plan drawn up and implemented. All services will be subject to further inspection at a future date, as part of a rolling audit process.
- That the CQC cannot guarantee a re-inspection of a service which has previously been found not to be compliant with essential standards. However, CQC are happy to receive internal inspection reports from providers and will add this to a case of evidence to inform any future visits.
- Southern Health will have completed their action plan by December and will consider what other evidence they can provide.
- When Hampshire Community Health Care (HCHC) and Hampshire Partnership NHS Foundation Trust (HPT) merged to form Southern Health NHS Foundation Trust, the new strategic management team decided to take the best policy and practices from each of the organisations to form a new set of quality and clinical governance policies and practices. One of the areas of best practice included a process of mock inspections of services from HCHC, which has been used to inform the current internal audits occurring in all Southern Health mental health facilities.
- That one of the areas that has received financial investment rather than reduction in the Trust has been quality governance, under which heading the current and rolling inspections are placed. This means that staff will be adequately funded and resourced to ensure this area of best practice can be continued for the next three years.
- A large number of the improvement actions for Antelope House focus on changing staff culture – some staff have developed bad practices despite being well-meaning and conscientious in their role. Clinical leadership is needed to embed a culture and attitude in staff that reflects the essential standards expected in a modern adult mental health facility.
- Staff who feel that they wish to report a lack of compliance in an essential standard or a safeguarding issue can use the Southern Health whistle-blowing policy, or, alternatively, can communicate with the Chief Executive to voice their concern. Southern Health has confidence that this system works, and has experience of both methods of reporting having been used.
- The Director of Workforce is responsible for training, a lot of which is mandatory for staff working in the field of adult mental health. Southern Health are currently refreshing the staff appraisal process, in order to

ensure that training attended is embedded into practice, and to highlight future development needs.

- Residential adult mental health facilities are moving to a system of filling spare working shifts with their own vetted bank staff, rather than agency staff, which ensures that all of those working in the service have had the same induction and training.
- Staff are receiving refresher training on the 'Locked Door' policy, and informal service users are being made aware of their rights to ask to leave a facility or room with a locked door in place, both verbally and through signage.
- A very senior nurse has been brought into Antelope House to provide the clinical leadership needed to implement and see through the action plan drawn up in wake of the CQC report.
- Services users are heavily involved in their own care plans, and in assessing the quality of services they receive. A weekly group meeting is held in Antelope House which presents an opportunity for service users to flag issues on the ward for action by staff. The CQC unfortunately did not speak with service users whilst undertaking their inspection.
- Once the report on Antelope House was received by Southern Health, a meeting was called with the current service users in the facility in order to explain what had been found and how the Trust planned to implement improvements to meet standards.
- As previously mentioned, Southern Health have welcomed the idea of external stakeholders taking part in internal inspections of adult mental health facilities, but this is also true of service users who wish to help audit other services in Hampshire.
- Staff morale in some facilities is currently quite challenging, but the way to improve this is to invest in staff and highlight the positive aspects of the way they care for patients. Southern Health are currently proposing to hold an 'Oscar night' style event which rewards outstanding staff with the recognition of a job well done.
- Currently Southern Health are operating an annual staff turnover of 10%. The organisation is especially interested in those staff that leave within the first year of employment, and have set up a series of processes to capture why staff are leaving relatively quickly after receiving induction and training packages.

Members heard from observers:

- That the Southampton LINK is willing to partake in internal inspections of Southern Health adult mental health facilities.
- That adult mental health commissioners in Hampshire will also be partaking in internal inspections.
- Commissioners felt the action plan could be strengthened if some of the culture change actions were articulated in the plan.
- That Solent Mind are pleased to see that the cultural direction of adult mental health services is one that focuses on service users being the leaders of their own care.

- That the questions asked by members have been similar to those asked by the Southern Health Board of Governors. The Chairman of the Board did not feel that the Trust was starting from scratch in terms of meeting standards in adult mental health facilities such as Antelope House, but rather striving for continuous improvement of services.

## **RECOMMENDATIONS**

- (i) **That a report on the progress of action plans under each of the following five workstreams be reported individually to the Hampshire and Southampton HOSCs:**
- Individual care plans.**
  - Assessment of service users.**
  - Inappropriate detention of informal patients.**
  - Recording of critical incidents and observations.**
  - Staff access to training.**

**That the first of these reports be received in January 2012.**

- (ii) **That a separate report is provided to both HOSCs on the impact of CQC reports on current plans for Adult Mental Health service re-design.**

### **5) Other CQC reports pending**

- There are currently two other CQC reports pending for mental health services provided by Southern Health NHS Foundation Trust. These are for Elmleigh, an adult mental health acute admissions ward in Havant, and Crowlin House, an adult mental health rehabilitation unit in Totton.
- A draft CQC report on Elmleigh had been commented on for accuracy by Southern Health, who were currently awaiting the final version of the report. Southern Health had carried out an internal inspection of Elmleigh prior to the CQC's unannounced visit, but had not implemented a drawn-up action plan to resolve compliancy issues, which were of a similar vein to those found at Antelope House. Southern Health were disappointed that they had not been able to implement these changes quick enough, but were also aware that some of the changes suggested would have taken time to embed.
- The inspection of Crowlin House had only recently taken place, and therefore Southern Health were only able to confirm that the CQC had flagged some initial compliance issues.
- The risk and equality impact assessments that have been undertaken on the adult mental health proposals currently subject to public consultation will be refreshed in light of all of the CQC reports and their findings. These will be provided to both HOSCs in due course.

