Open Agenda

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

MINUTES of the OPEN section of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Wednesday 5 March 2014 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 Rowenna Davis
Councillor Dan Garfield
Councillor Jonathan Mitchell
Councillor Michael Situ

OTHER MEMBERS PRESENT:

OFFICER & PARTNER SUPPORT:
Andrew Bland, Chief Officer NHS Southwark Clinical Commissioning Group
Gwen Kennedy, Director of Client Group Commissioning (SCCG)
Tamsin Hooton, Director of Service Redesign, (SCCG)
Deborah Klee, Independent Chair of Southwark Safeguarding Adults Partnership Board
Jon Newton, Service Manager , Children's and Adult Social Services , Southwark Council
Julie Timbrell, Scrutiny Project Manager, Southwark Council

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Capstick. Councillors Situ and Mitchell gave apologies for lateness.

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

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the previous meeting will be available at the next meeting. A draft summary of decisions has been published online.

5. VULNERABLE ADULTS ANNUAL SAFEGUARDING REPORT & PRESENTATION.

5.1 The chair invited the Independent Chair of Southwark Safeguarding Adults Partnership Board, Deborah Klee, Jon Newton, Service Manager and Gwen Kennedy, the CCG director responsible for safeguarding to present the Southwark Safeguarding Adults Partnership Board Annual Report 2012-13.

5.2 The Service Manager began by explaining that the report was led by the previous Independent Chair, Terry Hut. The report contains a response to the Care Bill, although things have now moved on. The report gives a statistical analysis of referrals; there has been a 6.6% rise, but 20 % requiring further investigation. This is comparable to national rise of 4%. There is work being done to determine thresholds, so we are comparable to partners.

5.3 The Independent Chair explained that she will be picking up on priorities for the coming year. She said that the first priority is to ensure the board is fit for purpose, this means the partners are really committed and that there is a strategy. One of the strategic priorities is getting the message out to the public. She reported that she is looking to have all the partners chairing each sub group, one is on quality and performance that the CCG director chairs. The board will also being looking at governance relationships with other boards, for example the Health and Wellbeing Board.

5.4 A member commented on the statistic noting that 8.1% of times the perpetrator is listed as ‘not known ‘and the 20.2% of times that the outcome was not determined / inconclusive and the larger number of ‘no further action’ recorded. The Service Manager said there could be a number of reasons for this; for example a police action so not everything is known. Follow up action could also include training. The Independent Chair said the board are doing work to get an outcome that people want - making 'safeguarding personal ' is focused on this and trying to ensure that the victim is involved in the resolution of what can be intimate family relationships .

5.5 A member commented that last year’s annual report to the committee picked up on

concerns that there were no alerts from hospitals, and that this year there are some, but they are still very low. The CCG Director reported that the CCG are working with hospital on adult safeguarding training, which is not as embedded as children's safeguarding. Hospitals also have now got safeguarding leads. It will take time to bed down but there are action plans. The Independent Chair added that the board are getting all the partners round the table to do self assessment.

5.6 The member followed up by asking if the board had looked at comparison statistics for referrals from other hospitals, and enquired about the seniority and attendance at the board from hospitals and other partners. The Independent Chair commented that sometimes incidents can enter different processes, for example 'serious untoward incident', or a police process rather than getting flagged up as a safeguarding alert. She said that she had approached SlaM about the right level of representation on the board and there is also an issue with police participation in Vulnerable Adults Safeguarding Boards across London. She went on to comment that representation should be at the right level of seniority , and actually the board need a balance of personal with operational responsibilities and strategic influence: people do need to understand the detail.

5.7 A member enquired further about SlaM and the METS poor attendance and the Independent Chair said that she is waiting for a meeting with SlaM's medical director. The CCG director said that this is being pursued and the she predicts it will improve. The Independent Chair said so far she had not met anybody from the Police and there had been no representation at meetings; however she understands that is to do with staff changes and will change. She added that she also chairs the London safeguarding chair network so that is helpful in highlighting problems such as London wide problems with the METs engagement. A member commented that John Sutherland, the Southwark Borough Commander, is due back and is proactive.

5.8 A member raised concerns with the higher number of financial abuse cases. She asked for the reasons, and if more community awareness would help tackle the issue. The Independent Chair commented that this could be caused by a combination of the recession and social problems. She said there is a high awareness of financial abuse amongst professionals , but lower awareness amongst friends and family , and the board will be running a campaign 'Don't turn your back ' , which will be encouraging people to look out for each other . The CCG director said that the CCG we will be holding sessions on adult safeguarding awareness raising.

5.9 A member commented on the number of 'Deprivation of Liberty and he said he was reassured that 20 were authorised and 16 refused -, however he noted that the report commented that the Department of Health are saying more should be processed and he asked for clarification. The Independent Chair explained that given the high levels of dementia the board would expect more people to understand and use the procedure.

6. COMMISSIONING URGENT ACCESS TO PRIMARY CARE

6.1 Tamsin Hooton, Director of Service Redesign, SCCG, introduced the report on 'Extended Primary Care in Southwark'. She explained that the SCCG have been looking at modelling an extended GP access offer, consisting of hubs in each neighbourhood open 8am to 8pm. The engagement exercises with the community so far have demonstrated overall support for plans, with key messages received from people on location, transport, access needs for primary care and the importance of communication.

6.2 A member commented that there are rumblings that the Lister Walk In Centre will close. The Director of Service Redesign explained that there will be no formal notification until the third week of April, however the CCG are talking about the possibility of decommissioning this service. The focus is on encouraging GPs to be working collectively to participate in local hubs, the present Lister Walk In Centre will almost certainly be used, and again Dulwich Hospital is a likely location.

