HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE

MINUTES of the Healthy Communities Scrutiny Sub-Committee held on Tuesday 8 July 2014 at 7.00 pm at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

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

OTHER MEMBERS PRESENT:

OFFICER & PARTNER SUPPORT:
Dr Jonty Heaversedge, Chair, NHS Southwark Clinical Commissioning Group (CCG)
Andrew Bland, Chief Officer, NHS CCG
Ruth Wallis, Director of Public Health
Peter Fry, Director of Operations, King's College Hospital Foundation Trust (KCH)
Dr Polly Edmonds, consultant, KCH
Rebecca Adeojo, lead senior sexual health commissioner (Lambeth Council)
Kerry Crichlow, Director Strategy & Commissioning
Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

1.1 There were apologies for absence from Councillor Paul Fleming.

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 Kath Whittam declared that an interest in the Personalisation review as her child could be eligible for a personal budget.

4. MINUTES

4.1 The scrutiny project manager corrected an error on the agenda by explaining that the minutes circulated, for information, are not the minutes of the last meeting of the previous committee. The last meeting was actually held on the 24 March (rather than the 5 March) and these have been published online. The committee queried how these minutes are agreed and the project manager explained that the normal practice is that they are circulated for comment to the previous (and current) vice chair and chair, and if no corrections are received then they are then published.

5. SOUTHWARK CLINICAL COMMISSIONING GROUP (CCG) AND SEL COMMISSIONING STRATEGY

5.1 The CCC chair, Dr Jonty Heaversedge, and Chief Officer, Andrew Bland, of Southwark Clinical Commissioning Group (CCG) presented on the work of CCG and the South East London (SEL) Commissioning Strategy.

5.2 The committee conducted a question and answer session with the CCG representatives covering the following queries and concerns:

-Can the CCG explain why the 5 priority pathways for the SEL strategy were chosen (planned care, urgent & emergency care, maternity, children & young people, cancer)? These were picked as significant to Southwark and because CCGs were better able to make a difference over the SEL system wide area - the solutions which are needed are to be found beyond the borough level.

- Are there going to be more services joined up across different boroughs? There are already services joined up – but this strategy is looking at what can be done better. There will be consideration of whether a service can be better delivered at a local level or at a wider SEL level. Dr Jonty Heaversedge said the CCG will be focusing more on mental health provision; to ensure it is not an ‘add on’ and that Mental Health has parity with physical health.

- Will targets be met, including A & E performance times? A & E

performance is looking fairly good but this could this be negatively impacted by factors such specific investments that might come to an end or by the acquisition of Princess Royal University Hospital (PRUH) by King's College Hospital (KCH) Foundation Trust , which might lead to a poorer performance of the A & E at Denmark Hill . There are significant pressures on A & E, but there are differentials on population use of emergency services; Southwark residents are not increasing the pressure but other borough's populations are. There is a continuing focus on other targets, for example, ongoing investment on reducing smoking. Primary Care is separately commissioned but there is a move towards integration between social care & health and commissioning for outcomes.

- Is there a focus on listening to people post the Francis Inquiry (which looked into the failings at Mid-Staffordshire foundation trust)? Can you speak about any use of "Patient Opinion" and the CCG work on engagement or any use of co-production? Patient experience is used to improve outcomes and there is a move towards measuring services on patient experience .We are changing the CCG set up to improve the ability of patient and staff to have their say about services and we are then using that information to improve commissioning . The CCG do have a structure to engage patients through General Practice patient groups, but we do want to hear other voices. We are interested in Patient Opinion and how the CCG can use this.

- My professional experience with the ambulance service is that handovers were sometimes managed to maximise meeting targets; can you comment on how collecting data, and the gaming of targets, can adversely impact on clinical care? The CCG is not absolutely qualified to comment on the handover of London Ambulance Service and King's Denmark Hill A & E. We are taking a more 'in the round' view of performance. Andrew Bland said he was not a fan of the 4 hour target; however A & E statistics do act as a barometer of hospital performance, particularly the figures on flow. The clinicians in the CCG have helped focus on quality with more rigour - but statistics are useful.

- When developing the SEL strategy what constituents do you give most weight to and who is leading the development of the strategy? Weight is given to both clinicians and patients and the governance decision is with commissioners. Currently we are using existing patient engagement networks, but we will be reaching out further.

