

Healthy Communities Scrutiny Sub-Committee

Tuesday 11 November 2014

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Jasmine Ali
Councillor Paul Fleming
Councillor Maria Linforth-Hall
Councillor Kath Whittam
Councillor Bill Williams

Reserves

Councillor Maisie Anderson
Councillor Neil Coyle
Councillor Eliza Mann
Councillor Claire Maugham
Councillor Johnson Situ

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact

Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 10 November 2014



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7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

| Item No. | Title | Page No. |
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| 4. | MINUTES | 1 - 26 |
| | The minutes of the meeting held on 8 October 2014 are attached. | |
| 6. | REVIEW FEEDBACK: ACCESS TO HEALTH SERVICES AND PREVALENCE OF PSYCHOSIS & ACCESS TO MENTAL HEALTH SERVICES FOR BME COMMUNITIES | 27 - 35 |
| | The previous iteration of health scrutiny - the 'Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee' carried out two reviews : 'Access to Health Services in Southwark' and 'Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark' in the previous administrative year, 2013/14. | |
| | This session is for stakeholders to set out how they intend to respond to the reviews recommendations. | |
| 8. | WORKPLAN | 36 - 38 |

Date: 10 November 2014



Healthy Communities Scrutiny Sub-Committee

MINUTES of the OPEN section of the Healthy Communities Scrutiny Sub-Committee held on Wednesday 8 October 2014 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Rebecca Lury (Chair)
Councillor David Noakes
Councillor Jasmine Ali
Councillor Paul Fleming
Councillor Maria Linforth-Hall
Councillor Bill Williams

OTHER MEMBERS PRESENT: Councillor Stephanie Cryan
Councillor Chris Gonda

OFFICER SUPPORT: Dr. Ruth Wallis , Public Health Director
Andrew Bland; Chief Officer , Business Support Unit (BSU)
Southwark Clinical Commissioning Group (CCG)
Malcolm Hines, Chief Financial Officer, Southwark BSU/CCG
Alexandra Laider Head of Disability and Independent Living

1. APOLOGIES

1.1 Councillor Kath Whittam sent her apologies.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

RESOLVED:

That the minutes of the meeting held on 8 July 2014 be agreed as a correct record.

5. REVIEW : HEALTH OF THE BOROUGH

- 5.1 The vice chair, Councillor David Noakes, opened the meeting by explaining the chair was delayed. He invited everybody to introduce themselves.
- 5.2 He then asked the project manager, Julie Timbrell, to describe the fishbowl format of the meeting. She explained that this format's aim is to promote discussion and learning on a topic between participants, many of whom will have expert knowledge, but from varying viewpoints. There is an inner circle and an outer circle with participants moving between. The inner circles role is to debate the topic, while people in the outer circles role is to be 'active listeners'. There are 8 chairs in the inner circle, with one left free. After contributing for a while people in the inner circle move to the outer circle, and someone from the outer circle moves to the inner circle. Everyone present is encouraged to actively contribute. Contributions can include asking questions, commenting on the topic or giving information. There will be two presentations to set the scene from the Director of public Health and the Financial Inclusion Deputy Cabinet Member. The meeting is being recorded.
- 5.3 Dr Ruth Wallis, Director of Public Health, gave a presentation (this is attached to the minutes).
- 5.4 Councillor Stephanie Cryan, Financial Inclusion Deputy Cabinet Member spoke about the credit problems faced by residents, who need a good credit rating to get decent, reasonably priced credit. As well as a rise in high street lenders with high priced interest there is an increase in illegal lenders - gangsters basically. The council is looking to stop the spread of pay day loan shops and betting shops through Licensing and in particular stop the co-location as there is evidence that one feeds the other.
- 5.5 The council is promote universal financial wellbeing and one of the ways this is being achieved is through encourage the opening of bank accounts and another is by encouraging school to teach financial literacy.
- 5.6 Southwark Council's hardship scheme makes loans to help people - more people are applying to this fund alongside an increase in the number of eligible applications, which demonstrates a growing trend of increasing hardship.
- 5.7 There are links between mental health and financial health . A recent Which?

report on mental distress and gave a wide range of scores for Southwark .It would be good to have a debt advice set up in doctors' surgeries - there used to be such a service which proved useful, however the funding was pulled post the national election.

- 5.8 The chair, Cllr Rebecca Lury, then invited other people to join the discussion. Sally Causer, Southwark Citizen Advice Bureau (CAB) commented that the use of enforcement agents vastly increases costs - bailiffs can increase court costs by double, for example from £200 to £400. However since February the council has brought the service in house, which is very good.
- 5.9 Councillor Chris Gonde explained that he works with Southwark's Credit Union, which is the third biggest in country, with 20,000 members. He commented that Wonga has very high interest rates – people are going there as they have nowhere else to turn. Many people don't have bank accounts and this is very worrying as we have an increasingly cashless society. Someone asked him what we could do to promote Credit Unions and he responded he would urge all the councillors to become members to be better enable young people to join. There is also a Credit Union Day which the council and community could help promote. In Ireland 70% of the community have accounts.
- 5.10 Jeremy Leach commented that there is strong support for a credit union to have a branch on the Walworth Road. The location is very important, so if the Walworth Road is lucky enough to get a branch he requested a really good location.
- 5.11 He said that there is concern about the concentration of pay day loan & betting shops and there have been a number of campaigns focused on Licensing - 10% of business are payday loan or betting shops on Walworth Road and we contributed to the a recent scrutiny review on this – he added that he understood that it is hard for the local authority to influence this. He added that the Walworth Road Society want to support a strategy to keep local business on the local road as that keeps money flowing locally.
- 5.12 Sally Causer commented that a few years ago the main debt issues CAB were dealing with was unsecured debt, however CAB are now dealing with increased levels of debt and clients not being able to afford rent, food and utilities. The welfare benefit changes have caused enormous hardship. People in the 50s age group, often men, are the hardest hit. They are often not in position to change their position and frequently subject to benefit difficulties, such as bedroom tax and delays in disability benefit. She picked up on the suggestion to have advice in doctors' surgeries and said she really supports this. Often the people the CAB see are not those least able to access income maximization and debt advice. The CAB also feed evidence in nationally into CAB campaigns on high interest pay day loans and there is national campaign working to persuade banks to make small loans of a couple of hundred which they are often reluctant to do.
- 5.13 A committee member said that he would support a low rent council building or the Walworth Town Hall complex to have a Credit Union and would also support a council drive to give the Credit Union a higher profile . He said he did not have an account but he was impressed by the figures, and agreed it seems like a great idea to give debt advice in surgeries. Given the new set up, whereby local doctors

surgeries are grouped in localities around a hub, he suggested that one in each hub could be pursued as more realistic than each surgery. He would be interested to know more about financial distress and its impact on different age groups, following on from the comments by CAB. Sally Causer offered to provide more information

- 5.14 An officer from Rightfully Yours said the majority of clients are disabled or vulnerable in some way. Disabled people are now making an application annually, and then having to wait nearly a year to receive the outcome and money, and then the cycle starts again. This means there are many people living below income for much of the time. She added her support to their being debt and income maximization advice in doctor surgeries - quite often the problems that happen are caused by medical crisis so welfare advice being provided there could provide the right support at the right time and also support GPs to provide the right evidence. The Rightfully Yours Team could also do planning with people who were getting better. Holistic support to families and carers is also very important and Rightfully Yours can help with this. She explained that they do not give debt advice so we are very grateful for CAB's advice. Getting financial advice before things go wrong is very important. We have worked with the CAB on welfare reform events. We agree with Sally that the over 50s are often in a very difficult situation.
- 5.15 A committee member highlighted the index of multiple deprivation and estates, and the particular impact on children. She added that people will have seen from Allen Millburn's recent report that the gap between rich and poor is growing and socially mobility reducing. Projects like Sure Start help to overcome this by helping those most in need and bringing people together.
- 5.16 A committee member commented that council units are few and far between on the Walworth Road to site a Credit Union. He said that in his day job with a union they are seeking to unionize staff in betting shops and places like Wonga as staff frequently have terrible conditions and are forced to use loans themselves and can't whistleblow. As a betting shop user he added that the culture has changed and now more about machines and an intense betting cycle, whereas before the emphasis was often on betting on horses etc and there was quite a lot of community engagement that used to take place. He voiced concern that indebtedness is being driven not by luxury lending but by people needing the basics.
- 5.17 A member commented that affordable council homes promote financial well-being. Street markets food quality can be poor, however the food is cheap – metro and small shops are often much more expensive.
- 5.18 There is an evidence of a good return on investment on welfare advice, for every one pound spent, five pounds is saved. If this is not given in a timely way people end up in crisis - homeless, malnutrition, etc
- 5.19 Jeremy Leach said he would like to see local centers and shopping parades, and said they are great for keeping money in the borough and cheap food. People should be no less than 5 minutes from a shopping centre. Unfortunately urban regeneration can drive out local shops. He added that active travel is not only healthier and it also drives the cost of travel down; it is much cheaper to cycle and

walk. Liven Street (near Liverpool Grove) has really helped provide a good example and he supports the councils commitment to a 20 mile an hour borough.

