DRAFT MINUTES

HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE

MINUTES of the OPEN section of the meeting of the HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE held on 4 DECEMBER 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 Veronica WARD [reserve]

IN ATTENDANCE: Chris Bull – Chief Executive of Southwark PCT and Director of Southwark Social Services
Margaret Campbell – Southwark Council, Senior Lawyer
Rod Craig – Southwark Health & Social Care, Head of Service for Older People and People with Physical Disabilities
Sarah Desai – Southwark Health & Social Care, Head of Commissioning
Lucas Lundgren – Southwark Council, Scrutiny Project Manager, Scrutiny Team

ALSO PRESENT: Lois Austin – Socialist Party "Keep the NHS public" campaign
Councillor Denise Capstick – Executive Member for Health & Adult Care
Lucy Daniels – Health Liaison Worker, Southwark Carers
Les Elliott
David LeBon – Chair, Southwark Carers

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Michelle Holford and Susan Jones, Phillip Watson - GSTFT Partnership & Planning Manager, and David Norman – SLAM Service Director for Mental Health of Older Adults.

CONFIRMATION OF VOTING MEMBERS

The membership of the sub-committee was noted. Members listed as being present were confirmed as the voting members.

NOTIFICATION OF OTHER ITEMS WHICH THE CHAIR DEEMS URGENT

The Chair agreed to hear a deputation from Lois Austin in relation to item 5(ii) *Guy's & St Thomas' NHS Foundation Trust – proposal for change to oncology and cardiothoracic wards at Guy's Hospital*.

DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures made nor interests declared.

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.

MINUTES

RESOLVED: That the minutes of the sub-committee meeting held on October 23 2006 be agreed as a correct record of proceedings and signed by the Chair, subject to the deletion of the words *"that there was a high level of performance information about the difference the strategy had made"* from paragraph 1.1

1. EXECUTIVE INTERVIEW – COUNCILLOR DENISE CAPSTICK, MEMBER WITH PORTFOLIO FOR HEALTH & ADULT CARE [see pages 1-3 & 29-42]

1.1 The Chair welcomed Councillor Denise Capstick to the meeting. Copies of the Executive member's written responses to questions submitted in advance by the sub-committee were circulated to those present and a copy is attached to these minutes.

1.2 **Question 1: In the Southwark Health and Social Care Integrated Performance Report for quarter 1 the main area of weakness appears to be in relation to our performance around preventative targets such as reducing smoking, Measles Mumps and Rubella [MMR] and influenza immunisations and cervical screening. What more does the Executive Member think we can and should be doing to improve our performance? DN**

1.3 The Chair asked whether any knock-on benefits were expected to arise from the forthcoming smoking ban in public places effective 1 July 2007. Cllr Capstick responded that from having spoken to several smokers, they had reported that they would be using the time to give up. The ban will put them in a position in which they will have to give up and they have reported that in this sense it is a very positive move and personally helpful to them, so I'm optimistic about the ban.

1.4 In respect of reaching MMR targets Cllr Capstick reported that a supplementary post would shortly be create to assist the current part-time post in this work.

1.5 **Question 2: In the Southwark PCT Annual Health Check one of the three areas for improvement on national targets that led us to receiving a fair rating was smoking cessation. Can the Executive Member say what additional measures she and senior officers are considering to improve performance and whether or not any further resources will be committed to this important target area? DN**

1.6 Members had no further questions on this matter.

1.7 **Question 3: Can the Executive Member tell the committee what she considers to be the 3 biggest challenges in her portfolio over the next 6 months? DN**

1.8 Councillor Graham complained that he had not received copies of the Executive member's written responses. The Chair confirmed that these had been circulated by email to all health scrutiny members on Friday 1 December 2006 by email.

1.9 **Question 4: Can the Executive Member detail what actions she has taken to encourage the Secretary of State to reconsider the formula to balance London PCT budgets, leading to a reduction in Southwark's budget of approximately £22 million? DN**

1.10 Councillor Capstick advised she had received a response from the office of Patricia Hewitt M.P. stating that no action could be taken at the present time. This position had not changed when she had last spoken the PCT on this matter. Cllr Capstick would be lobbying again. Chris Bull stated that the PCT had a statutory obligation to achieve financial balance and that Patricia Hewitt's response continued to be that this was a matter for NHS London because the NHS as whole in London was obliged to achieve financial balance and that was the position aimed at. Cllr Capstick had presented a petition but believed that chances of lobbying success were fading fast.

