

## **HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE**

DRAFT MINUTES of the OPEN section of the meeting of the HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE held on 31 JULY 2006 at 7.00PM at the Town Hall, Peckham Road, London SE5 8UB

**PRESENT:** Councillor David NOAKES [Chair]  
Councillors Aubyn GRAHAM [Vice-Chair], Helen JARDINE-BROWN,  
Ola OYEWUNMI and Michelle HOLFORD.

**IN ATTENDANCE:** Rod Craig – Southwark Health & Social Care, Head of Service for Older People and People with Physical Disabilities  
Sarah Feasey – Southwark Council, Senior Lawyer  
Stephen Gaskell – Southwark Council, Head of Corporate Planning and Performance  
Andrea Goring – Southwark Health & Social Care, Dental Section  
Lesley Humber - Southwark Health & Social Care, Director of Operations and Locality Development  
Lucas Lundgren – Southwark Council, Scrutiny Project Manager, Scrutiny Team  
Ian Millichap – Southwark Council, Constitutional Team Manager

**ALSO PRESENT:** Phillip Watson – GSTFT Partnership & Planning Manager  
Zoe Reed – SLAM Executive Director of Developing Organisation and Community

### **APOLOGIES FOR ABSENCE**

Apologies for lateness were received from Councillor Michelle Holford.

### **CONFIRMATION OF VOTING MEMBERS**

The members listed as being present were confirmed as the voting members.

### **NOTIFICATION OF ANY OTHER ITEMS WHICH THE CHAIR DEEMS AS URGENT**

The Chair agreed to receive a late item “*Reconfiguration of the out of hours provision of district nursing services*”, information about which had not been available for despatch with the main agenda. The item would be discussed under Agenda item 2.

### **DISCLOSURE OF INTERESTS AND DISPENSATIONS**

There were no disclosures made. Councillor Graham declared that as Chair of Southwark’s Black Elderly Group he might have a possible interest in the District Nursing Services item.

**RECORDING OF MEMBERS' VOTES**

Council Procedure Rule 1.17(5) allows a Member to record her/his vote in respect of any motions and amendments. Such requests are detailed in the following Minutes. Should a Member's vote be recorded in respect to an amendment, a copy of the amendment may be found in the Minute File and is available for public inspection.

The Sub-Committee considered the items set out on the agenda, a copy of which has been incorporated in the Minute File. Each of the following paragraphs relates to the item bearing the same number on the agenda.

**1. QUARTERLY PERFORMANCE REPORTS AND THE FORWARD PLAN – INFORMATION BRIEFING FROM STRATEGIC SERVICES** [see pages 1-61]

**1.1 THE CORPORATE PERFORMANCE CYCLE AND PERFORMANCE REPORTS** [see pages 1-43]

1.1.1 Stephen Gaskell [Head of Corporate Planning and Performance] gave a presentation outlining the content, role and function of the council's quarterly performance reports in relation to other high level strategies, and touched upon links with the sub-committee's work. A copy of this presentation has been placed on the Minute File.

1.1.2 He explained that the quarterly performance reports contributed only one element of the overall performance picture. Other contributory elements were the engagement of local people in delivery of services and the opinions of local people about services delivered in their borough. Quarterly reports provide a useful snapshot of performance and as such are both a trigger for management action in response to performance shortfall in business-critical indicators and an opportunity to identify and celebrate good performance. As such they provided a useful data source for external agents including health partners and Police.

1.1.3 Elements contributing to the Corporate Plan include Best Value Performance Indicators, local performance indicators and statutory processes. Southwark's Chief Officer Team was looking to review the Council's key indicators to ensure their relevance and the Leader of the Council held portfolio responsibility for performance reports.

1.1.4 The performance indicators for corporate health on agenda p.30 represented the Council's 3-year statutory targets [agreed annually in June] and were reflected and fed into the Annual Audit and Assessment Letter and signed off annually.

1.1.5 Stephen Gaskell noted that there had been gradually increased scrutiny of the Corporate Plan, with reports to members now more timely and focused on key delivery targets for improvement. He acknowledged however that work was still needed on consultation and community engagement and on the plan's user-friendliness.

1.1.6 The Corporate Plan and its targets adapts to any emerging legislative framework and other changes. Future targets would be based on any new target, but the existing plan [and its older targets] would continue to be the measure against which Council performance was judged. The content of the Corporate Plan was consistent with that of the Local Area Agreement.