- 5.20 A committee member commented that the review needs to consider both debt, income and also think about expenditure. It is concerning that small shops are being pushed out by the mini supermarkets which are less good value. He said that he has seen regeneration pushed out local shops and residents and this is also because the rents in new units are prohibitively high. He added that he represents Cathedral and Riverside, where there is deprivation.
- 5.21 The Financial Inclusion Deputy Cabinet Member commented that the council are promoting Business's Improvement Districts, which support the small business that people want, and the council are also thinking of holding financial well-being meetings at community councils

6. INTERVIEW WITH CABINET MEMBER FOR ADULT CARE, ARTS AND CULTURE

- 6.1 The chair welcomed Councillor Dora Dixon-Fyle, Cabinet Member for Adult Care, Arts and Culture, for her interview on the following themes:
- 1 Personalisation
 - 2 Ethical Care Charter
 - 3 Dementia awareness
 - 4 Support for carers in the borough
 - 5 Day centres and the new 'centre of excellence'
- 6.2 The committee raise the following points under a question and answer session:
- 6.3 A member said she had become a dementia awareness friend, and asked how the council would be able to help her in this role. The cabinet lead said that the council has organized cross party training and invited her to join this.
- 6.4 The cabinet lead was then asked about the withdrawal of 100% of older people's voluntary day centers funding, which was then followed by £500,000 transitional funding. The member said he thought that this was a mistake made by the previous administration as these day centers work with some of the most vulnerable older people - many are from BME communities. He said he had pressed the cabinet lead's predecessor on this for consistency. He pointed out that here has been emergency funding to keep the Cypriot centre open, while others are keeping going on reserves. The cabinet lead responded that that there is now a different funding set up with personal budgets, and the council has had to make significant cuts because of cuts from in funding from central government. The council has given transition funding to older people's centers and support from Community Action Southwark. The member remarked that the council did not have to take 100% of funding away and that while some center uses have personal budgets and other users do not, but are still vulnerable. He added that he thought the council need to be clearer in its financing. The cabinet member responded that additional money was given as part of an agreed business plan, and there was clarity.

- 6.5 Another member said that he manages an older people's center in his day job and a priority is this being a centre of excellence. He asked what is being done to encourage this in Southwark? The cabinet lead responded that the Dementia Centre at Cater Street is a centre of excellence, however many Southwark day centers are not fit for purpose and the council want improvement.
- 6.6 The cabinet lead was then asked about the good enough for "my mum test" and how this is being rolled out and also highlighted Patient Opinion. The cabinet lead said that there is an older people's board and similarly one for disabled people, which has representation from service users. Alexandra Laider, Head of Disability and Independent Living, said that the council had been rolling out the "my home life" programme and the "my mum" test is being used with providers. She added that social care have also piloted the co- production approach with service users. The member asked if the council is interested in using Patient Opinion and the Head of Disability & Independent Living said that Social Care would – we are also are developing an internal market and encouraging feedback so this would fit in well.
- 6.7 The cabinet lead was asked about the Ethical Care Charter and she said that it is being implemented and home care workers are now being paid London Living Wage and must be given a contract with set hours , rather than a "zero hours" contract, unless this is what the workers wish as some people prefer the flexibility of zero hours . The council is now introducing travel payments. A member asked what the council is doing to ensure that people are truly able to choose a set contract rather than "zero hours" and the cabinet member responded that we are talking to our trade union colleagues – a round table meeting was held with Unison, GMB and other union representatives.
- 6.8 A member asked about work to improve home care standards and noted that a report indicated that care homes are judged by the quality of care, but he could not understand what would be the alternative. He also asked about the Lay Inspectors. An officer explained that social care is shifting our performance measures to outcomes for home care services. This means there is more of a focus on how people experience their care. The cabinet member said that the council is looking at expanding the work of the Lay Inspectors.

RESOLVED

Councilor Jasmine Ali will talk with Alexandra Laider, Head of Disability & Independent Living, about Patient Option.

7. REVIEW : PERSONALISATION

- 7.1 A member commented central government put an emphasis on the use of IT systems and the internal market. Alexandra Laider, Head of Disability and Independent Living responded that a successful outcome depends on the quality of

the support service and the extent people have a clear idea what they want out of it. This is more about flip charts and pens rather than IT services. She added that Southwark have not really found either IT or the market place to be a big driver.

- 7.2 Officers were asked who are included in Personal Budgets the they responded that Social Care includes some people in supported housing, but not everybody. Some older people in some care homes might have a personal service but not a personal budget. The member asked for clarification on the number of service users who receive either a Direct Payment, or services via a third party. Officers said that it was around a third, and offered to provide more detailed information.
- 7.3 A member asked how carers were identified and officers said this is partly through Southwark Carers and also the council has a phone number. Social Care carries out carers assessments when we are assessing people in need, or sometime Southwark Carers do an assessment on the council's behalf.
- 7.4 Members asked how Social Care ensures that the carers are not negatively impacted on when agreeing personal budgets. Officers responded that this is an art rather than a science and the social worker will be considering the impact on the person in needs circle of support. There are sometimes issues that come up between carers and people in needs that have to be negotiated, for example when disabled young people grow up. But we also look at carers needs - for example assistance if someone wants to get back to work or practical things like spending money on a washing machine.
- 7.5 Officers were asked how the council knows that it is meeting the need of the person. Officers responded that the plans are very personal, for example they are written in the first person and define what is a good day and bad day.
- 7.6 A member asked how personal plans are developed and if they are ever done on the telephone. The officers explained that initial screening might take place on the telephone, but developing a personalized support is an in depth process that is done face to face.
- 7.7 Concerns about delays were raised by a member. The cabinet lead commented that finding the right person to conduct this process can take time and she dealt with a complaint about a delay recently and that was the issue.
- 7.8 A member reported that she had a constituent raise a potential safeguarding issue and the speed and quality of the investigation was exemplary - it turned out to be a false alarm but everybody was very pleased with the process.

RESOLVED

More details will be provided on the number and proportion of people receiving cash direct payment and payments via a third party.

8. DULWICH PROGRAMME

- 8.1 Malcolm Hines, Chief Financial Officer, Southwark Clinical Commissioning Group (CCG) presented the paper.
- 8.2 A member asked if the Dulwich Hospital building is listed and the officer explained there is no national listing but locally planners have said they want the front entrance to be kept and also requested that the Nightingale Ward stay unless there is good reason, and the CCG would need to set this out. A new building would need about 4,000 meters, and a refurnished building about 6,000. This is about a quarter of the site if a new build but about a third if the CCG retain the chateaux and other building.
- 8.3 A member echoed her earlier suggestion that more use is made of Patient Opinion and offered to work with health officers on this.

9. WORK-PLAN

- 9.1 The work-plan was noted.

Health and income in Southwark

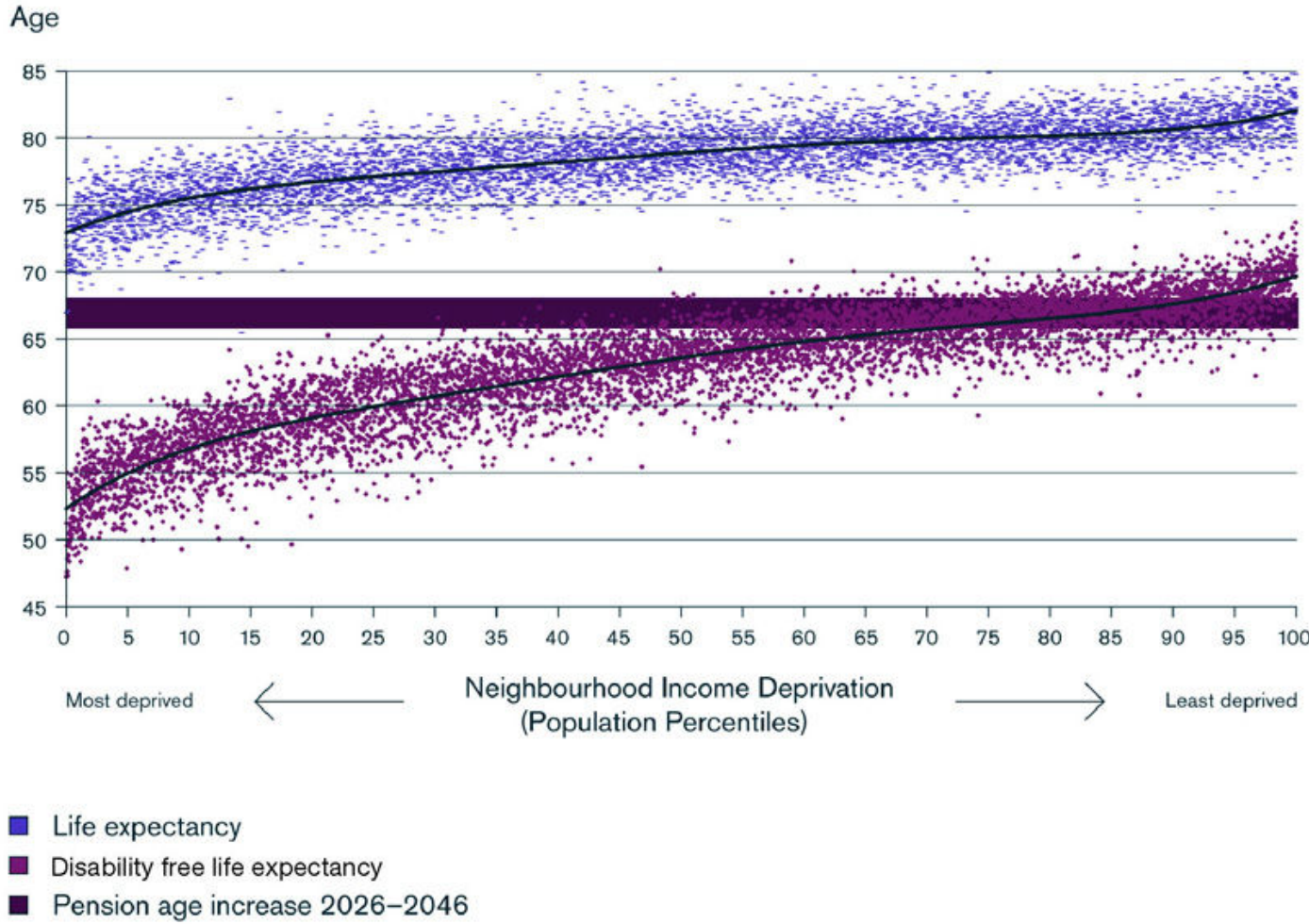
Dr Ruth Wallis
Director of Public Health
Lambeth & Southwark
October 2014

