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

<u>Present:</u> Councillors Capozzoli (Chair), Parnell (Vice-Chair), Payne, Thorpe and Turner

<u>Apologies:</u> Councillors Fitzgerald

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

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

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

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

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

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

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

RESOLVED

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

17. <u>UPDATE ON JOINT MEETING WITH HAMPSHIRE HOSC ON SOUTHERN HEALTH</u> FOUNDATION TRUST'S CQC INSPECTIONS

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

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

RESOLVED

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

18. PROVISION OF POST ACUTE NEURO REHABILITATION SERVICES

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

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

The main points included:-

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

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