- 1.1.7 Performance against the indicators under *Improving the health of the borough* relevant to health and adult care were set out at Agenda pages 16-18, with 2005/06 performance and 2006/07, 07/08 and 08/09 targets detailed at page 33. Performance indicators would need to be reviewed if they did not reflect health and adult care performance, he stated. Local need rather than government targets was the driver for the report, however some local targets were locally driven.
- 1.1.8 Cllr Graham suggested an additional paragraph addressing what might be done differently be added to the quarterly performance report. In addition, he asked what strategies were to be used to assess user satisfaction. Stephen Gaskell acknowledged that assessment of user satisfaction had not necessarily been picked up very well in the past, and that any such gaps would need to be filled. A user feedback survey was planned as was work on a research and consultation strategy. It was important to establish what topics other agencies in Southwark were consulting on and determining the impact of this on the Council's work.
- 1.1.9 Stephen Gaskell stated that member comments on the corporate performance report would be gathered across scrutiny sub-committees and fed into and reflected in future performance reports. It was a question of striking a balance between timeliness of reports and member input. Rod Craig reminded members that the report under discussion was a high-level report under which the internally-produced, public, quarterly, integrated Southwark Health and Social Care performance reports sat. The corporate reports did help to put the Southwark Health and Social Care performance reports into a corporate context, however.
- 1.1.10 In response to Cllr Graham's question about how quality was picked up in the report, Rod Craig responded that Southwark Health & Social Care had for some time employed user satisfaction surveys, focus groups and individual monitoring as part of its ongoing desire to measure service quality and quantity. Some of these were externally verified, for example the Commission for Social Care Inspection took the overview of homecare monitoring in the borough. The extensive partnership structures and sub-groups in health and social care also act as monitoring mechanisms for service delivery. Elected representatives from each service user forum in Southwark were involved – these being the eyes and ears for service monitoring.
- 1.1.11 Cllr Graham noted that it would have been more helpful to the sub-committee to have been taken through an integrated Southwark Health and Social Care performance report, as the corporate report was very high level, not necessarily as relevant to the work of the sub-committee and therefore not helpful to members in setting their work programme. It was noted that regular integrated reports would be made to the sub-committee during the course of the Council year.

**1.2 FORWARD PLAN [FP] [see pages 44-60]**

- 1.2.1 Ian Millichap [Constitutional Team Manager] gave a presentation on the council's forward plan and key decisions, a copy of which presentation has been placed on the Minute File.

- 1.2.2 The protocol for Key Decisions was set out in the Constitution, and included the decision's likely impact, any significant social and environmental risk, whether it impacted on multiple wards areas and whether any opposition had been raised to it. The decision might be referred up to the Executive if deemed significant – which body might still decide against it.
- 1.2.3 The decision making structure and Key Decision protocols act as a failsafe and govern who must be consulted.

**2. INFORMATION BRIEFINGS FROM SOUTHWARK HEALTH & SOCIAL CARE**

**2.1 OUT OF HOURS DENTAL SERVICES – PROPOSALS FOR CHANGE** [see pages 44-60]

- 2.1.1 Andrea Goring introduced the item. The consultation document set out the proposals for services provision and invited responses by 30 September 2006.
- 2.1.2 She explained that prior to April 2006 general dental practices [GDPs] were responsible for providing out of hours emergency dental services to their patients, which most met by participating in the rota of dentists supporting the Emergency Dental Service [EDS]. Since 1 April 2006 under new dental contracts however out of hours care was no longer a requirement for GDPs and in addition these services were now commissioned by PCTs and as such were cash limited.
- 2.1.3 Since 1 November 2005 a pilot commissioned by Lambeth, Southwark and Lewisham PCTs had aimed to encourage different use of the EDS by redirecting individuals through NHS Direct dental telephone line in order that only those needing emergency or urgent care would be referred to OOH emergency dental services. By managing demand for EDS in this way the pilot aimed to provide better access, longer access hours and enable emergency treatment closer to home. Access to advice would be possible without people having to attend an EDS. The pilot would be evaluated between October 2006 and March 2007.
- 2.1.4 The EDS has operated since the early 1990s and is currently available at both King's College Hospital and at Guy's Hospital. KCH is open 6-11pm seven days a week and in addition 9.15-11.45am weekends. Guy's offers a 9am-6pm service at weekends. KCH sees approximately 140 people per week and Guy's provides service to approximately 60. Unlike KCH, patients attending Guy's service are not triaged. PCTs were hoping to move to a closed door triage system, which was felt a better way to prioritise need.
- 2.1.5 The majority of attendances at EDS sites were not emergency cases. "Dental emergency" is defined as a situation in which patients require immediate attention in order to minimise the risk of serious medical complications or prevent long-term dental complications. Examples include: uncontrollable haemorrhage after dental extraction, rapid/increasing swelling around throat/eye, or trauma to the dental arches.
- 2.1.6 32% of KCH EDS patients and 65% of Guy's EDS patients are from outside Lambeth, Southwark and Lewisham boroughs. Bexley, Greenwich and Tower Hamlets are working with Southwark to address how the needs of people who are redirected to GDPs and then cannot be seen by dentists in other boroughs might be met.

