

APPENDIX B

Item No. 9.	Classification: Open	Date: 16 September 2014	Meeting Name: Cabinet
Report title:		Response to recommendations in Access to Health Services in Southwark (Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee)	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture and Councillor Barrie Hargrove, Public Health, Parks and Leisure	

FOREWORD – COUNCILLOR DORA DIXON-FYLE, CABINET MEMBER FOR ADULT CARE, ARTS AND CULTURE AND COUNCILLOR BARRIE HARGROVE, CABINET MEMBER FOR PUBLIC HEALTH, PARKS AND LEISURE

Health and wellbeing is at the heart of the council's ambition for a fairer future for everyone in Southwark. With the transfer of responsibility for public health and ever closer working with our health partners, we are in a strong position to improve services, deliver better health outcomes for our residents and importantly, reduce health inequalities.

As the vision articulated in our Joint Health and Wellbeing Strategy sets out, it is by working together that we can create a borough where everyone can realise their potential and have the best possible life chances. This means ensuring everyone can access the support they need, as well as supporting people to take responsibility for their own wellbeing.

We recognise the high levels of need across our diverse communities and we therefore welcome the report of the health, adult social care, communities and citizenship scrutiny sub-committee (now the healthy communities scrutiny sub-committee), Access to Health Services in Southwark.

The council, working closely with our health partners, is progressing several areas of work that are helping people stay well at home for longer, preventing emergency admissions and signposting residents to the right services at the right time. We are therefore pleased to present the following responses to the recommendations of the scrutiny sub-committee and look forward to continuing our work together to improve health and wellbeing for all our residents.

RECOMMENDATION

1. That cabinet agree the proposed response to the health, adult social care, communities and citizenship scrutiny sub-committee's report into Access to Health Services in Southwark.

BACKGROUND INFORMATION

2. The health, adult social care, communities and citizenship scrutiny sub-committee undertook an investigation into Access to Health Services in Southwark and the recommendations relating to council responsibilities were presented to cabinet on 22 July 2014 with a request for the relevant lead members to bring back a report responding to those recommendations.

3. This report therefore provides proposed responses to the recommendations specific to the council to be approved by cabinet.

KEY ISSUES FOR CONSIDERATION

Recommendations from the scrutiny sub-committee presented in the cabinet report of 22 July 2014 and proposed cabinet responses

Recommendation 7

4. It is a statutory requirement to list background documents and for them to be available for public inspection for a period of 4 years. It is also a statutory requirement for background documents listed in reports for a cabinet meeting or community council meetings making an executive decision, to be made available on the council's website.
5. We further recommend that Public Health supports the CCG in their "Not Always A&E" campaign, ensuring that public awareness of the alternative healthcare services increases.

Response

6. Public Health will add value and support the Not Always A&E campaign through its planned events, outreach activity and relevant campaigns.

Recommendation 9

7. We recommend that the Clinical Commissioning Group continues its programmes working specifically with older people and that Public Health identifies the further support that we, as an authority, can be giving them.

Response

8. Public health has been supporting the CCG and local authority in their work to co-produce an outcomes framework for older people and those with long term conditions as the basis for future commissioning.
9. Public health has also contributed needs assessment support for:
 - defined secondary prevention interventions including self-management
 - mental health of older adults
10. The Health Checks Programme also includes a dementia awareness element for over 65s and helps to sign post individuals to GPs for a full cognitive assessment.

Recommendation 10

11. This sub-committee commends the work of the CCG, jointly with the local authority and community services to help people stay well at 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.

Response

12. 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 with the chair of the sub-committee.

Recommendation 11

13. This sub-committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next sub-committee.

Response

14. The director of adult care would be happy present a further report to the sub-committee during 2014/15 on the work undertaken by adult social care services for older people with high needs to prevent avoidable admissions to hospital. This report can be combined with the report requested in recommendation 10.

Recommendation 12

15. We recommend that further work is done by the adult social care team within the council, looking specifically at the ways in which we can identify and support older people to prevent admissions to A&E.

