

Healthy Communities Scrutiny Sub-Committee

MINUTES of the OPEN section of the Healthy Communities Scrutiny Sub-Committee held on Tuesday 27 January 2015 at 7.00 pm at Ground Floor Meeting Room G02A - 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 Kath Whittam
Councillor Bill Williams

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Andrew Bland, Chief Officer, Southwark Clinical Commissioning Group (SCCG)

Deborah Klee, Independent Safeguarding Chair.

Jon Newton, Acting Head of Quality & Transformation, Southwark Council.

Eleanor Bateman, Service Director, SLaM

Rachel Clarkson, Policy Officer, Community Action Southwark (CAS)

Jacky White, Chief Executive, Lewisham & Southwark Age UK

Verinder Mander, Chief Executive, Southwark Carers

1. APOLOGIES

- 1.1 There were no apologies for absence. Councillor Paul Fleming apologised for lateness.

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 Councillor Whittam declared that her daughter received Disability Living Allowance and will be moving onto Personal Independence Payment (PIP).

4. MINUTES

RESOLVED:

That the minutes of the meeting held on 8 December 2014 were agreed as a correct record.

5. ACCIDENT & EMERGENCY PERFORMANCE

- 5.1 Andrew Bland, Southwark Clinical Commissioning Group chief officer introduced him and presented the report circulated with the agenda. The chair invited questions.
- 5.2 A member remarked that there was nothing in the report about re-admissions, and requested these figures. The Chief Officer reported that these are Monitor and can be provided, however he reported that it is not an area of concern.
- 5.3 The Chief Officer was asked to clarify if more A& E capacity is planned to meet demand and he said that with a heavy heart the CCG are increasing acute capacity, however more of that will be at home. There will be a growth in bed capacity as if the CCG did nothing there would be an 80 bed under capacity at Denmark Hill - but capacity will be increased by increasing at home provisions and repatriation.
- 5.4 A member referred to page 16 of the report and the staffing issues highlighted. The Chief Officer said this was an issue, and he could provide more information, but it was not a significant driver.
- 5.5 Members asked for reassurance that people could still choose their preferred locations for elective care and the Chief Officer assured the committee that there is still choice in Southwark. He reported that he went to the new King's College Hospital (KCH) out of borough sites in Orpington and Princess Royal University Hospital (PRUH) and people are very positive about the elective care they receive there; these are very short stays of 0.75 days. He remarked that the demographic

of Southwark is very different than around PRUH, with a much older population in Bromley.

- 5.6 Members asked why repatriation is such an issue and the Chief Officer explained that King's (Denmark Hill KCH site) is a specialised trauma centre serving a wide area.
- 5.7 Cllr Jasmine Ali raised Patient Voice and suggested that this is used more to access quality. She offered to follow up on this. The Chief Officer mentioned Friends and Family feedback as a tool to assess patient experience.
- 5.8 The chair invited a member of the public to speak in the audience. Tom White remarked that the report is excellent until the point where it talks about mental health. He voiced concerns that patients are only seen by nurses and remarked that there are 300 patients turning up at King's and asked why Maudsley can not open its doors to emergency patients . The chair remarked that scrutiny had recently done two reports that had looked at access to mental health, one of which had gone to the GLA. The Chief Officer remarked on the scale of the problem King's are facing with unprecedented spikes of 600 to 800 patients a months, with 300 being an average. Eleanor Batement, Service Director, SLaM said that there are two psychiatric nurses are on duty day and night at King's, and they are employed by SLaM. People are also admitted to SLaM (Maudsley and other sites) and they have provided more beds. The Chief Officer said that there is a changing level of demand and rising pressures, he said there is a high level of concern in the CCG, however he thought the measures planned would help.
- 5.9 A member asked if A & E was better served under the old system and or the new and asked the Chief Officer to identify the challenges. He remarked that this was the first time he had worked for a boss (the GP chair of the CCG) who took shifts in A & E to see how it worked. The new arrangements of commissioning through the CCG, rather than the PCT, mean a reduction in the budget under his control – the CCG only has two thirds of the old PCT budget. He commented that many of the challenges lie outside of the CCG – with housing and local care services and there will be a continuing focus on local issues going forward. The member thanked him for his helpful comments, even if they did not exactly address the question. The Chief Officer agreed, and pointed out that given his position this was difficult to do.

