

Healthy Communities Scrutiny Sub-Committee

Tuesday 20 February 2018

7.00 pm

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

Supplemental Agenda

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Date: 18 February 2018



Healthy Communities Scrutiny Sub-Committee

MINUTES of the OPEN section of the Healthy Communities Scrutiny Sub-Committee held on Tuesday 28 November 2017 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 Helen Dennis
Councillor Sunny Lambe
Councillor Leo Pollak
Councillor Bill Williams

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Dawn Brodrick, Executive Director of Workforce Development
Peter Absalom, Associate Director of Workforce Operations
Alan Goldsman, Director of Financial Improvement, KCH
Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG
Kevin Fenton, Director of Health and Wellbeing
Gillian Bradford, Assistant Director for Joint Commissioning
Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

1.1 There were apologies for absence from Councillor Maria Linforth-Hall.

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 the following disclosures of interests:

- Councillor Lamb's wife works for the NHS.
- Councillor Williams is a governor for Guy's & St Thomas' Foundation Trust.
- Councillor Noakes sits on the Health and Well-being Board (HWB) so he will be conflicted if and when the committee discusses any work where the HWB has an executive role, for example approves a plan. Cllr Noakes recused himself for the Better Care Fund item, which the HWB formally agreed.
- The chair, Councillor Lury, said the KCH chief executive sits on the guiding board of the company she has recently joined. She reported she has been advised this is not a conflict, as a precaution will recuse herself for the KCH item and join the audience.

4. MINUTES

RESOLVED:

The minutes of the following meetings were agreed as a correct record:

- a) Full minutes of 13 September 2017 (the decisions were agreed at the previous meeting).
- b) Full minutes of the last meeting on 17 October 2017

VIDEO OF OPENING OF THE MEETING

<https://bambuser.com/v/7001858>

5. KING'S COLLEGE HOSPITAL UPDATE

The following King's College Hospital (KCH) Foundation Trust and CCG representatives attended:

- Dawn Brodrick, Executive Director of Workforce Development, KCH
- Peter Absalom, Associate Director of Workforce Operations, KCH
- Alan Goldsman, Director of Financial Improvement, KCH
- Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG

Trust plans to improve KCH's financial position

The Director of Financial Improvement presented the finance report. The following questions and comments were made:

- Can a Foundation Trust run a deficit? The Director explained that the Trust receive distress funding in the form of Treasury borrowing.
- Could assets be sold to fund the gap? No, there is a lock on assets.
- How are KCH going to live within their means? There is Trust plans to make savings and increase productivity. KCH is also part of a health system where solutions also lie. The CCG Director of Integrated Commissioning also agreed that solutions lie here and the STP will enable some of these issues to be better addressed. The KCH Director said KCH funding is over a billion pounds a year and raising each year by a small amount, however KCH costs are rising at a greater amount. The deficit is a relatively small fraction of KCH overall spend.
- How does the Trust fund deficit compare to other Trusts? It is substantial and high; however the KCH financial envelope is also big to compare to other Trusts.
- Can you raise more by increasing private patents? There are limited opportunities here as there is not much physical capacity; there are some opportunities in research.
- A member noted that the deficit reduction had gone better in previous years, however now it is on an upward trend; why is this? In part because early savings are easier to make. There are other issues such as higher drug costs. There are many challenges. The main aim is to become more productive (efficient).
- What about winter planning? KCH have tried to think about as this as much as possible - but they will have to see. It will be very demanding, KCH know this.
- How does this impact on the CCG? The Director of Integrated Commissioning said they are anxious, the CCG are working with the Trust to enable a good and robust relationship; it's not good if Southwark have a Trust which struggles to get nurses and doctors. The CCG try and set a contract which fully covers Southwark patients. Is there is a direct cost impact? The CCG might have to react if there was a big demand - for example a very difficult winter. We cannot allow hospitals to fail - that was learning from Mid Staffordshire [when care plummeted partly as a result of budget pressures].
- How many users of KCH are local patients? One 1/3 are from Southwark / Lambeth/ Bromley, with Southwark about 10%. There is block contract with local CCGs and dialogue is ongoing and positive with local CCGs..

