
SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 29 MARCH 2012

Present: Councillors Capozzoli (Chair), Parnell (Minute no's 26-31), Payne, Thorpe, Turner and Willacy

Apologies: Councillors Daunt

26. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

Apologies were received from Councillor Daunt. The Panel noted that Councillor Willacy had been appointed as a new Member of the Panel to replace Councillor Fitzgerald who had stood down from the Committee in accordance with Council Procedure Rule 4.3.

27. **STATEMENT FROM THE CHAIR**

The Chair reported that he was not standing for re-election in May and it was therefore his last meeting. He expressed his thanks and appreciation to Caronwen Rees, Policy and Performance Analyst for her hard work and support over the time he had been Chair to the Panel.

Councillor Parnell expressed his thanks to Councillor Capozzoli for his Chairmanship to the Panel. This was endorsed by the other Panel members.

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

RESOLVED that the Minutes of the Meeting held on 19th January 2012 be approved and signed as a correct record, subject to an amendment to paragraph no 21, "Adult Mental Health Redesign" to include a further recommendation, "that the Panel requested details of how the governors had been involved in the consultation process" which had been omitted from the minutes.

29. **WOODSIDE LODGE RESIDENTIAL HOME**

The Panel received and noted the report of the Cabinet Member for Adult Social Care, providing an update on the implementation of actions following an inspection by the Care Quality Commission of Woodside Lodge Residential Home. (Copy of the minutes circulated with the agenda and appended to the signed minutes)

The Panel received an update from Councillor White and Jane Brentor, Head of Provider Transformation.

It was reported that an action plan had been developed to resolve the issues raised as a result of the Care Quality Care (CQC) inspection. CQC had agreed that the Home had sufficiently addressed 3 out of 4 outcomes. The fourth outcome was almost compliant. The care plans for patients had been expanded and were more thorough to include the patients' background and history in order to assist staff understand the behaviour of the residents and adopt appropriate methods for working with them. This practice had been shared among other care homes.

The Panel questioned whether robust training was in place. They were assured that high quality training was provided and that robust systems had been put in place to identify and address any problems or issues that arose.

30. **UPDATE ON VASCULAR SERVICES**

The Panel considered the report of the Executive Director of Adult Social Care and Health and associated appendices, updating the Committee on vascular services since January. (Copy of the report circulated with the agenda and appended to the signed minutes)

Sarah Tiller, SHIP PCT Cluster was present and reported that since the last meeting of the Panel a decision had been taken to maintain the status quo of vascular services. A new vascular Services Monitoring Framework had been produced and would be completed on a routinely basis by the providers to ensure that safe, high quality services were delivered. The information would be reviewed by commissioners and considered by the SHIP PCT Cluster's Clinical Governance Committee. A Patient Reference Group had been established which included representatives from Southampton, Portsmouth and South Eastern Hampshire. The group would share patient feedback with the Clinical Governance Committee so that it would form part of the ongoing monitoring process. Action would be taken if reporting against the Framework gave reason for concern.

It was acknowledged that the statistics and data provision had been considered to be confusing, particularly when published by a number of different sources, often covering different time periods and different measures. The Chair of HOSP and LINK were offered a meeting to talk through the data which had been in the public domain. This would be supported by an independent vascular expert.

The Panel were extremely disappointed that it had taken so long to make a decision to maintain the status quo. The Panel were not convinced that this was the best outcome. It was noted that Hampshire had proposed an independent review. It was requested that a negotiated solution be sought and if this was not forthcoming they would support an expert led independent review.

Harry Dymond on behalf of LINK supported the approach proposed by the Panel.

RESOLVED

- (i) that an urgent letter be sent to SHIP PCT Cluster from the Panel detailing the following:
 - the Panel's disappointment that a decision had been taken to maintain the status quo of services and that it was felt this was not the best outcome;
 - that a locally negotiated solution was sought; and
 - that if a local solution which achieved the best outcomes could not be agreed, the Panel would not rule out exploring other options available to them;
- (ii) that the offer by the SHIP PCT Cluster of a meeting to discuss statistics and data provision be accepted.

31. **PUBLIC HEALTH ANNUAL REPORT 2011**

The Panel received and noted the report of the Director of Public Health for the Panel to note the Public Health Annual report 2011. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received an update from Andrew Mortimore, Director of Public Health and Graham Watkinson, Public Health Consultant.

The main points from the report and update included the following:

- The Public Health Annual report 2011 had been agreed by the Board of the Southampton Clinical Commissioning Group on 28 March 2012;
- The report covered the following main headings:
 - The new public health system for England
 - Southampton's health ... a changing picture
 - Lung health
 - Suicide
 - Health impacts of cold homes and fuel poverty
 - Progress on recommendations
- Lung health: The primary cause of lung disease was through smoking however it was also caused by pollution and occupational exposure;
- It was reported there would be a campaign on lung health to raise awareness of the issue and encourage early identification. Easier access to lung function testing was also being investigated;
- Suicide: It was reported that often suicide was related to the work life balance and the feeling of lack of power to change things. On average there were 26 suicide deaths in Southampton per year. There had been 6 reported suicide deaths in Southampton in the last 6 weeks;
- Data on suicide was not robust enough and that more detailed information was required from the coroner regarding the classification of death;
- Cold homes / fuel poverty: 18% of the population suffer from fuel poverty which put an additional burden on the health service. This had increased significantly in recent years.

The Panel expressed concern regarding the lack of action on the recommendations proposed in previous years. It was reported that some recommendations may not have been costed or mapped out how they could be addressed. There was a need to be more accountable to the recommendations in the future.

32. **ADULT MENTAL HEALTH REDESIGN UPDATE ON ABBOTTS LODGE TRANSFER**

The Panel considered the report of the Head of Engagement, Southern Health NHS Foundation Trust, providing the Committee with an update on the relocation of services from Abbots Lodge, Netley Marsh to Antelope House on the Royal South Hants Hospital site. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received an update from Pam Sorensen, Head of Engagement, Southern Health NHS Foundation Trust.

The main points arising from the report and update included the following:

- Patients were transferred to Antelope House on 19 March 2012. The move had been successful and that no issues had arisen as a result of the move;
- Governors had been briefed on the move via emails and through meetings and engagement events. A task group had been established, chaired by a governor regarding the proposed move;

- Monitoring would be carried out to ensure there were consistent outcomes through Care Quality Care (CQC) inspections and the involvement of LINK. CQC would be supported by Healthwatch when it was established. Robust systems were in place and the commissioners would ensure that the right thing was carried out at the right time.

Joe Hannigan, Southampton Local Involvement Network was present and with the consent of the Chair addressed the meeting. He asked whether there had been any negative effect as a result of the increased patient mix at Antelope House following the integration with Abbots Lodge patients.

RESOLVED

- (i) to note the successful transfer of clients and the service from Abbots Lodge to Antelope House;
- (ii) that the Panel requested a response to the question from Joe Hannigan regarding the impact (on either client group) as a result of the increased patient mix at Antelope House.