6.3 The Director of Service Redesign was asked if this will improve access and she responded that we are looking at more integrated access - so there is not the present disconnect with local practices , as with the Lister.

6.4 A member commented the paper talks about a model with either two or four hubs; he thought there should be a minimum of three, ideally four. She explained that there are cost implications, but four does sit with the CCG community plans, however there are issues with rotas and capacity.

6.5 The Director of Service Redesign was asked about waiting periods, and the member said that he is increasingly thinking that there should be a minimum waiting period to see a GP of 5 to 7 days. He voiced concern that people are saying they have to wait two or three weeks to a see a GP. Other members agreed and commented that their constituents had raised similar concerns.

6.6 Andrew Bland, Chief Officer NHS Southwark Clinical Commissioning Group, responded by explaining that there is a London piece of work looking at developing standards. The London NHS 'Call for Action' talks about differential access - some people are prepared to wait for preferred doctors, while other people want to see any doctor soon. To do this practices will need to collaborate at a greater scale and the model proposed aims to deliver the change necessary.

6.7 A member asked to what extant Southwark can decide the standard of service. The CCG Chief Officer said that the CCG can offer extended services over and above the core standard - set by NHS England. He said it was important to engage with the 'Call for Action'.

6.8 A member pointed out sometimes that there is local conflict over the delivery of services, for example drug addiction services and needle exchange, and the role of pharmaceutical services.

6.9 The Director of Service Redesign was asked about SELDOC and she said there was a challenge bid to improve access, however this will be competitive, but even

if SELDOC do not receive the extra money the CCG will be meeting some recurrent costs to fund the initiative. Members emphasises the quality and importance of the SELDOC service.

7. SOUTHWARK CLINICAL COMMISSIONING GROUP (CCG) PERFORMANCE REPORT

7.1 Andrew Bland, Chief Officer NHS Southwark Clinical Commissioning Group introduced the CCG performance report.

7.2 A member commented on the KCH 4 hour wait target performance going down marginally and concerns about possible downward drift and asked about a scheduled visit to the Emergency Department at Denmark Hill. The Chief Officer commented that they will be visiting soon, but Friday's planned visit was going to be rescheduled.

7.3 A member said that she had been told by the Ambulance Services personal that on occasions hospitals will not admit from ambulances for thirty minutes to protect the four hour target. The Chief Officer explained usually patients are allowed to wait 15 minutes before being admitted - however there are 'black breaches' where patients have to wait more than 60 minutes to be admitted to the Emergency Department. He explained that the targets for the Ambulance Service and the 4 hour target are there to manage this interplay. He commented that he did not think abuse of ambulance waiting times are common, but that on occasions he thinks it does happen. He reported that there had been 8 black breaches reported, which is not a huge amount. The most important issue is patient safety.

7.4 The Chief Officer was asked if the figures for Princess Royal University Hospital (PRUH) are going to effect the overall KCH performance targets. He explained that the SCCG have agreed that they will closely monitor the figures supplied for both emergency departments managed by KCH; Denmark Hill site and PRUH. The SCCG are the lead commissioner for KCH, but they are really judged and responsible for local residents. A member asked for assurance that figures will continue to be available on local performance. The Chief Officer commented that the KCH will be reporting nationally on top line figures for all their sites, however the CCG will be focusing strongly on local performance and ensuring it is closely monitored and does not get worse.

8. REVIEW : ACCESS INTO HEALTH SERVICES IN SOUTHWARK

8.1 The chair introduced the draft report, and reported that the CCG had been invited to make comments and as a result of this some of the text had been amended, and a revised draft tabled. The project manager, Julie Timbrell, explained that the CCG had provided updated information on the 111 service, in particular they had explained that the London Ambulance Service had been awarded the new contract and that they were amongst the top 5 providers nationally.

8.2 The chair invited member to make comments. A member said that he thought that recommendations 3, 8 and 9 should emphasise the role of the CCG, and the committee agreed. The chair recommended a further amendment to recommendation 13 following comments from the CGG and that Public Health look at the reasons for increased acuity. A member queried the centrality of the Health and Well-being Board to lead on this and the chair invited comment from the project manager, who said increased acuity could be seen as a system problem and that the board did have a role as a systems leader. She commented that Public Health had sited some papers at the last meeting on the causes, and Public Health has research capacity. The CCG agreed with the recommendation and with the amendment that Public Health undertakes further work into the underlying causes of increased acuity.

8.3 Members queried the capacity of the committee to understand the data. The project manager commented that the Department of Health are doing work on in relation to Francis Inquiry to provide benchmarking on ward staffing levels to help scrutiny of hospital performance and this will be helpful to scrutiny. The chair said that that a letter had been written to the Leader about more resources for health scrutiny and she will be chasing a response.

8.4 A further recommendation was suggested on offering a minimum standard for patients accessing a GP appointment. The committee agreed and the CCG advised waiting for the outcome of the NHS England's Call for Action.

RESOLVED

Recommendation 3, 8 & 9 will be changed to emphasis the role of the CCG.

Recommendation 21 will be made clearer and will describe the support that the council currently offer to assess blue badge applications.

Recommendation 13 will include the amendment that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.

Recommendation 26 will include an amendment saying that Southwark will consider an offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP, if appropriate following NHS England's Call for Action response.

9. REVIEW : PREVALENCE OF PSYCHOSIS AND ACCESS TO MENTAL HEALTH SERVICES FOR THE BME COMMUNITY IN SOUTHWARK

9.1 The chair said that a draft report will come to the next meeting.

10. WORKPLAN

10.1 This was noted.

11. PAPERS FOR INFORMATION

11.1 The update paper from Healthwatch was noted.