- Health and income
- Income in Southwark
- Low income, debt and health

Marmot

- Impact of income on health
- Impact of health on income

Socio-economic status is a major determinant of life expectancy and disability-free life expectancy



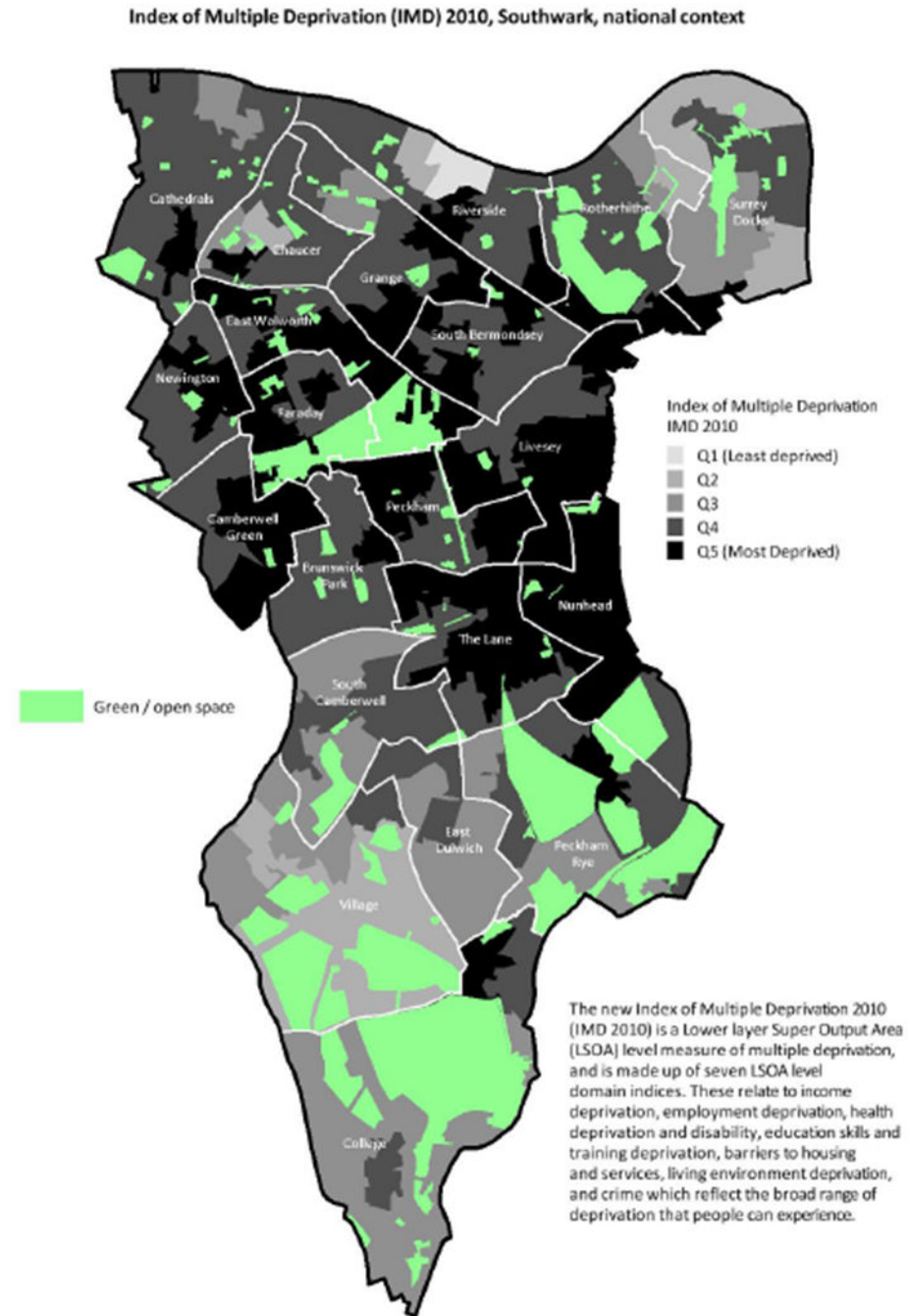
Source: * UCL Institute of Health Equity (2012) (a)

TheKingsFund

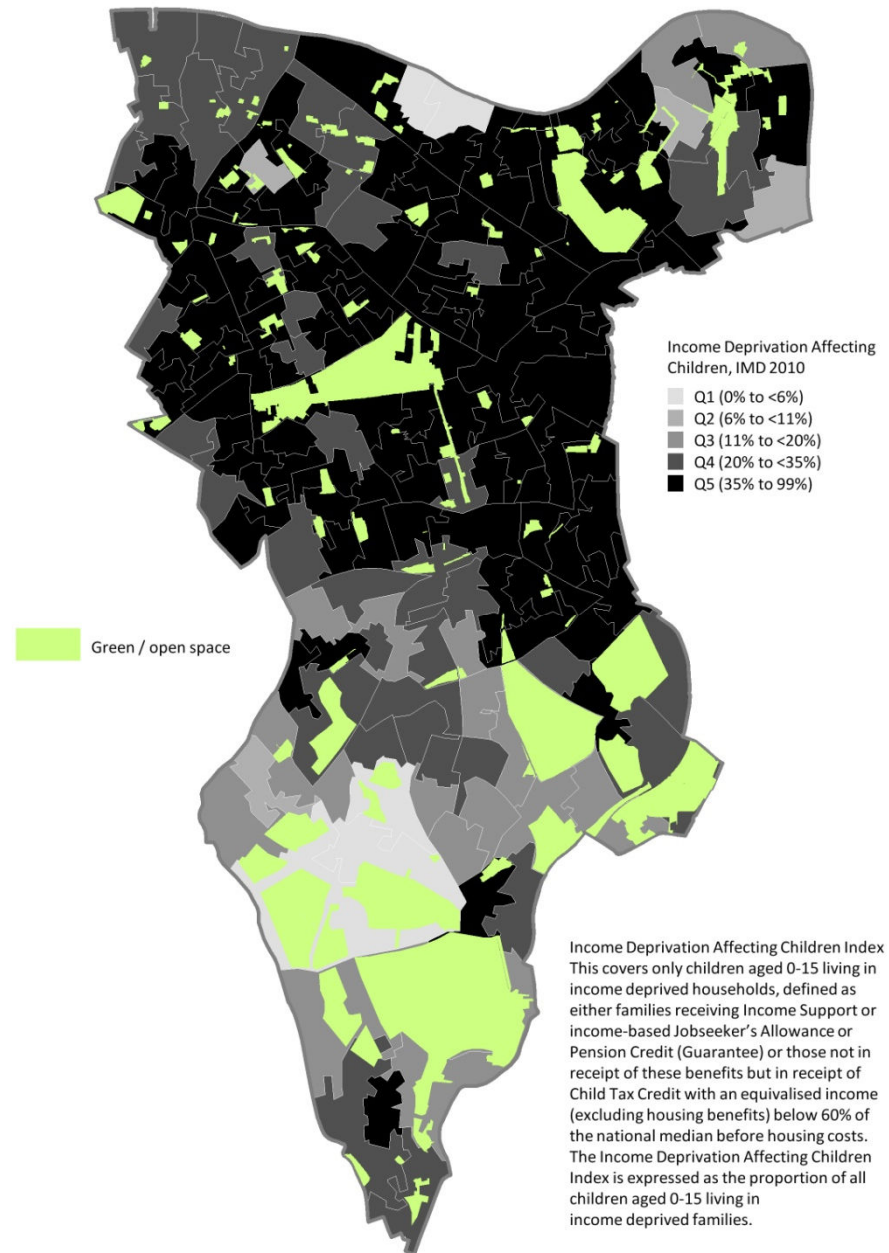
Southwark- overall deprivation IMD 2010

Overall the most deprived areas are
In the middle of the borough.