RESOLVED

The CCG will provide information on KCH and GST emergency ward :

- Re-admission rates
- Staffing levels and any issues

6. ANNUAL SAFEGUARDING REPORT

- 6.1 Deborah Klee, the Independent Safeguarding Chair and Jon Newton, Acting Head of Quality & Transformation, presented the report. The chair then invited questions.
- 6.2 A member asked how the board is working and if attendance is good and the organisational representatives are at the right seniority. The Independent Chair said this was a good question to ask; the board has good health representation, but police attendance is an issue, as it was last year. She reported that she had held a recent meeting with a senior police officer and hoped that a corner had been turned. The London Ambulance Service is also lacking adequate representation.
- 6.3 A member raised concerns about home care and picking up incidents, and noted there was on going discussion on extending lay inspectors remit. The Independent Chair said there was work on the Ethical Care Charter to improve working conditions and remarked that the Lay Inspectors work was valuable and this could be considered.
- 6.4 It was remarked the format of the report has changed and officers agreed that this has been changed and they would like to see more input from partners in future.
- 6.5 A member remarked that she was interested in the issue of compassion and asked how as a local authority we drive this culture. She added that sometimes senior people will want to change and people on ground, but there is a resistant middle layer. Jon Newton remarked that care management has often been about process driven management, whereas there is a new emphasis on outcome.
- 6.6 A member remarked it is not that clear who is engaged and asked if it is just members of the board or a wider group of agencies. Jon Newton remarked that outside providers can access the training and it is broader than just the members, for example CAS represents the wider voluntary sector and their members can access safeguarding training. SLaM representative in the audience commented that SLaM has a 95% target for receiving training and the Independent Chair responded that this is monitored. Southwark Carers Chief Executive added that her organisation access My Learning Source and it is valued. The member asked about the wider community such as rubbish collectors and caretakers, who have an indirect safeguarding role. The Independent Chair said that there is a community sub group and this is working on engaging wider frontline workers, such as housing tenancy workers.
- 6.7 A CAS worker commented that it was agreed that CAS would have a safeguarding secondment and Jon Newton reported that an advert gone out , but not been successful , but this will be repeated; it is possible a graduate will be recruited.
- 6.8 Members asked about how service users with dementia might report safeguarding concerns when the words have gone and only emotion remains. Jon Newton

remarked that this is one of the most challenging areas as it is about picking up on non verbal communication and other triggers when working with people with dementia or learning difficulties. The Independent Chair commented that when looking at making safeguarding personal we need to look at this angle and ensuring there is advocacy.

- 6.9 A member asked about service user involvement and Jon Newton commented that a survey is being sent out to users and carers and the Board have started working with a small group, but it is not systematic at the moment. The Independent Chair commented that there is an annual conference and issues are picked up there.
- 6.10 The Independent Chair was asked if there was a lay union member on the board to represent care workers and she responded that representation is more focused at a strategic level from the local authority. The member responded that the perspective would be operational, but the input would be strategic. The member went on to raise concerns about 15 minute care packages. Jon Newton commented that this practice has ended, although possibly beyond the remit of the board. He also commented that abuse from paid carers is an issue. The Independent Chair remarked that often community voluntary organisations do raise concerns, which the board value and she reiterated that the board do want to pursue the post that CAS referred to.
- 6.11 A member raised the potential of Care and Patient Opinion to raise concerns. She went on to remark that she had recently found the Safeguarding service exemplary and referred to a piece of case work she had carried out.

RESOLVED

Reports on the following will be provided

- A response to the recommendation that there is a union representative on the Safeguarding Board to represent staff
- Work being undertaken to encourage Safeguarding awareness amongst frontline staff, such as caretakers, housing officers and refuse workers.
- Service user engagement with the Safeguarding Board and its work programme

