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

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

Apologies: Councillor Fitzgerald

12. **STATEMENT FROM THE CHAIR**

In accordance with accepted practice a statement was made by the Chair.

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

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

14. **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 24th 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 rescoring 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 would be taken by the JCPC on 15th 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.

15. **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 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 had 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 were working with the home to secure improvements.
 - **Abbeycroft Residential Care Home** – safeguarding concerns were investigated. Actions are being taken and cases reviewed.
 - **Tatchbury Manor Care Home** – concerns raised by Hampshire County Council. 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 Home** – 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 22nd 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

Abbotts 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 11th 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.