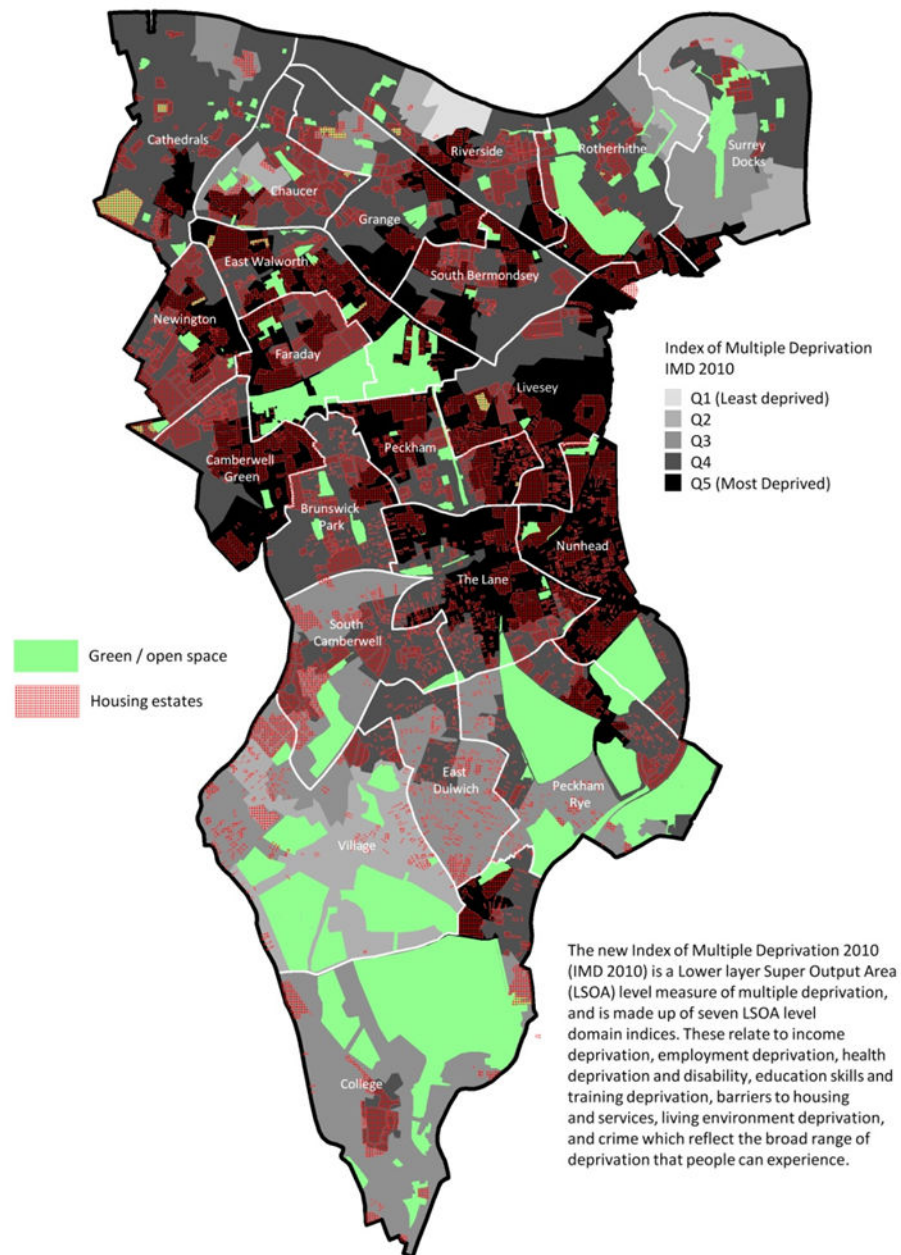
The split between North and South
Is likely to have increased already as a
result of the raise in house prices
especially along the Thames.



Southwark map of children living in deprivation

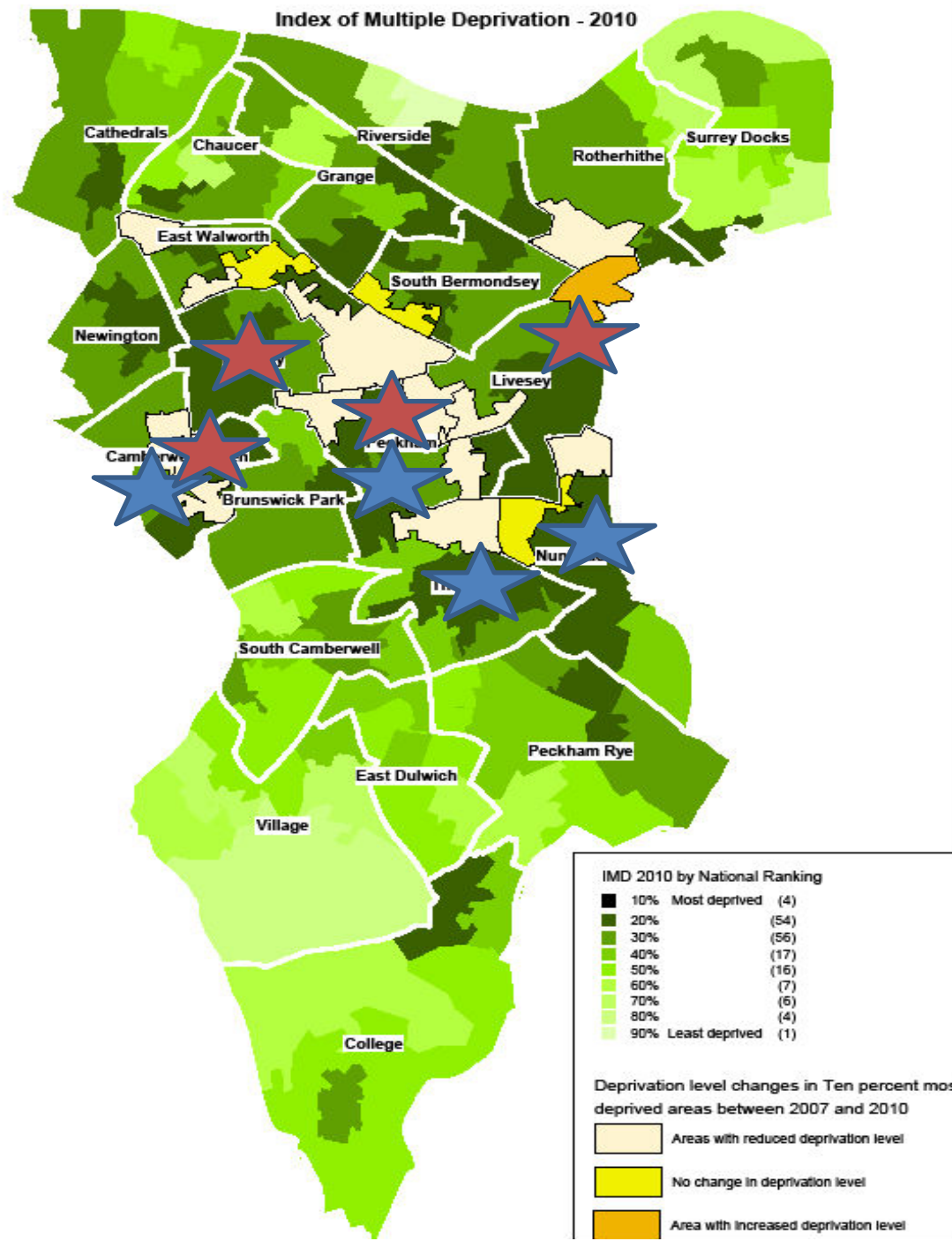


Index of Multiple Deprivation (IMD) 2010, Southwark, national context



Distribution of deprivation & housing estate:

The majority of the social housing own by the council are located in most deprived areas . This could mean that social housing is responding to needs , but also that there are greater economic development needs in these areas.



Black African

Black Caribbeans

Debt and Health

Key facts

- At London level, demand for debt advice services increased by nearly 20% in 2010/11, and unsecured debt was on average £13,088
- 5% of Southwark Housing Benefit recipients reported themselves as not having a bank account
- Around 37,000 people expected to claim Universal Credit = around 2000 will need a bank account

Key Facts

- 60% of payday loan shop borrowers 'vulnerable'
- 64% of payday loan shop borrowers agreed that this type of credit trapped them into a cycle of borrowing
- 24% of people with a payday loan prioritised paying back their loan over paying for food

Uses of payday loans

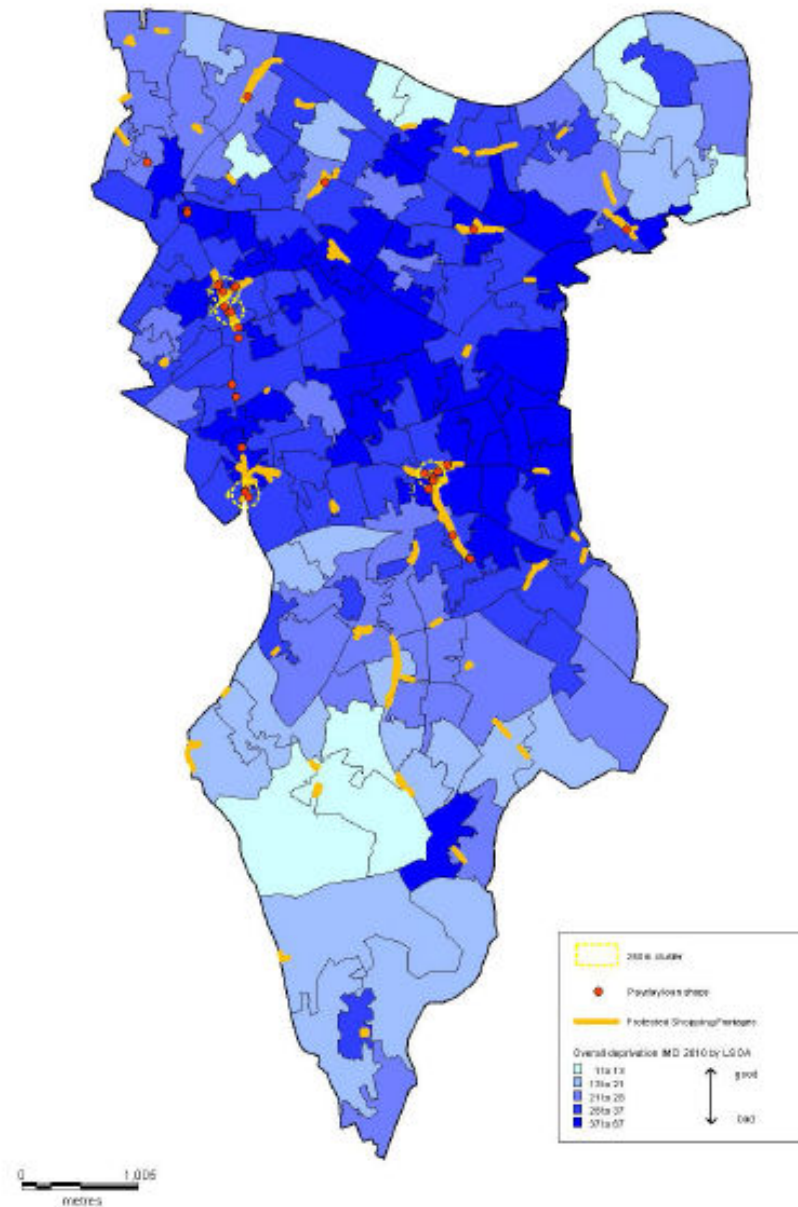
- 25 to 35 year olds: food, child essentials, vehicle expenses and utility bills
- 35 to 44 year olds: food, emergency needs, to pay off loans and credit cards and to pay utility bills
- 45 to 54 year olds: university fees, family expenses and emergency expenses