Staffing and recruitment

Dawn Brodrick, Executive Director of Workforce Development, KCH and Peter Absalom, Associate Director of Workforce Operations, KCH presented and then the following questions and comments were made:

- How is Brexit impacting on recruitment? Europe dose provide staff with scores from Spain and Romania but international recruitment yields people in the hundreds.
- Do the exit questionnaires identify housing? We are looking at prioritising housing for key groups. People will more say they want promotion or career development. It's more about not joining because of housing costs.
- Has Brexit has impacted on KCH medical workforce ? There is an article in the New York Times on KCH and the impact of Brexit, particularly around research.
- How many are agency staff? About 200. We are aiming to reduce it and this is going down. Some will be an odd day; KCH do need to retain some flexibility. There is a constant month on months focus on this issue as there is a 27% on-cost for agency workers.
- Are you looking at research? Yes, we also look at career development and rotation across the STP.
- How does the international recruitment go? They are less likely to go. We provide assistance on relocation and also support here. KCH have got 16 years of experience and are able to add the human touch, offering bespoke support as some nationalities may stay for different periods.
- What about mental health recruitment? This is more led by SLAM. It's fair to say the issues in ED mental health issues are increasing as we have an increase in need as a society.
- Should we feel guilty about recruiting from Philippines? Yes and no. It is a chief form of economic income in Philippines and KCH work closely with the overseas development agency. Should we be recruiting from local communities? KCH are looking for a diverse staff community to reflect the local community and making are making recruitment films about KCH. Do you have specific targets for the local community? That would need to be linked to an apprenticeship programme.
- What about using the Denmark Hill site and possibilities for offering housing to doctors and students? There could be possibilities for attracting and retaining staff with the emerging master plan; this is linked to realising capital to invest and anyway would not come online for ten years or so. KCH are presently focused more on immediate things they can do.

Members congratulated the team on the significant improvements to staff recruitment and retention.

VIDEO OF KING'S COLLEGE HOSPITAL UPDATE

<https://bambuser.com/v/7001863>

<https://bambuser.com/v/7001919>

6. BETTER CARE FUND

Gillian Bradford, Assistant Director for Joint Commissioning, Children's and Adults' Services presented and members particularly focused on care home provision and on intermediate care and step down care.

VIDEO OF BETTER CARE FUND

<https://bambuser.com/v/7001910>

7. PUBLIC HEALTH PRIORITIES

Kevin Fenton, Director of Health and Wellbeing, and consultants presented the reports enclosed with the agenda and addressed the following issues:

- Waits for Sexual Health clinic appointments
- Return rate for online/ home testing kits
- PREP trials (HIV prophylactic)
- Combined substance & sexual health commissioned services for young people
- Waiting list and process to meet demand for residential treatment for alcohol & drug misuse services
- Communities that are most affected by high levels of suicide, teenage pregnancy, STI and alcohol & drug misuse and how does that link to deprivation and regeneration (report to follow)
- The proportion of services that are used and accessed by Southwark residents and local services
- TB - is it rising , where is it most prevalent and reasons (report to follow)
- Social regeneration and plans to embed health & wellbeing in regeneration master plans (e.g. Peckham, Old Kent Road & Canada Water), high street shops, and through warm dry housing.

- A challenge on the lack of ambition of a suicide rate reduction target of 10% and also reductions to self harm (from a resident) and rational from officers.

RESOLVED

Officers will return with a report on:

- i) socio economic data (including ethnicity) and prevalence rates of suicide, teenage conception, STI and alcohol & drug misuse
- ii) TB – is this rising, where is this prevalent and the reasons.

VIDEO OF PUBLIC HEALTH PRIORITIES

<https://bambuser.com/v/7001951>

8. WORK-PLAN

The work-plan was noted.