- 2.1.7 The proposals would involve withdrawal of the EDS at Guy's hospital. The open-door access policy did not allow control over attendances at EDS. Duplication of services across two sites was to be avoided, however. King's site had been chosen for the EDS as it was more central for patients coming from Lambeth, Lewisham and Southwark. Services would be provided between 5.30-7.30pm via certain local dental practices alongside King's College Hospital's out of hours services. This arrangement would also enable commissioners to better assess and manage need.
- 2.1.8 Anticipated benefits of the new service delivery arrangements included:
- freeing of capacity;
  - better integration of medical and dental out of hours services;
  - extended opening hours;
  - cost reduction – the cost of services provided through a GDP is 25% of an EDS slot.
- 2.1.9 Cllr Jardine-Brown was shocked at the high percentage [65%] of patients from out of the LSL PCT areas who attend Guy's EDS, and asked whether the cost of these might be reclaimed from the patient's PCT. Andrea Goring confirmed that recharge of PCTs was not possible under the current open-door policy. In addition Cllr Jardine-Brown asked for assurance that those referred via NHS Direct to local dentists would receive proper dental treatment and not simply analgesia. Andrea Goring confirmed that GDPs would be expected to render the patient "dentally fit". There would be sufficient capacity in the system to refer people onwards and for people to get onto GDP lists.
- 2.1.10 NHS banded dental patient charges outlined at Agenda page 77 applied from 1 April 2006 to all dental practices from whom PCTs commissioned services, including EDS and community services – unless patients were exempt from charges. The PCT dental budget for the coming three years is ringfenced. Financial resources previously directed into KCH and Guy's EDS now went to GDPs.
- 2.1.11 Andrea Goring confirmed that there were no new services being commissioned, GDPs were doing additional work/hours. Each PCT would look to commission between 3-4 GDPs in their area, and there was already interest from local GDPs in being involved. She noted that most practices did not have sufficient patients to fill their daytime 9am-5pm appointments with NHS work. If insufficient numbers of people attended EDS dentists via referral, these would be able to offer EDS services to NHS patients on a walk-in basis.
- 2.1.12 Andrea Goring stated that new arrangements aimed at a shift in usage. People have traditionally presented at EDS for free treatment, however this route often proved more expensive for NHS paying patients.
- 2.1.13 The Chair asked what happened if people presented at A&E. Andrea Goring responded that the trusts were working with their respective Patient Advocacy and Liaison Services [PALS] to redirect patients to the NHS dental telephone line, including notices in A&E areas, however A&E was not offering free calls for these patients.
- 2.1.14 In respect of key findings of the first stage of the pilot project, set out on Agenda page 70, of the 26% of people who stated they could not get a routine appointment at their own dentist, when pushed on this point this included both those for whom no convenient appointment time was available and those who did not understand the purpose of the EDS or had misconceptions about its availability.

- 2.1.15 Andrea Goring sought to explain “dental registration” to the sub-committee. Prior to April 2006 patients registered with a dental practice, which enabled the Department of Health assess how much dentists should be paid for providing NHS services. However since the introduction of the Capitation Contract and the activity based element on 1 April 2006 registration with a dentist is no longer necessary. Dentists may well maintain lists of regular patients and will provide ongoing dental care, however.
- 2.1.16 The implications of the proposals for non-emergency dental services were not yet known, but for out of hours and emergency dental services they would enable better demand management. She acknowledged that the new arrangements did not appear to offer much incentive for practices to pick up high need patients, but again this area would need to be monitored following implementation.