Payday loan shops

Map 8-9: Indices of Deprivation Overall Score by LSOAs – payday loan shops

Pay day loan shops and LSOA deprivation

All cluster of pay day loans are in most deprived areas of the borough



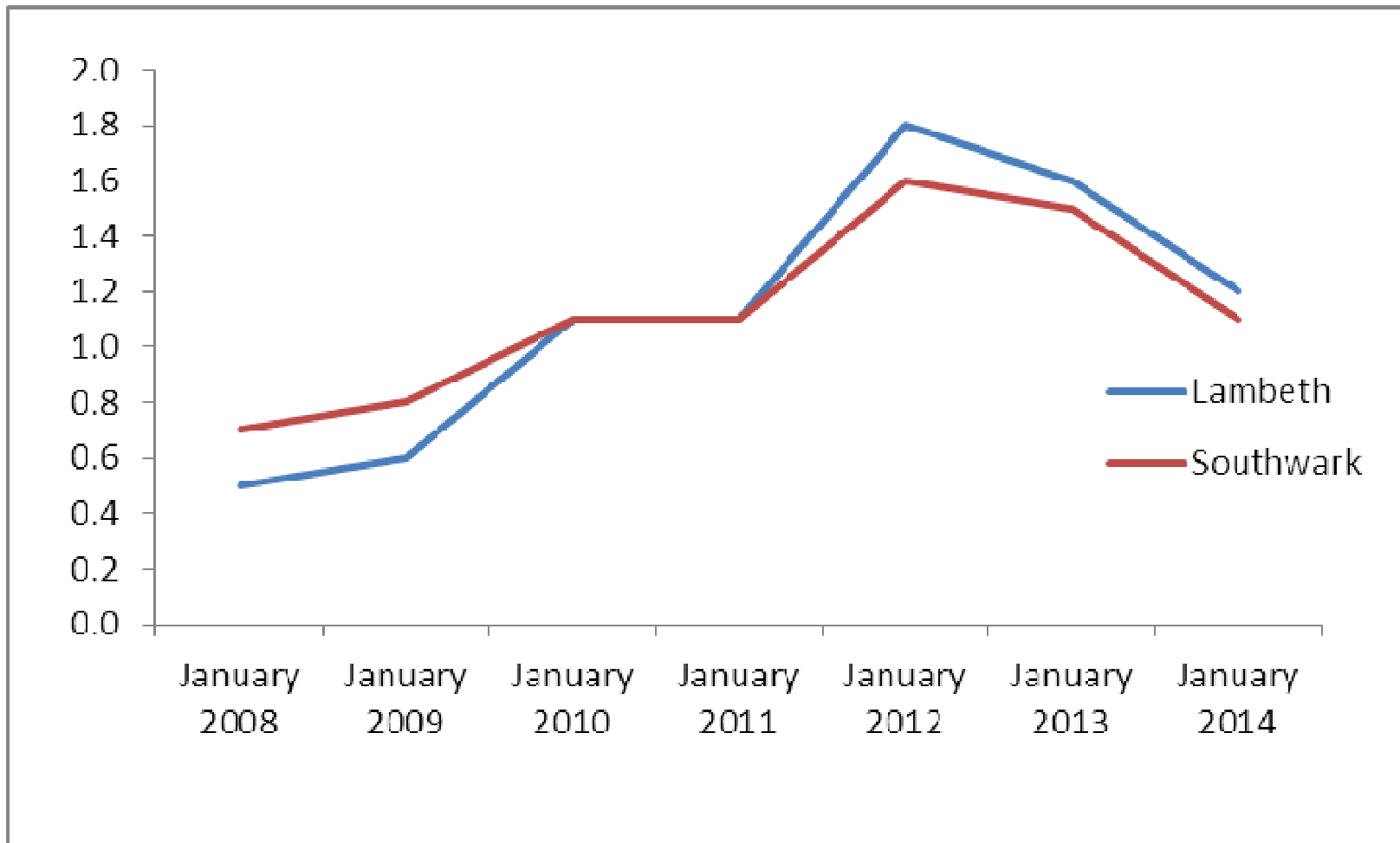
Debt and health

- Unmanageable debts – 33% higher risk of developing depression and anxiety
- 1 in 2 adults with debt have a mental disorder
 - 4x more likely phobic disorders
 - 3x more likely panic disorder
 - 2x more likely OCD, depressive disorder and anxiety disorder
- Poorer physical health also associated with unsecured debt
 - 17% higher risk of hypertension
 - 15% higher risk of stroke

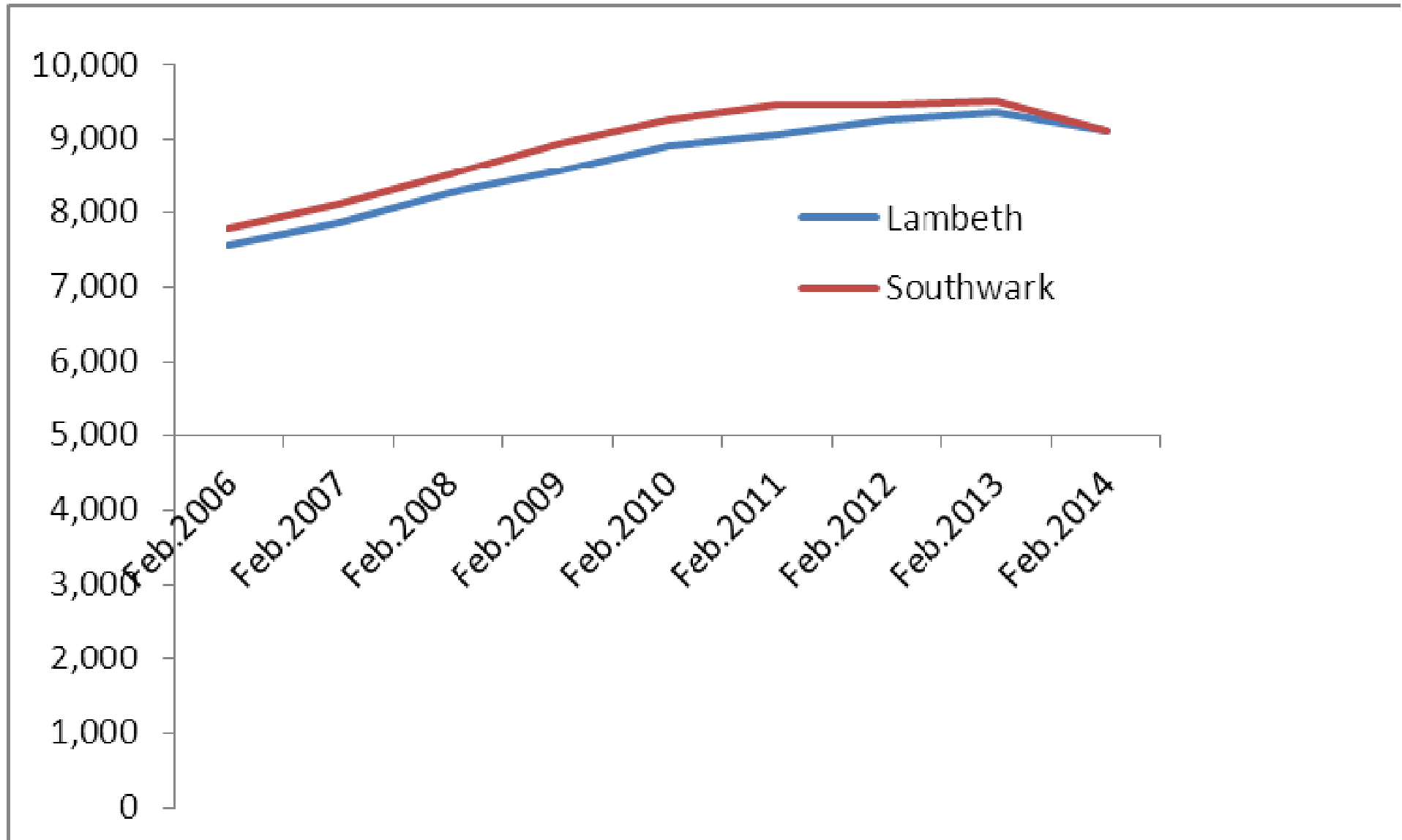
Mental health and debt

- 1 in 4 adults with mental disorders are in debt
- People with addictive disorder 8x more likely to be in debt

Proportion of resident population aged 16-64 claiming JSA for over 12 months



Number of 16-65 y old on DLA Southwark



- Strong link between low income and poor health and wellbeing
- Areas and populations with low income in Southwark, despite average income increase
- Potential to develop links between health services and financial advice, and health and employment
- Create environments that reduce risk of high cost borrowing/gambling
- Increase access to low cost borrowing

| | | | |
|------------------------------------|--------------------------------|--|---|
| Item No. | Classification: Open | Date: 11 November 2014 | Meeting Name: Healthy Communities Scrutiny Sub-Committee |
| Report title: | | Response to recommendations in Access to Health Services in Southwark | |
| Ward(s) or groups affected: | | All | |
| Cabinet Member: | | Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture and Councilor Barrie Hargrove, Public Health, Parks and Leisure | |

RECOMMENDATION

Recommendations for the Healthy Communities Scrutiny Sub-Committee

1. That the Healthy Communities Scrutiny Sub-Committee receives this report and notes the evidence in response to recommendations agreed at Cabinet on 16 September 2014

BACKGROUND INFORMATION

2. This supplementary paper is for Cabinet and in response to two recommendations arising from a Cabinet Report of 16 September 2014 namely Response to recommendations in Access to Health Services in Southwark (Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee)

Its specifically responds to the following recommendations :

Recommendation 10

This sub-committee commends the work of the Clinical Commissioning Group (CCG), jointly with the local authority and community services to help people stay home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

Recommendation 11

The director of adult social care would be happy to arrange a further report for the sub-committee providing more evidence on the work being undertaken across health and social care on the frail elderly pathway. A meeting to discuss the required scope of this report can be arranged by the chair of the sub-committee.