Trigger template for Standard Variations to Health Services

NHS Trust & Lead Officer Contacts:	
<ul style="list-style-type: none"> • Rod Booth, Head of Mental Health Well Being, Southwark Clinical Commissioning Group and London Borough of Southwark • Cha Power, Deputy Director Mental Health of Older Adults and Dementia Clinical Academic Group, South London and Maudsley NHS FT • Dr Daniel Harwood, Clinical Director Mental Health of Older Adults and Dementia Clinical Academic Group, South London and Maudsley NHS FT 	
Date completed:	13 th February 2018
Date submitted to Scrutiny:	20 th February 2018

<i>Trigger - Please Comment as Applicable</i>	
Reasons for the change – Please see attached paper for background information	
What change is being proposed?	<p>To offer an improved Mental Health Older Adult Specialist bed configuration by delivering more appropriate provision for the residents of Ann Moss Way. This is a move away from the previous service model, which was underpinned by home for life principles, when the service was first opened following the closure of the large Mental Asylums in the 1980s.</p> <p>Any older patient living in Lambeth, Southwark, Lewisham or Croydon requiring admission to an Older Adult Specialist bed unit is currently admitted to one of two units. (1) Patients from Lambeth, Lewisham and occasionally Southwark are admitted to Greenvale Specialist Unit in Streatham; and (2) Patients from Southwark are admitted to Ann Moss Way Specialist Care Unit in Rotherhithe.</p> <p>Older adult specialist care units provide 24 hour care for Older Adults (65+) presenting with complex mental health conditions in a community based setting. Patients are usually admitted via Mental Health of Older Adults Inpatient facilities for a further period of treatment prior to discharge. Ann Moss Way is specifically for clients who cannot be safely treated in the community due to the high risk of harm that they pose to themselves and others because of their continued behaviours. However, these patients do not require continued admission in an acute psychiatric ward. On certain occasions the service will accept direct admissions of patients with known diagnosis, normally dementia, who require admission and treatment of behaviours stemming from their condition in a secure environment but whose needs do not necessitate the full range of facilities available in an acute psychiatric inpatient unit.</p>

	<p>In order to improve patient outcomes and ensure the most effective use of resources it is proposed that all Older Adults Specialist Care provision is located at the 28 bedded Greenvale Specialist Care Unit in Streatham. This would be in tandem with developing a new model of care for specialist care in collaboration with the care home sector and Care home Intervention Team (CHIT). This will provide the CCG an opportunity to work with Local Authority partners to reshape the nursing home pathway to flex around presenting patient needs as opposed to the historic and inflexible bed based service model.</p> <p>The CCG is focussed on achieving the best possible quality of care for this small cohort of our population, but needs to also ensure that in terms of impact, that there are the best possible outcomes for the money spent.</p>
<p>Why is this being proposed?</p>	<p>Following intensive collaboration between SLAM and Commissioners from the four boroughs, to remodel specialist care provision, a new delivery model is being proposed in line with national guidance and recommendations.</p> <p>In future, it is proposed to have one designated Older Adult Specialist Care Unit serving the 3 boroughs of Southwark, Lambeth and Lewisham. This will be for older patients 65+ with a comorbidity of challenging behaviour due to mental health (organic and functional), learning disabilities and or acquired brain injury and physical health. This provision has a new emphasis on shorter stays and care plans that will enable patients to be transferred to other facilities within the Southwark and other Boroughs. This will result in the closure of Ann Moss Way specialist Care Unit.</p> <p><i>Why is this being proposed?</i></p> <p><u>Background and Context</u></p> <p>Ann Moss Specialist Care Unit is a 16 bed Specialist Care Unit in Rotherhithe. It was taken over by SLAM in 2007 from Amicus Horizon Housing Association. The home had originally grown out of the major closure programme of the large Mental Asylums in the 1980s and 90s. At the time it was seen as an innovative service model, underpinned by home for life principles. The philosophy of the service was to provide a “home for life” funded by the NHS and located in small residential unit.</p> <p>The unit provides access to NHS Southwark patients only. There are currently 11 inpatients in Ann Moss diagnosed with a comorbidity of challenging behaviour due to mental</p>

health (organic and functional), learning disabilities or and acquired brain injury and physical health.