Response

16. This recommendation is being implemented through current work programmes. The adult social care division is working closely on this issue with health partners through the Older People's Programme with SLIC (Southwark and Lambeth Integrated Care). Initiatives include expanded Enhanced Rapid Response social work support to the Admissions Avoidance workstream and social work support for hospital support at home. The Better Care Fund plan agreed by the Health and Wellbeing Board sets out how services will be further integrated with a specific target to reduce avoidable emergency admissions.
17. For example; extra funding has been provided for night time intensive homecare aimed at those most vulnerable to admission to hospital; Reablement and Intermediate Care services are focussed on preventing people needing to be admitted or re-admitted to hospital after discharge; the investment in telecare is being stepped up, the Carers strategy agreed by cabinet helps ensure carers can combine their caring role with other aspects of their life; seven day working is being expanded. The latest position on these services can be summarised in the update report requested in recommendation 10 and 11.

Recommendation 13

18. We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The sub-committee recommends that the Health & Wellbeing Board places this as a priority for 2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.

Response

19. Existing health and social care strategies, including the Older People's Programme, are aiming to ensure an effective integrated response to this group to prevent their needs escalating and in particular to avoid them needing to attend A&E in crisis.
20. Due to demographic trends there are increased numbers of older people, including highly frail elderly people with multiple long term conditions and dementia. This is reflected in the Southwark JSNA which directly informs the Health and Wellbeing Strategy, for which the Health and Wellbeing Board is responsible.
21. The Health and Wellbeing Strategy priorities will contribute towards addressing the issues of increased acuity, in particular earlier detection and management of long term chronic health conditions, integration for better health and wellbeing outcomes and tackling neglect and vulnerabilities for children and adults. Public Health is informing and supporting the programme development, outcomes and evaluation of integrated care which will help to better understand and address the increased acuity in Southwark.

Recommendation 21

22. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the council provides in terms of assessing residents for blue badges and receipt of benefits.

Response

23. Homelessness and Housing Options Service employ nurses to undertake medical assessments for housing and the Disabled Travel Service uses external occupational therapists. However, we recognise that there is still a belief amongst some applicants that a doctor's letter will assist them. The Homelessness and Housing Options Service are seeking a meeting with GPs to discuss improved partnership working and the Disabled Travel Team will be included in the meeting when it is arranged.
24. Both the Homelessness and Housing Options Service and the Disabled Travel Service are offering more services online and we will review the online forms to assess whether we could reinforce the message that customers should not approach their GP. We have previously produced posters to raise awareness and we believe it would be useful to revamp these.
25. There are some smaller services who still seek agreement from GPs for applications. We have so far identified Taxi Card applications and disabled parking bays, but it is possible there are others. Taxi Cards are managed by London Councils on behalf of Southwark and we will work with London Councils to review what changes we can make to this process.
26. The Disabled Travel Team recently agreed to take on management of applications for disabled travel parking bays and will use Occupational Therapists in future to assess these requests, which will slightly decrease some of the pressure on GPs.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Report to Cabinet from Overview and Scrutiny Committee, 22 July 2014 <i>Access to Health Services in Southwark</i> (Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee)	www.southwark.gov.uk	Peter Roberts Email: peter.roberts@southwark.gov.uk
http://moderngov.southwark.gov.uk/documents/s47482/Report%20Access%20health%20services.pdf		
Report of the Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee, <i>Access to Health Services in Southwark</i>	www.southwark.gov.uk	Julie Timbrell Email: julie.timbrell@southwark.gov.uk
http://moderngov.southwark.gov.uk/documents/s47483/Appendix%20Access%20to%20Healthcare%20Services.pdf		

AUDIT TRAIL

Cabinet Member	Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture and Councillor Barrie Hargrove, Public Health, Parks and Leisure	
Lead Officer	Alex Laidler, Director of Adult Social Care, Children's and Adults' Services	
Report Author	Rachel Flagg, Senior Strategy Officer, Children's and Adults' Services	
Version	Final	
Dated	5 September 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 September 2014	