**2.2 OUT OF HOURS DISTRICT NURSING SERVICES – PROPOSALS FOR CHANGE**  
[see pages 84-86 and 87-88]

- 2.2.1 Lesley Humber introduced the item, making reference to the summary consultation document circulated to those present [see Agenda pages 84-86].
- 2.2.2 Currently, district nursing is provided by two teams, one delivering care between 8.30am-5pm and the “twilight team” providing care 5-11pm. There is no nursing support beyond 11pm, in particular specialised palliative and community care advice. Handover between teams can be confusing and does not represent good patient care. She acknowledged the anxiety experienced by patients and carers when access to a nurse via telephone was not available, and she felt the proposed changes would provide reassurance to individuals. Southwark is already working towards integration of district nursing and social work to better meet patient/carer needs and the proposals linked with the PCT’s strategy for management of longer term conditions and its palliative care response.
- 2.2.3 The proposed service redesign would offer district nursing provision seven days a week from 8am-8pm, with an Unscheduled Care Service operating 8pm-8am. It was thought that this approach would address current deficit in unscheduled, complex and palliative nursing care after 11pm, and address handover difficulties between teams. The latter would be in place by March 2007, with a borough-wide transitional “twilight” team providing services to address need between 8pm-11pm in the meantime.
- 2.2.4 Consultation started on 19 June 2006 and would run until 21 August 2006, with implementation of the 8am-8pm service plus transitional twilight team anticipated in September 2006. Staff would be consulted about changes to their working arrangements and patients and public consultation undertaken.
- 2.2.5 There are approximately 150 district nurses in Southwark at different grades including specialised nurses. Most operate between 9am-5pm. However this pattern does not reflect times of greatest patient need – most routine care can be given between 8am-8pm.

- 2.2.6 She explained that District Nursing care included longer term conditions e.g. diabetes, asthma, sickle cell anaemia, Chronic Obstructive Pulmonary Disease [COPD], together with routine care including such actions as unblocking syringe drivers and cleaning catheters. The proposed changes were an expression of a strategy whereby more regular, consistent care could avoid unnecessary emergency admissions. Those receiving DN care are mostly adults and older people and most repeat A&E attendees are people between 40-60 years old. Referrals to the DN team would be possible in a variety of ways including by individuals themselves [self-referral], via GPs, emergency services and SELDOC [not currently a referral route].
- 2.2.7 Work had yet to be undertaken to confirm whether additional nurses would be needed to cover the new arrangements. Lesley Humber noted that some evening workers might be interested in working a 24hr pattern. Changes to staff working days/patterns would need to be made in August 2006. She anticipated an increase in funding to the DN service, alongside anticipated savings via emergency care avoidance. In respect of the Community Matron role, Lesley Humber confirmed that the role involved increased case management. There were currently six Community Matrons in the borough, with a further six anticipated by August 2006.
- 2.2.8 The proposed model of care had been successful in Wandsworth, and nationally there was a change in emphasis towards this model.
- 2.2.9 Cllr Graham was unhappy that little information had been presented to demonstrate how these proposals would better suit service users, and suggested a scrutiny session with them. He was also concerned that many older people did not have carers and therefore had to attend A&E for attention. Cllr Jardine-Brown did not agree with his first assertion and felt that little more could be done until the close of consultation.

At 9.48 p.m. it was proposed, seconded and

**RESOLVED:** That the meeting stand adjourned for five minutes to allow a member comfort break.

At 9.55 p.m. the meeting reconvened

### **3. SUB-COMMITTEE 2006/07 WORK PROGRAMME**

- 3.1 The Scrutiny Project Manager circulated a document drawing together potential items for inclusion in the sub-committee's work programme, including: recurring work elements, previous scrutiny items for monitoring, suggested key questions for scrutiny put forward by the Director of Social Services, and the shortlist of preferred items arising from cross-sectoral discussion at the Southwark Health Scrutiny Welcome Evening held on 26 July 2006.
- 3.2 Whilst the suggestion that the sub-committee might set a two-year rather than one-year work programme was supported by at least one member, the latter was thought more manageable and better able to reflect member interests if and when sub-committee membership changed year-to-year.
- 3.3 The Chair asked sub-committee members to express two preferences each in regard to the twelve proposed scrutiny topics listed, to build the 2006/07 work programme.