Provision of older adult specialist care beds at SLaM (formally continuing care beds) has reduced in Southwark over 10 years from 46 in 2005 to 16 in 2017. The number of older adult specialist care beds available in the borough in is excess of need.

In the past 12 months there has been 1 new admission to the unit. There are currently 5 empty beds. The changes in demand for the current services will result in the current facilities operating at significant under capacity. Due to statutory onsite staffing requirements the service is fully funded by the CCG for 16 beds. At present (Q4 2017-18) only 11 beds are occupied based on local need. If this trend continues into 2018-19 the CCG cannot demonstrate this is the most effective spend to meet health needs of the local population.

Rationale for our recommendation

- I. Decreasing demand for specialist care units. Currently the Unit is running at 68% Occupancy although fully funded to meet safer staffing level requirements;
- II. Demand for long-term high intensity care is reducing as more effective treatments are being delivered. There has been one admission to the Unit in the last 12 months. There are currently five empty beds in Ann Moss Specialist Care Unit;
- III. National strategy over the last few years has taken these factors into account, supporting Mental Health Trusts to deliver early intervention and preventative treatments rather than inpatient care (National Service Frameworks for Mental Health (1999) and Older People (2001)). These interventions have reduced the need for hospitalisation. So fewer people are being admitted acutely, with a consequent decline in need for 'continuing care' services;
- IV. Problems with provision of safe staffing at Ann Moss Specialist Care Unit. The needs of patients requiring specialist care are complex and require a number of staff to manage their distress. Staffing requirements are variable depending on the needs of the patient group on a particular day. This makes it difficult to predict the number of staff needed in advance. As the need for staff fluctuates it is not financially viable to over staff the unit in an attempt to manage these fluctuations in need; and
- V. The Ann Moss Building is not fit for purpose. It was built in the late 1980s after the closure of the Old

	Asylums. Developing or maintaining the site would require a significant investment (in the £m's with lift refurbishment alone requiring an £800k investment).
What stage is the proposal at and what is the planned timescale for the change(s)?	<p>This proposal has been discussed with:</p> <ul style="list-style-type: none"> • Commissioners from the four local boroughs (Lambeth, Southwark, Lewisham and Croydon) • SLaM staffing cohort impacted by proposals • CCG Governing Body • Councillor Livingstone (Cabinet Member for Adult Care & Financial Inclusion) • Children's & Adult's Services Executive Team Members <p>Changes would commence in spring through summer 2018 following a 30 day public engagement exercise.</p>
Are you planning to consult on this?	It is planned to hold a 30 day public engagement exercise on proposals to seek the views of staff, residents, families, carers and the local community so these can be factored into plans.
Are changes proposed to the accessibility to services?	Briefly describe:
Changes in opening times for a service	None
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	None
Relocating an existing service	People who require an older adult mental health specialist bed will be admitted into Greenvale Specialist Care Unit Streatham.
Changing methods of accessing a service such as the appointment system etc.	The way that older adult specialist care is accessed will not change. Patients are usually admitted via the Mental Health of Older Adults Inpatient facilities for a further period of treatment prior to discharge. This service is specifically for clients who could not be safely treated or in the community due to the high risk of harm that they pose to themselves or others because of their continued behaviours but who do not require continued admission in an acute psychiatric ward.
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.	<p>The purpose of the change is to provide care and treatments based on the best evidence and facilitate ward environments that promote patient safety, effective and responsive care and provide an improved patient experience.</p> <p>The new emphasis will on shorter stays and care plans that will enable patients to be transferred to other facilities within the Southwark and other Boroughs</p> <p>It is anticipated that providing care in this way will have a positive impact on length of stay, readmission rate, and</p>