RESOLVED

The SEL commissioning strategy will come back to the committee again between September and December.

6. KING'S COLLEGE HOSPITAL NHS TRUST ELECTIVE SERVICES PROPOSALS

6.1 King's College Hospital Foundation Trust (KCH) representatives Peter Fry, Director of Operations, and consultant Dr Polly Edmonds referred to the papers circulated with agenda and briefly presented the case for moving more surgery from the King's site at Denmark Hill to Orpington Hospital and the Princess Royal University Hospital (PRUH). They were supported by Andrew Bland, Chief Officer, Southwark CCG, as the lead commissioner. The Director of Operations emphasised the increase in presentations at A&E at Denmark Hill and most importantly the significant increase in acuity. He explained that this has a knock on affect on elective planned care. KCH are therefore looking to decompress Demark Hill Hospital and move more services to Orpington Hospital.

6.2 The committee conducted a question and answer session with the KCH representatives covering the following queries and concerns:

- Will Southwark patients want to have their operations at Orpington or the PRUH? Patients are presently opting to go and feedback has, on the whole, been positive. KCH expect 80% – 90% of patients to choose this option, but people can choose to stay at Denmark Hill, although there will be a longer wait.

- Can local people choose to have their operations performed at Guy's Hospital? Yes, and some people on the waiting list are already offered Guy's Hospital, however many still choose to go to Orpington Hospital. Andrew Bland added that the CCG do not think that these proposals would adversely affect Guy's & St Thomas Foundation Trust (GST) and the sustainability of the South East London (SEL) health system.

- There is concern about carers visiting family members at Orpington Hospital and PRUH and the cost of travel and that this could have adverse impact on patient recovery and well-being. We have not noticed adverse impacts from the Friends & Family feedback mechanism but this is not something that we have examined in detail, and that I agree it would be good to look specifically at the impact on families. Andrew Bland added that the length of stay is quite short and patients and family are most concerned by delays. He also cautioned that the 'Friends and Families' feedback is quite a blunt instrument.

- Are you able to give any reassurance that, longer term, the offer would not change to 'no choice' and people would therefore have to go to Orpington Hospital or PRUH? KCH representatives said that some patients will always need to be treated at Denmark Hill as they have complex needs and need the high dependence facilities availably at Denmark Hill. Longer term KCH wouldn't exclude more of a more of a move towards more elective procedures being carried out at Orpington Hospital. KCH are looking at increasing volume at Orpington generally so we have more capacity to deal with increasing emergency admissions; however the use of Orpington Hospital is time limited. Andrew Bland added that the agreement between KCH and South East London (SEL) commissioners lasts until 2016. In future there will be a cross borough discussion on elective care which it will be at the SEL system level.

6.3 The chair then invited comments and questions from a member of the public. She raised a concern with the hospital transport performance and gave the example of a 90 year old that had to wait 9 hours and to be picked up. She queried the capacity and adequacy of transport and asked what would be the offer, and if this would be a taxi or the present hospital patient transport service. KCH said that patient transport has been re-tendered and KCH are confident that elective care, which is planned, will not experience those kinds of problems.

6.4 The chair commented that, while she appreciated that the local elections had impacted on the committee time, in future the committee would like to review proposals at an earlier stage.

RESOLVED

KCH will report in 6 months time on:

- Choice and uptake including the number of patients who have chosen to use Orpington Hospital, Princess Royal University Hospital(PRUH) and Queen Mary's Hospital (QMH), alongside and the number who have chosen to use Denmark Hill.

- A report on the performance of the transport used to take patients from home to PRUH, QMH and Orpington Hospital.

- 'Friends and Family' feedback and scores.

7. SEXUAL HEALTH STRATEGY

7.1 Rebecca Adeojo, lead senior sexual health commissioner (Lambeth Council) and Kerry Crichlow, Director Strategy & Commissioning (Southwark Council) presented the Lambeth, Southwark & Lewisham Sexual Health Strategy and Consultation. Ruth Wallis, Southwark Director of Public Health, also contributed to the discussion.