RESPONSE TO RECOMMENDATION 10

3. In Southwark we value older people and recognise the contribution they make to the community. Our policy dictates that we treat every resident as if a part of our family and our Southwark Fairer Futures Promise 10 is to make Southwark “an age friendly borough”. Older people in Southwark are vital to our community, they are the largest group of people that give up their time to volunteer and

assist elderly neighbours, libraries, meals on wheels and local centres. Older people share a vast amount of experience and have a unique opinion on how best we can assist them and they us.

4. Southwark Adult Social Care developed a customer journey for adults to support effective delivery of a range of interventions to support older people in Southwark. The journey had been clearly process mapped and is linked to forms/systems that services use in providing support to people in Southwark. It demonstrates how older people engage with our services (Please see appendix 1).
5. **The Adult Social Care Customer Journey** – The first point of contact for a person will be either the Contact Adult Social Care Team (CASC) based in the community or the hospital team. Our community based team record initial contacts, provide information and advice, small pieces of equipment and take referrals for the Reablement Team and Community Support and Review teams. If appropriate the person calling in is referred to our Reablement team for an assessment of their needs. If eligible the person will receive an up to six week free service to maximise their independence and regain skills that may have been lost. If the person needs further support after this period they will be provided with an indicative budget and will begin support planning. The final support plan once implemented will be reviewed on a regular basis and adjustments made when needed. Please see Appendix 1 for a representation of the journey for an older person.
6. **Statistics**
 - 25,000 people aged 65 or over live in Southwark (approx 9% of the population) a smaller proportion compared to London (11.4%) and England (16%).
 - By 2025 an additional 5,000 more residents aged 65 and over are projected to live in Southwark, with a larger proportion of people aged 85 and over.
 - Currently, 81% of older people living in Southwark are of White ethnicity. The second largest group is Black/Black British (13%). In the future there will be increasing numbers of and an increasing proportion of older people from BAME groups.
 - 61% of older people are in social housing
 - 43% of older people live alone which creates a challenge around social isolation
 - Life expectancy at age 65 for both men and women is higher in Southwark than London or England.
 - In March 2014, 934 patients of our local GPs had a formal dementia diagnosis which is thought to be approximately just over 50% of the total number of people who are living with the condition in Southwark.
7. The range of opportunities aimed to support Southwark's frail elderly population include:-
 - **Telecare** – Assistive technology within the home to reduce the reliance upon formal services in the community.
 - **Centre of Excellence** – a new development is underway as an alternative to current Day Services specialising in dementia support and for those with complex needs. This will be based at Cator Street and will have an extra care facility as part of the same complex.
 - **Carers Strategy** – includes supporting carers to have the confidence to support people with long term conditions and frail elderly self care at home. Southwark are providing a multidisciplinary assessment to include the Southwark Resident and their family or carer, and ensuring that the carers needs are met as well as the cared for.
 - **Age UK** – Funded by Southwark Council to provide advice and also a number

of one off projects that are preventative in focus i.e SAIL (Safer And Independent Living). They also run a day service that is funded by residents who have a Personal Budget.

- **Metropolitan** – Funded through the BCF (Better Care Fund – NHS monies to support social care to shift provision away from hospitals into the community) to provide a hospital prevention service supporting with support in own home with respect to advocacy and supporting administrative tasks in the home.
- **Riverside** – run a Community and Voluntary Sector service to provide advice and information on all services available within the community.
- **Alzheimer's Society** - are funded by Southwark to provide Dementia Advice and Support Workers that support people with dementia and their families with both practical advice, referral and support.
- **Dulwich helpline** - run a dementia programme and have recently been awarded some additional funding from City Bridge Trust to help promote Southwark as a dementia friendly environment.
- **Dementia Capital Grant -Tower Bridge Care Home** - improving the physical environment of the Tower Bridge care home to make it more dementia friendly. the works were completed in March 2014.
- **Age UK “Stones End” day centre** - renovation to the building to make it a dementia friendly environment.
- **Southwark Dementia Action Alliance** – partnership between the Voluntary Sector, statutory sector, commercial and arts projects in Southwark (includes organisations such as Globe, Milwall as well as CCG, Age UK, Kings, SLAM)
- **Alzheimer's Society** also provide a number of other non commissioned groups, such as singing for the brain. There is also nationally co-ordinated activity going on locally, most notably the roll out of the dementia friends programme.
- **Age UK Southwark** – through their community partnerships initiative are co-ordinating dementia friends sessions through out the borough.
- **Culture and arts** - Dulwich Picture Gallery - run a dementia arts group weekly that is being expanded outwards through their arts bus initiative.

RESPONSE TO RECOMMENDATION 11

8. In Southwark, as part of the Health & Wellbeing Strategy to keep people healthy, living at home and away from hospital, Primary Health, Adult Social Care and NHS/CCG are working closely to make access to community and health services as easy and integrated as possible in order to effectively support our frail elderly population.
9. By working together we are providing a responsive service that works to maximize independence and to support people to only use services for as long as they require them.
10. Initiatives are designed to support people in the community, to prevent admissions to hospital and if admitted, then to facilitate safe discharges to reduce length of stay.
11. In Southwark Adult Social Care one key initiative to enable integration with health is SLIC (Southwark and Lambeth Integrated Care). The SLIC program has facilitated a significant amount of integration and joint working between Health and Social care and enables an integrated approach to providing care to the residents of Southwark. We jointly work to identify initiatives and provide integrated services to be proactive and preventative. These initiatives work to support people to be discharged from acute care safely in a timely, and support the frail elderly to maintain their preferred environment for as long as possible. (Please see Appendix 2 for SLIC overview).

12. Southwark Adult Social Care and the CCG are developing a joint policy for the implementation of the National Framework for Continuing Health Care (CHC) in Southwark to ensure older people have access to appropriate health services at the right time.
13. By providing integrated community support (ICS), we are working jointly to ensure that high acuity patients and those complex health population are able to maintain independent living, as opposed to moving into, or receiving ongoing treatment, whether in an institutional or hospital setting.
14. Ways in which this is being provided in a joint approach with health and social care to prevent unnecessary hospital admissions include:
 - **GSTT @Home** – The GSTT @Home service is a multidisciplinary team working within Southwark and Lambeth to provide acute clinical care to residents in their home environment.
 - **Red Cross** – The Red Cross are providing a supported discharge for all those patients that do not have family close by or need extra support in order to go home safely. Nurses and social workers are working together to refer patients to the Red Cross who will assist the patient by providing basic shopping, turn on the heating before they get home, organise key safes and assist the person to settle back into their home life for up to six weeks.
 - **Enhanced Rapid Response** – Provides therapists, nursing and social care support to clients in the community who are at risk of admission to hospital, support consists of hands on care and provision of equipment to avoid unnecessary hospital admissions.
 - **7 day working** – Utilising the Better Care Fund and “Operational Winter Resilience” funding from the NHS, Southwark are currently employing social workers to work within A&E and with the Multidisciplinary teams to provide early intervention, provide admission avoidance and information and advice to Southwark residents and their carers.
 - **Reablement** – Reablement works with people to promote independence in their home environment and can be accessed within the community, or via A&E or if admitted to either acute hospital. The service that provides enhanced care workers who work closely with social workers and occupational therapists to set goals and improve outcomes with the provision of equipment and personalised goals.
 - **Supported Discharge Team** – the Supported Discharge Team is the Southwark Intermediate Care Service that provides rehabilitation in the home environment, to improve independence.
 1. **Double handed care project** – Using Winter Resilience funding, a project to facilitate discharges for those in patients who require double handed therapy and care in their own homes.
15. Other initiatives available in the community for all residents, which enables people to remain at home longer include
 - **Community MDT** – Community based multidisciplinary meeting to discuss residents who require a joined up approach and ensuring sharing of information to provide best outcomes.
 - **Care Home Support Team** – Social Workers working with the GPs and care homes to ensure that those admitted to long term care are supported, and provide a better experience in the home, and reduce hospital admissions.
 - **Step-down Capacity** – using CCG Slippage monies to consider alternatives to remaining in hospital, and providing support required before discharge home.