## **RECOMMENDATION**

- (iii) That the Hampshire and Southampton HOSCs write to the Care Quality Commission asking them to formally seek their views when following up on any inspections or reports filed on Southern Health Adult Mental Health facilities.**
- (iv) That the Hampshire and Southampton HOSCs receive any risk or equality impact assessments undertaken in relation to the adult mental health proposals currently subject to public consultation.**

## **6) Summary and next steps**

Members would be taking recommendations back to their formal HOSC meetings, where next steps would be decided.

# Agenda Item 9

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	PROVISION OF POST ACUTE NEURO REHABILITATION
<b>DATE OF DECISION:</b>	10 <sup>TH</sup> NOVEMBER 2011
<b>REPORT OF:</b>	NHS SOUTHAMPTON – EXECUTIVE DIRECTOR SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

## **BRIEF SUMMARY**

With the closure of Victoria House, a neurological-rehabilitation unit at University Hospitals Southampton NHS Trust, there is a requirement to re-provide this service to patients from both the city and Hampshire in an alternative setting. Following much consideration, local commissioners favour an option to competitively tender this service. This Paper sets out the reasons for that decision and requests that the Southampton HOSC supports it.

## **RECOMMENDATIONS:**

- (i) The Panel agree NHS Southampton tender the existing neuro rehabilitation services currently delivered from Stanley Graveson Ward and Snowden Ward at the Western Hospital

## **REASONS FOR REPORT RECOMMENDATIONS**

1. This option offers an opportunity to procure a high quality, cost effective service capable of maximising the rehabilitation of post acute neurological patients.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. Undertaking a limited procurement – Solent NHS Foundation Trust only

## **DETAIL (Including consultation carried out)**

3. For some time, University Hospitals Southampton NHS Foundation Trust (UHS) have sought to close Victoria House – a stand alone neurological-rehabilitation facility situated within the grounds of the main hospital site, seeking to relocate patients within the main hospital building in line with what were at the time, guidelines which supported such a move.

In 2009/10, commissioners from both NHS Southampton and NHS Hampshire, formed part of a project group with UHS, looking at how this could be achieved. However, UHS was unable to allocate space to these patients within the main hospital and the project came to a halt. Commissioners had no particular desire for Victoria House to close; it was affordable, popular with patients and achieved the aims of rehabilitating post acute neurological patients in a less clinical environment.

In August 2010, without prior notification to Southampton commissioners, Victoria House was closed for neurological-rehabilitation, with those patients being relocated to Stanley Graveson Ward on Level E of the main building. The reason for closure was later described by UHS as resulting from a decrease in appropriate staffing levels at Victoria House.

On 17 March 2011, the Southampton Health Overview and Scrutiny Panel (HOSP) called UHS to explain to the Committee why Victoria House had been closed, particularly without public and patient consultation.

On 22 March 2011, the HOSC wrote to advise UHS that it needed to re-provide the neuro-rehabilitation services in another facility (Stanley Graveson Ward having been described as an inappropriate setting) as quickly as possible, whilst at the same time advising both staff and patients that the existing service was a temporary measure only.

NHS Southampton commissioners began exploring service options with colleagues in NHS Hampshire, whilst at the same time speaking to and visiting a number of providers from both the public and private sector. Commissioners have been working with our existing community provider (Solent Healthcare) to see if they could absorb the additional patients in a bid to speed up the process of securing alternative accommodation for patients. However, a model for a clinically high quality service that is also value for money has not been achieved..

The Clinical Commissioning Group has considered the options and has decided to proceed by tendering the community service in its entirety, thereby removing any duplication in provision. This has in part been informed by advice received from NHS contracting specialists that services of this cost and volume should always be competitively tendered in line with Government Guidelines. In addition, Southampton City Council Adults Social Care (Personalisation and Safeguarding) Team, expressed an opinion which supports the approach, as it offers an opportunity to explore a variety of options from different providers for progressive rehabilitation, ensuring patients maximise their potential as quickly as possible.

In July 2011 NHS Southampton commissioners undertook a limited consultation. All patients who had been treated in Victoria House, Stanley Graveson Ward or Snowden Ward at the Western Hospital were written to, requesting that they, or their carers/guardians contact NHS Southampton with their views about how post acute neurological rehabilitation services should be provided in the future. Posters were offered to all GP practices in the city, similarly, in order that any patients or carer not already contacted could contribute their views. NHS Southampton commissioners received two patients/carers contacts. One of these we were subsequently unable to contact, the other applauded the service they received at Stanley Graveson Ward.



In the meantime, both the city HOSC and LiNKS have visited both Stanley Graveson Ward at UHS and the Western Hospital and have expressed a desire that the service should be re-provided at the Western Hospital, although we understand that no other providers have been visited with whom to compare.

A tendering exercise of this nature would offer an opportunity to thoroughly test the market and allow both private and public sector organisations to bid. Tendering would allow for providers with rehabilitative environments on a non hospital site to be considered. The aim would be to progress with the tender process immediately.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

4. The overall cost of the service to be provided is between £700k - £900k..

### **Property/Other**

5. None.

## **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.

### **Other Legal Implications:**

7. None.

## **POLICY FRAMEWORK IMPLICATIONS**

8. None.

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**KEY DECISION** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	
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**SUPPORTING DOCUMENTATION**

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

**Appendices**

1.	None
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**Documents In Members' Rooms**

1.	None.
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**Integrated Impact Assessment**

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No
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**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)
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1.	None.	
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