7. REVIEW 2: PERSONALIZATION

- 7.1 The scrutiny project manager, Julie Timbrell, reported that Jay Stickland, Director of adult social care sent apologies as he was unable attend to present and take questions on the report detailing the number and proportion of people receiving cash Direct Payment and Direct Payments via a third party . The report was noted.
- 7.2 The chair invited Rachel Clarkson, Policy Officer, Community Action Southwark (CAS), Jacky White, Chief Executive, and Lewisham & Southwark Age UK to briefly present their papers. Eleanor Batement, Service Director, SLaM and Verinder Mander, Southwark Carers Chief Executive participated in the discussion.
- 7.3 Age Concern CEO explained that often people do not know they are on personal budgets, but the organisation does have to carry out administration on their behalf. Care costs money, and personalised care costs a little more. Age Concern are managing a pilot "Be your own boss " innovation fund and receive extra money, however this is not sustainable as people do need ongoing support to manage their own care.
- 7.4 Southwark Carers CEO reported that the regular breaks carers re entitled to have been changed to "Fix yourself a break". This year Southwark Carers have conducted about 800 assessments and given out 600 grants. Southwark Carers commented that they were involved in a redesign following a critical report. Southwark Carers administer £192,000, and this year conducted about 800 assessments and given out 600 grants. The h grants are often for small amounts but the CEO reported make a big difference – some quotes were read out from recipients; "I was able to see my husband"; "the extra money enabled me some light relief. I did not feel so isolated. I felt happier and therefore could be kinder "and "the personal budget helped me to recover - the stress levels went down". The maximum carer's budget is £300 and the minimum is £150. Where we can't help them we do help people access charities. Undertaking assessments and providing grants is part of Southwark Carers core offer and 90 % of time is spent on this.
- 7.5 Rachel Clarkson form CAS said that CAS has done a fair amount on Personalisation as this is an important issue. CAS held a conference looking at Personalisation and there was quite a detailed action plan that came out of that. She added that the CCG and council have been very helpful. Issues that emerged were that only a few have a Personalised Budget; the eligibility criteria is too harsh; there is insufficient awareness , the cash given does not meet the requirements and organisations struggle to operate within this framework. The recommendations were : keep awareness high; - organisations need early information to plan; more transparency on eligibility criteria and developed an E-market place (like the SEND offer)
- 7.6 Eleanor Batement, Service Director, SLaM reported that all new recipients of services go through an assessment. A joint council event was held looking at people's experience of Personalisation. One issue is Mental Health fluctuation and trying to grapple with not incentivising unwellness, and how to ensure people don't lose service when better, but then crash. Some people like traditional day services.

- 7.7 A member asked what proportion of the Age Concern budget was came from Personalisation and the officer reported it was around a fifth – across both Lewisham and Southwark. He went on to remark that he found the CAS report interesting and liked the recommendations. Personalisation has support across all the main political parties however the losses for voluntary organisations of block grants of 100 or 200 k, can create a lot of challenges.
- 7.8 The Age Concern CEO commented that they are a much larger organisation and had were able to use reserves; then money came in from Personalisation. She commented that there was an issue about debt - there was an agreement that the council would chase this, which can be really difficult. We also have to be tough on charging, which can be challenging.
- 7.9 The CAS officers commented that there is a good relationship with SEND officers and a diverse marketplace.
- 7.10 SLaM commented that Personalisation does cost more to administer, and also some provider do not survive and that is the market, but how this is managed is a political matter. She said it is important to have a wide market place. A member asked to what extent to providers try and harmonise with other services, and added that he felt uncomfortable which the notion of competition and with providers ‘crash and burning’. Southwark Carers commented that when people came to us and requested a choir we used our community links to accesses Koruso. When the cuts stared to effect provision we were able to help make decisions about what would work best. SLaM responded that providers can range from the range can vary from top big corporations end with very slick brochure, to one person. However the big is not nessessarily better and the smaller organisations may need more support to access and thrive. She report that is real churn. CAS reported that they have a person working on catalysing and supper micro providers. There is also work on mapping to see where that are gaps. Age Concern added that market brutality has meant that many of the BME services have closed, or at risk. Age Concern has helped by housing the Golden Oldies. A member advocated a commitment to a cooperative rather than a competitive market place. SLaM commented that consortium are very helpful in realising this.
- 7.11 A member asked about further practical recommendations and Southwark Carers supported the development of an E market place and noted the provider forum was good. It had gone on too long but a shorter version would be good. Agreed by CAS and SLaM supported these comments. CAS said that the SEND Local Offer online was very good, however a member commented that when she visited the online portal she found it very higgledy-piggledy and not that good. Not that good. She added that her daughter was on a potential user of the Local Offer and Personalisation.
- 7.12 A member commented that he was disappointed that the participants not listed on the CAS survey and was also dubious about the validity of the results when only 5% responded. CAS and Age Concern said the low response rate was probably because providers are very busy; however we can feed this back. The solution might be to have a simpler form to make it easier to complete.

- 7.13 A member commented that while it was only a small sample it does however very much reflect the comments received from voluntary providers. Preventative care is very important and there is an issue about providers providing care to people with no budget and how do we support.
- 7.14 A member said that the review needs to hear the service user perspective. SLAM mentioned a conference the council is organising. Southwark Carers offered to provide a report on respite services. SLAM recommended talking to the brokerage service and gave some examples of how people have used budgets, including getting a dog and a season pass to go out with children. Age Concern commented that her client group really often don't want done with, often want done for.

RESOLVED

Healthwatch will be invited to give evidence on behalf of service users

Information given to Patient Opinion will be considered.

8. UPDATE REPORT ON A & E SUPPORT FOR HOMELESSNESS

8.1 The report was noted.

9. UPDATE REPORT ON CHANGES TO KING'S COLLEGE HOSPITAL ELECTIVE CARE

9.1 The report was noted.

10. WORK-PLAN

10.1 The work-plan was noted.