- 3.4 The Vice-Chair noted the preferences expressed for scrutiny of carers issues and services to the elderly at the 26 July event, reflecting wide community input into discussion. He expressed interest in scrutinising services for the elderly, public health/health promotion, and homecare problems.
- 3.5 Cllr Holford favoured scrutinising support to carers. She noted carers issues had come onto the agenda very late and mentioned that KCH's Chief Executive Malcolm Lowe-Lauri had remarked that carers issues were often relegated under other topics. Carers provided much support to the NHS and it was important that consideration was given as to how they were supported by the PCT. Chris Bull had recognised in his presentation to 26 July that carers were a cinderella service. She was in favour of undertaking one public health scrutiny and also of review of access to NHS dentistry.
- 3.6 Cllr Helen Jardine-Brown felt that scrutiny of access to NHS dentistry might be considered in 2008/09 instead. Neither the impact of Practice Based Commissioning [item 10] nor the South East London Sustainability Review [item 12] had been rolled-out sufficiently yet to be reviewed. She supported scrutiny of services to the elderly [item 1] and was mindful that older people and organisations supporting them had been well-represented on 26 July. She agreed that support to carers [item 2] was very important. She supported scrutinising a public health topic, suggesting a sexual health service focus given rising levels of teen pregnancy and sexually transmitted infections locally, and the links that might be made with KCH's ongoing service modernisation including sexual health services.
- 3.7 The Chair suggested felt that the sub-committee needed to look at one major public health area [item 6], but that the focus for the review should be narrowed down to one in which scrutiny could make an impact with its work. He agreed that focus on sexual health services might be fruitful, given he had heard that funding for RSH services had been allocated elsewhere in the system. Rod Craig confirmed that Southwark PCT was not changing its allocation around HIV/AIDS, and suggested that the information might have been in relation to redirecting funding. Lesley Humber noted that a cross-borough sexual health strategy already existed for Lambeth/Southwark, setting out how services were delivered.
- 3.8 Lesley Humber noted that Lambeth had recently undertaken scrutiny of sexual health services, and suggested that the sub-committee establish the focus and scope of the recent review to avoid duplication.
- 3.9 In respect of support to carers, Rod Craig advised that Southwark's Carers Strategy 2005-08 had been in place now for 12 months and that the Carers Strategy Forum was about to embark on its own review of the CSF Action Plan which he suggested might be a useful starting point for scrutiny.
- 3.10 Cllr Holford asked whether the Carers Grant was to be reduced in 2008/09. Rod Craig responded that the Local Authority Spending Review would result in £57,000 reduction [of total of £1.8m]. A review of priorities was underway and its findings would be available in the next few months.
- 3.11 In respect of problems with homecare [item 8], Rod Craig reminded members of the scope of recent scrutiny reviews into homecare services, Direct Payments, and reconfiguration of Becket House – for older people with mental health needs. He noted further redesign of Mental Health of Older Adults was to occur which would inevitably cross a range of sectors/areas. He suggested it might be useful for scrutiny to receive an initial briefing on the range of planned and potential service redesign within MHOA to inform the scoping stage.



- 3.12 Cllr Graham reminded the sub-committee that homecare was not the sole preserve of older people. In addition, he believed that review of this matter would be of real benefit to local people, reporting that whilst canvassing for the recent election he had spoken with people who despite need were not accessing any such services. He was particularly interested in establishing why delays in receiving services occur. Rod Craig asked Cllr Graham to refer these cases to him personally in order that they could be addressed. Cllr Oyewunmi expressed interest in looking at how homecare services were delivered and monitored.
- 3.13 Rod Craig advised that in mid-September he had been asked to report back to the Pensioners Forum on the direction of travel for homecare and linkages with the Pensioners Manifesto. He suggested scrutiny might revisit the implementation of the original homecare scrutiny recommendations to establish the extent of progress.
- 3.14 Cllr Jardine-Brown suggested that scrutiny of mental health of older people might potentially be very fruitful as she was aware that depression in this group often went unrecognised despite being a major problem. Rod Craig noted that services around mental health of older people had historically been Cinderella services.
- 3.15 The sub-committee noted that given Southwark's integrated delivery arrangements as Health & Social Care it would be fruitful to scrutiny to invite the Chair of the PCT Board to speak with scrutiny at some point during the course of the year.

- RESOLVED:**
1. That the sub-committee's work programme for 2006/07 include the following main reviews:
    - Support to carers [Councillor Holford to provide lead scoping input]
    - Mental health of older people [Councillor Jardine-Brown to provide lead scoping input]
    - Sexual health services – public health perspective [to be scoped]
  2. That the Scrutiny Project Manager produce a final draft 2006/07 work programme and circulate this to the sub-committee for information.

The meeting ended at 9:50PM.

**CHAIR'S SIGNATURE:**

**DATED:**