	<p>use of antipsychotic medication in patients with dementia. Validated clinical outcome measures will be used to assess efficacy of the interventions offered during a spell of care as well as patient (where possible and appropriate) and carer experience measures.</p>
What patients will be affected?	Briefly describe:
Changes that affect a local or the whole population, or a particular area in the borough.	<p>This proposal only affects people over 65 with a mental illness that require admission to secondary care beds from the Borough of Southwark because the service will be provided at a different site. All specialist care from Lambeth, Southwark and Lewisham will be provided by Greenvale Specialist Care Unit. Greenvale has 28 beds.</p>
Changes that affect a group of patients accessing a specialised service	As described in the trigger template
Changes that affect particular communities or groups	<p>These changes are for people over 65 who require admission to a secondary care mental health bed and for people under 65 with a diagnosis of dementia who require admission to a secondary care mental health bed.</p> <p>For a small number of service users and their carers the proposed change will mean that the patient is receiving treatment relatively far away from their home. Greenvale may be difficult to access by public transport which can be of significant impact for this population. This is a problem that a small number of patients and their families are already experiencing.</p> <p>Relatives and carers will be given information on all travel options. There is a car park at Greenvale. Furthermore, Greenvale is 15 minutes walk from a main line train station as well as a busy bus depot with buses that go in all directions including, central London and parts of Southwark.</p> <p>Greenvale is signed up to 'John's Campaign' John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital..</p> <p>John's Campaign is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to be their cognitive ramps, their experts in experiences, and a voice for the voiceless. The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.</p>

	There will be provision to support those carers struggling to get to Greenvale with transport on a needs basis.
Are changes proposed to the methods of service delivery?	Briefly describe:
Moving a service into a community setting rather than being hospital based or vice versa	No
Delivering care using new technology	No
Reorganising services at a strategic level	From advice and direction provided by the Children's & Adult's Services Executive Team Members the reinvestment of monies from the closure should be reinvested to ensure that the right support is available at the right time for people in local beds. This could include investing in a wing of one of the homes that are being developed or more widely into the system to support discharge from hospital and promoting independence as much as possible.
What impact is foreseeable on the wider community?	Briefly describe:
Impact on other services (e.g. children's / adult social care)	<p>Improved expertise and skills of staff on Greenvale in discharge planning, including better understanding of how to work jointly with social care colleagues to avoid duplication and provide good care. Onsite support from the Care at Home Intervention team to facilitate timely discharges to care homes and residential care to those ready to move.</p> <p>The CCG and Council via our Partnership Commissioning Team will closely monitor for any impact on continuing health care and community care budgets. The needs of the current residents and future people needing this specialist provision must be met in the appropriate way, and be funded appropriately, not just for the relevant commissioner(s) but also importantly because continuing health care is free on the NHS and social care is means-tested, so it's important that these vulnerable people receive their entitlements.</p>

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**HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2017-18**

AGENDA DISTRIBUTION LIST (OPEN)

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

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Councillor Leo Pollak	1	Andrew Bland, Chief Officer, Southwark CCG	1
Councillor Maria Linforth-Hall	1	Malcolm Hines, Southwark CCG	1
Health Partners		Kevin Fenton , Director of Public Health	1
Matthew Patrick, CEO, SLaM NHS Trust	1	Jin Lim, Consultant Public Health	1
Jo Kent, SLAM, Service Director, Acute CAG, SLaM	1	Jay Stickland , Director Adult Social Care	1
Lord Kerslake, Chair, KCH Hospital NHS Trust	1	Shelley Burke, Head of Overview & Scrutiny	1
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		External	
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		Aarti Gandesha Healthwatch Southwark	1
		Elizabeth Rylance-Watson	1
Electronic agenda (no hard copy)		Total:34	
Reserves		Dated: November 2017	
Councillor Gavin Edwards			
Councillor Octavia Lamb			
Councillor Eliza Mann			
Councillor Sandra Rhule			
Councillor Martin Seaton			
Members			
Councillor Rebecca Lury (Chair)			
Councillor Helen Dennis			
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