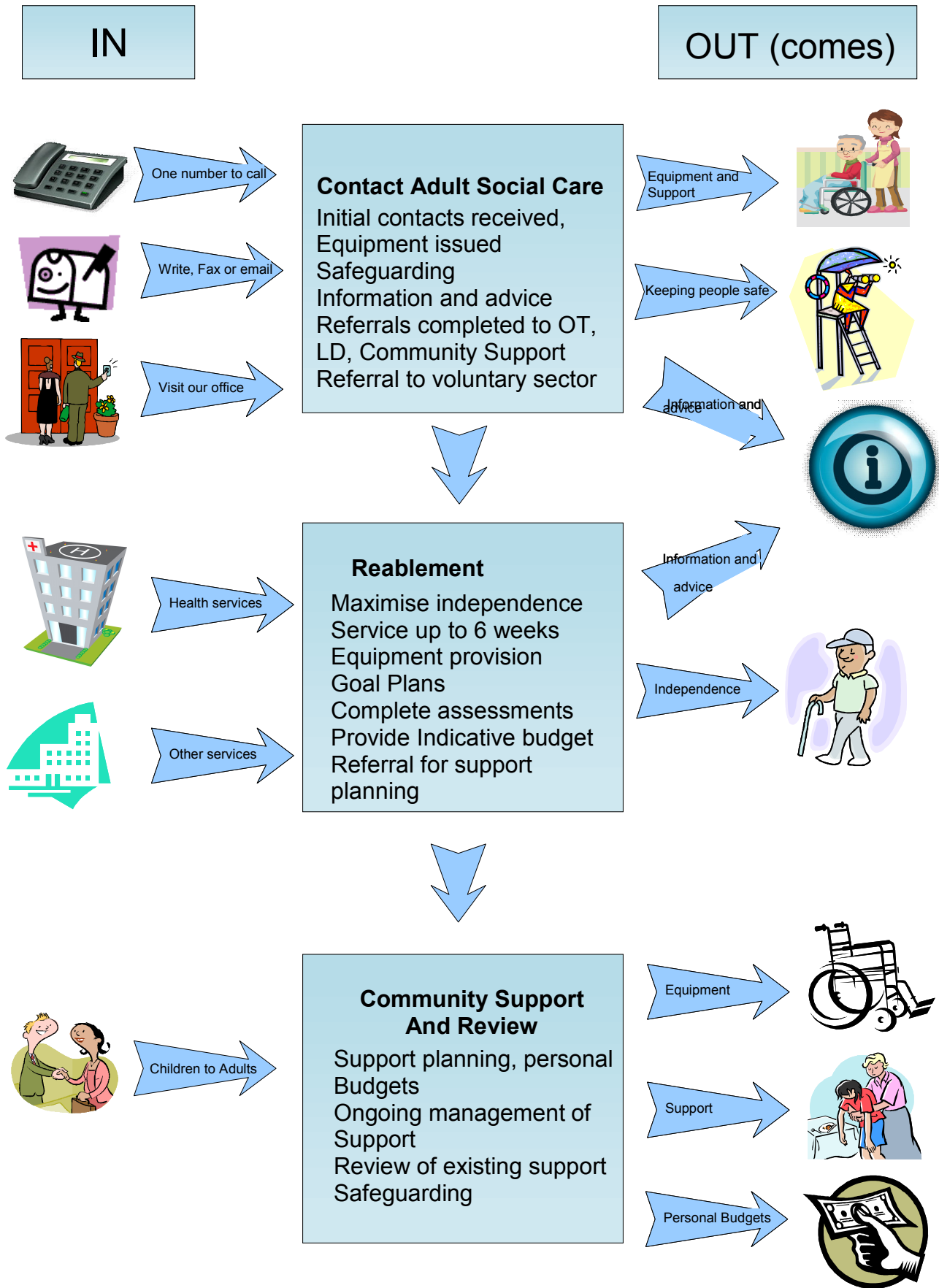
APPENDICES

| No. | Title |
|------------|--|
| Appendix 1 | Pictorial representation of customer journey |
| Appendix 2 | SLIC Overview |

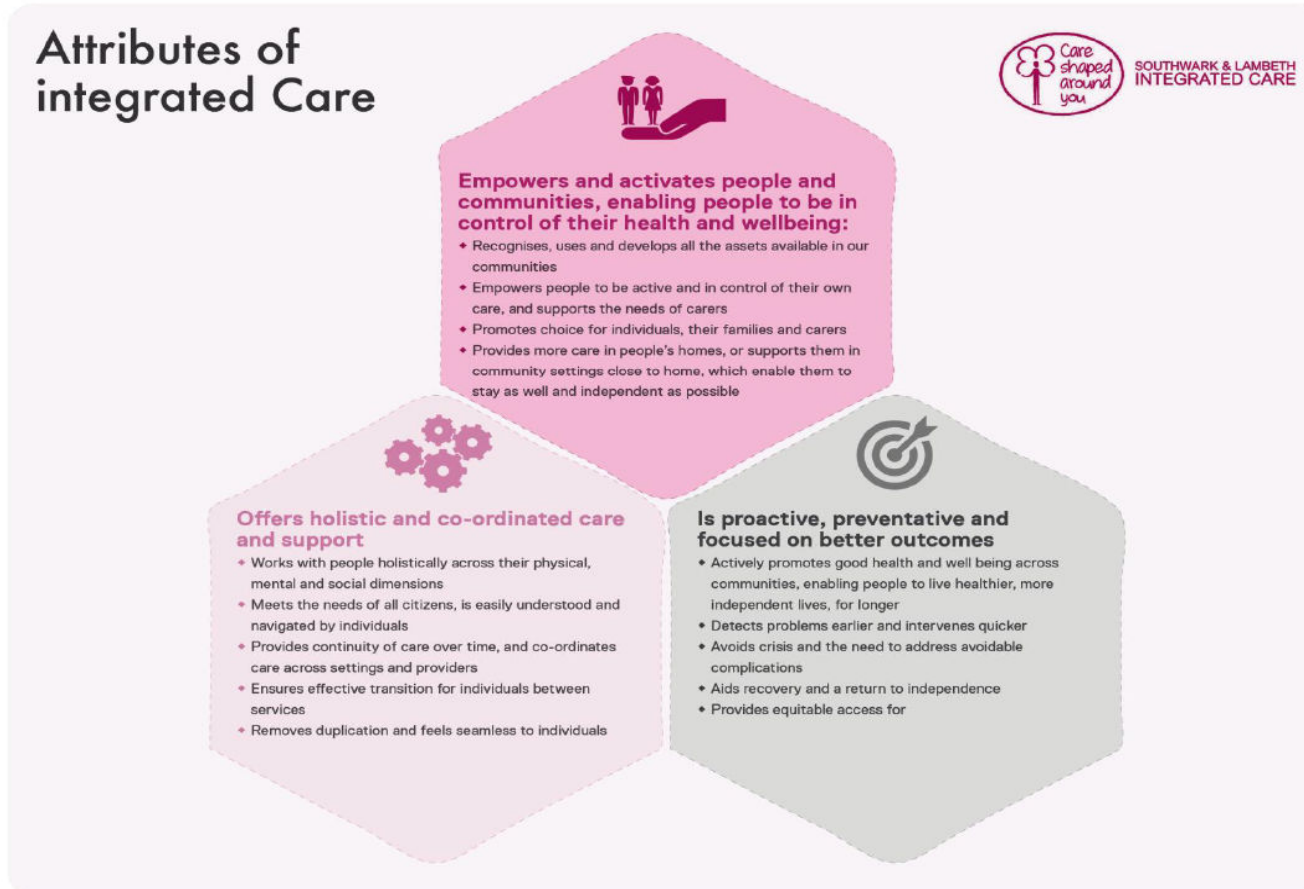
AUDIT TRAIL

| | | |
|---|--|--------------------------|
| Cabinet Member | Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture and Councilor Barrie Hargrove, Public Health, Parks and Leisure | |
| Lead Officer | Jay Stickland, Director of Adult Social Care, Children's and Adult's Services | |
| Report Author | Vanessa Pugh, Interim Head of Older People Services, Children's and Adult's Services | |
| Version | Final | |
| Dated | 5 November 2014 | |
| Key Decision? | No | |
| CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER | | |
| Officer Title | Comments Sought | Comments Included |
| Director of Legal Services | No | No |
| Strategic Director of Finance and Corporate Services | No | No |
| Cabinet Member | Yes | Yes |
| Date final report sent to Constitutional Team | 5 November 2014 | |

Appendix 1 - Adult Customer Journey

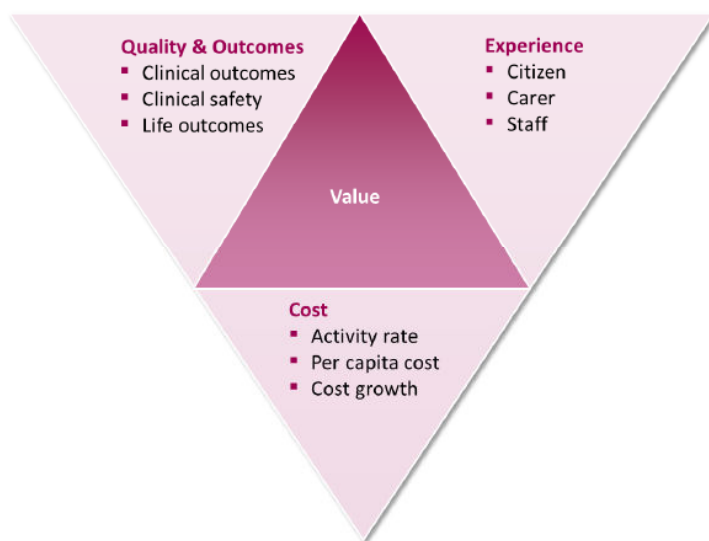


New services should feel different: people should experience services that are empowering, holistic and preventative