7.2 The committee conducted a question and answer session with the sexual health commissioners.

7.3 A member commented that Lambeth and Southwark have very high rates of HIV infection:11 out of 1000 Southwark people are infected with the HIV virus , whereas only 2 out of 1000 people are infected nationally, and asked commissioners why this is so. Commissioners explained that the boroughs are the epicentres of the Men having Sex with Men (MSM) and the Black African communities, which are populations with higher rates. Commissioners would like to move services towards primary care by releasing funds, at the moment 23 million is spent on treatment and 1 million on prevention. There has been some innovative work to prevent infection, for example an online portal, called SH24, is in

development ; this enables people to get virtual information as well as access face to face contact. The cross borough partnership developing SH24 have formed a social enterprise and are adopting an agile, iterative approach. SH24 pulls together several services together - for example it will let people know where go to for a morning after pill and Chlamydia services.

7.4 Concerns were raised by gay committee members that South London is on the edge of a second HIV epidemic. The move to Primary Care is supported however there is still prejudice towards gay men. There is a particular issue with “chemsex” for MSM, centred on Vauxhall, and a concern about generally high use of drugs. Shock was expressed that young men are not using contraception and also not testing and the consequent rise in infection rates. Members suggested that this is down to a combination of things – poor self esteem, chemsex and that HIV is no longer a death sentence.

7.5 Members asked what is being done to make every contact count to tackle HIV infection, domestic violence and also Female Genital Mutilation (FGM). Commissions commented that there is a diversity of people affected by poor sexual health - as well as MSM the African and Latin American communities are very affected. The Director of Public Health said that the teenage pregnancy prevention work had a lot of success by going into schools and doing sexual education. She commented that there are some very complex issues around choice, power and control - for example multiple terminations and domestic violence. The senior sexual health commissioner said when FGM comes up health practitioners need to be sure that there are referral pathways, as these are not always in place.

8. SCRUTINY REVIEW

8.1 The chair recommended a one day Public Health commission considering how this function has been integrated into the work of the council, covering what has been done, where the council is going and Public Health priorities. The committee supported this and there was agreement that moving the Public Health function to the council from the NHS was one of the positive outcomes of the Health & Social Care Act 2012. There was concern that a day’s scrutiny would be challenging for members in full time work but the committee indicated that if a date was agreed in advance this could work well. The Director of Public Health suggested that the scope includes Lambeth Council and the chair supported this, with the proviso that Lambeth scrutiny would find this useful.

8.2 The chair then moved on to the proposal for a review into the Ethical Care Charter, however she said that she has received assurances that this is being progressed so rather than a full scrutiny she

recommended that this be dealt with as an agenda item, and this was agreed.

8.3 The vice chair suggested an alternative review into Personalisation with a focus on Safeguarding. He spoke about some of the problems experienced by people seeking personal budgets, which included the time taken to conduct the review by social workers, the issues and difficulties individuals with a personal budget found in appointing carers; particularly in assessing suitability and safeguarding risk. A member, Cllr Kath Whittam, declared an interested and commented that her daughter is 16 and now potentially could be in charge of her own budget, She remarked that this is quite a daunting task. There was a discussion on the framing of the review with suggestions that the review consider providers and the e-portal. Another member recommended looking at the process; some people have complained that it has taken two years to get a budget.

8.4 The chair moved to the last proposed review on Healthy Communities and recommended that this now looks at the Health of the Borough and conducted thematically concentrating on Finance, Food, Physical activity & travel and Anti-social behaviour. She said that she wanted to involve the Youth Council and consult people in the community by visiting high streets. The project manager suggested also utilising community councils to engage the public. There was a discussion about the scope of the review and the limitations of the council's powers - leisure services are certainly with the councils remit whereas the scope to influence other services and business is less clear. The Director of Public Health commented that if actions are justified through evidence then there is more scope to find powers and process.

RESOLVED

There will be three reviews:

Public Health, using 'scrutiny in a day' methodology.

'Health of the Borough', looking at four themes: community safety, financial health, physical health & environmental health.

Personalisation.

9. WORK-PLAN

9.1 The work-plan was noted and the reviews discussed under the previous item.

10. TRAINING

10.1 The chair recommended some repeat training on the Francis

Inquiry using the material provided by the law firm who conducted the training last time. It was suggested that, budget permitting, Patient Opinion be invited to contribute and explain how to maximise patient voice. The project manager highlighted an upcoming Public Health member development session.