We are all working together to increase the value of care we provide for the people of Lambeth and Southwark

Objectives of high value care

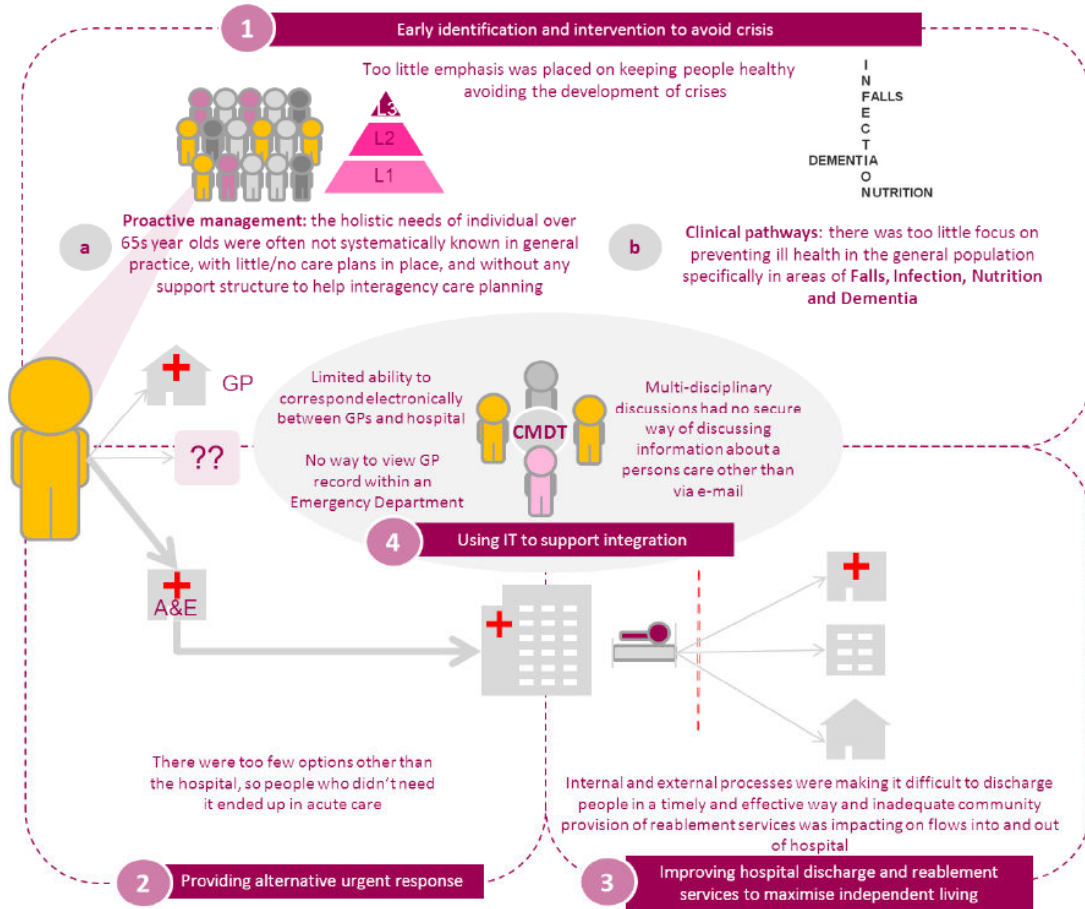


Issues in our current system

- | | |
|----------------|--|
| Quality | <ul style="list-style-type: none"> The care people experience could and should be improved Commissioners are now looking to providers to focus on co-producing outcomes with patients through services that feel very different with an emphasis on being <u>preventative</u>, <u>holistic</u> and <u>empowering</u> |
| Cost | <ul style="list-style-type: none"> If we carry on without change they system will go broke By working together to deliver preventative and coordinated care we can significantly reduce the gap But this will requires a fundamental shift in the way we work both clinically and operationally, underpinned by a new way of contracting with commissioners |

Note: details about the analysis of costs is contained within Appendix 3

Our initial focus has been with the frail and elderly: our programme focuses on resolving real challenges for the system...



Anticipated benefits

By 2015/16:

Bed Reduction
(through reduced admissions & LOS)

- 23,500 bed days saved
- Equates to 32 beds for each acute

Social Care Reduction

- 20% reduction in residential packages
- Equates to 133 less packages of care

Improved patient experience

| |
|---|
| <p>Healthy Communities Scrutiny Sub-Committee – draft workplan</p> |
| <p>8 July 2014</p> |
| <p>Southwark CCG and SEL Commissioning Strategy</p> <p>Kings College Hospital NHS Trust Elective Services Proposals</p> <p>Sexual Health Strategy</p> <p>Finalise Reviews 1, 2 & 3</p> <p>Agree workplan</p> |
| <p>Issue call for evidence from all interested parties over the summer</p> |
| <p>8 October 2014</p> |
| <p>Review 1: Health of the Borough</p> <ul style="list-style-type: none"> • Financial Health <p>Cabinet member Interview:</p> <p>Cllr Dora Dixon-Fyle - Cabinet Member for Adult Care, Arts and Culture</p> <p>Review 2: Personalisation - officer report</p> <p>Dulwich Hospital Review</p> |
| <p>Review 2: Personalization call out & outreach to residents</p> |
| <p></p> |

| |
|--|
| 11 November 2014 |
| <p>Review 1: Health of the Borough</p> <ul style="list-style-type: none"> • Environment <p>Response to Health, Adult Social Care Committee inquiries from 2013/14</p> <ul style="list-style-type: none"> • Hospitals • CCG • Other bodies as appropriate <p>Review 2: Personalization – evidence from Community Action Southwark</p> |
| <p>November/ December 2014: Public Health Commission: Stand-alone day – date TBC</p> <p>Public Health England Public Health Department Health & Wellbeing Board Clinical Commissioning Group Cabinet Member for Public Health</p> <p>Report to January Committee</p> |
| 8 December 2014 |
| <p>Review 1: : Health of the Borough</p> <ul style="list-style-type: none"> • Health <p>Review 2: Personalization – evidence from national organizations and service users including disabled people’s & older people’s groups.</p> |
| <p>Review 1 - Healthy Communities :</p> <p>Community Council workshops</p> <p>Review 3 - Draft Public Health report</p> |
| 27 January 2015 |
| <p>Review 1 : Health of the Borough</p> <p>- Safety</p> <p>Annual Safeguarding Report</p> |

| |
|--|
| Review 3 into Public Health: Draft report to Committee |
| Write report for Review 1 - Healthy Communities |
| 4 March 2015 |
| Review 1 Healthy Communities - draft final report. Review 2 Personalization – draft final report. |
| |
| 21 April 2015 |
| Hospital Quality Accounts <ul style="list-style-type: none">• hospital mortality and morbidity statistics.• hospital ward staff turnover and levels of ward staffing• summary of complaints Receive and consider Serious Incident Reports, including analysis of root causes. Complaints reports from CCG & NHS England |

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**HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2014-15**

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NOTE: Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

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| Councillor David Noakes (Vice-Chair) | 1 | Andrew Bland, Chief Officer, Southwark CCG | 1 |
| Councillor Jasmine Ali | 1 | Malcolm Hines, Southwark CCG | 1 |
| Councillor Paul Fleming | 1 | Dr Ruth Wallis, Public Health Director | |
| Councillor Maria Linforth-Hall | 1 | Jin Lim , Public Health Assistant Director | 1 |
| Councillor Kath Whittam | 1 | Alexandra Laidler, Acting Director, Adult Social Care | 1 |
| Councillor Bill Williams | 1 | Rachel Flagg, Principal Strategy Officer | |
| Reserves | | Shelley Burke, Head of Overview & Scrutiny | 1 |
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| Councillor Neil Coyle | 1 | Chris Page, Principal Cabinet Assistant | 1 |
| Councillor Eliza Mann | 1 | William Summers, Liberal Democrat Political Assistant | 1 |
| Councillor Claire Maugham | 1 | Julie Timbrell, Scrutiny Team SPARES | 10 |
| Councillor Johnson Situ (Two vacancies) | 1 | External | |
| Other Members | | Rick Henderson, Independent Advocacy Service | 1 |
| Councillor Peter John [Leader of the Council] | 1 | Tom White, Southwark Pensioners' Action Group | 1 |
| Councillor Ian Wingfield [Deputy Leader] | 1 | Fiona Subotsky, Healthwatch Southwark | 1 |
| Councillor Dora Dixon-Fyle [Adult Care, Arts & Culture] | 1 | Sec-Chan Hoong, Healthwatch Southwark | 1 |
| Councillor Barrie Hargrove [Public Health, Parks & Leisure] | 1 | Kenneth Hoole, East Dulwich Society | 1 |
| Health Partners | | Elizabeth Rylance-Watson | |
| Gus Heafield, CEO, SLaM NHS Trust | | Total: | |
| Patrick Gillespie, Service Director, SLaM | 1 | 50 | |
| Jo Kent, SLAM, Locality Manager, SLaM | 1 | Dated: October 2014 | |
| Zoe Reed, Executive Director, SLaM | 1 | | |
| Marian Ridley, Guy's & St Thomas' NHS FT | 1 | | |
| Professor Sir George Alberti, Chair, KCH Hospital NHS Trust | 1 | | |
| Jacqueline Green, Head of Stakeholder Relations , KCH | 1 | | |
| Julie Gifford, Prog. Manager External Partnerships, GSTT | 1 | | |
| Geraldine Malone, Guy's & St Thomas's | 1 | | |