1.11 **Question 5: What priority does the Executive Member think should be given to combating rising levels of alcohol consumption among women, binge drinking and under-age drinking and does she have any ideas or thoughts about what Southwark can and should be doing to reverse these trends? DN**

1.12 Members asked no further questions on this point.

1.13 **Question 6: How far has Health and Social Care progressed in addressing the issues highlighted in the Southwark Pensioners Forum Manifesto, in particular:**

- **Publicising the work of the Housing Arbitration Unit to older people and people with disabilities**
- **Consulting with Asian, Somali and other BME groups about suitable care homes and sheltered housing**
- **Reviewing the time it takes to put in adaptions to housing when residents have increased mobility problems**
- **Concerns about isolation and depression among older people: Is Health and Social Care actively seeking social, leisure and educational stimulation for older people known to be isolated ? Is information about internet access being promoted to this group of residents ?**
- **Are the problems with hospital transport being sorted out ?**
- **Do you consider that there is sufficient feedback from users about the Homecare services ? Do residents from all community groups access the service and understand the terms e.g. "charging system". VW**

1.14 Cllr Graham felt the response confirmed some of his fears about provision. There were still problems operating what was a complex situation requiring coordination between multiple agencies. The question was what work needed to be done to ensure agencies could work together to ensure targets were met.

1.15 Cllr Capstick responded that when the single assessment process came into being, every professional in theory would input into assessment. A database now exists to capture data in relation to the single assessment process. Some boroughs have been operating similar systems for a while and others have had problems in this respect. Rod Craig noted that the response had been based on information captured from the database 10 days prior to the meeting date. There may be assessors who had put the desired action in place but had not yet updated the database so the figures are were not 100% accurate in that they overstated the number of assessments not yet completed.

1.16 Cllr Graham responded that feedback from users indicated that they never knew who was doing what and when. Teething issues with the system should have by now been sorted out as it was no longer new. His main issue was that people were either not receiving services or were waiting a long time for them. He asked what was being done to speed things up.

1.17 RC responded that year on year improvements were being made. Assessments are completed within four weeks of referral and this enabled service packages to be offered to clients swiftly. The Commission for Social Care Inspection [CSCI] stated that Southwark had excellent capacity to deliver the modernisation agenda and was meeting the standards due to the organisation's ability to work across the system and deliver services in a joined up way.

1.18 Cllr Graham said that a figure of 85% still meant that there were 15% of people somewhere in the system whose assessments were not completed in 4 weeks. 85% was the low end of what Southwark should be aiming at and what had been said by Southwark Health & Social Care did not assure Cllr Graham about performance.

1.19 Councillor Capstick responded that some assessments could legitimately take longer than 4 weeks such as those following hip replacements. In this case assessment should occur on the day of discharge however a person's condition may change from day to day and during the assessment process and the process must be able to respond to these changing needs.

1.20 Cllr Graham said that while people were waiting for assessment people's conditions might also deteriorate and that more effort should be put into improving performance on this aspect to provide better care for people.

1.21 **Question 7: What is the total number of (i) older people and (ii) disabled people in Southwark receiving some form of social care from the council and how many older and disabled people referred to social services in the past (a) 3 months and (b) past 6 months not yet assessed or receiving all the services they should be getting. AG**

1.22 There were no further member questions on this matter.

1.23 **Question 9: Can the Executive member confirm what percentage of Southwark residents currently access NHS dental services and outline what work is being done to identify and address hard to reach groups ? DN**

1.24 Councillor Noakes noted that contrary to the common perception promulgated in the news media Southwark had good dental provision but at 50% take-up was still below the national average figure. He was still not convinced that Southwark was doing enough on preventative work and asked why Southwark struggled with preventative work, although he acknowledged complex needs existed.

1.25 Cllr Capstick was aware of doorstep leaflets informing people of provision and encouraging people to use services. She thought that low take-up could be partly due to Southwark having a younger population who generally tended not to visit dentists unless a problem occurred.

1.26 Cllr Noakes – what about targeted work with priority groups or more financial resource or looking at whether you've got the balance right ?

1.27 Chris Bull noted that population mobility was a significant issue in relation to accessing dental services. H&SC very much wanted to do work targeted towards children and preventative work through school health services but this was a significant challenge not only in terms of dental care but a whole range of public health measures. H&SC had also chosen not to take certain action because of the trust's financial position.

1.28 Cllr Jardine-Brown asked about the dental emergency service and thought that this might represent a better way of getting people into the system. She had been surprised at the number of practices channelling people into NHS practices rather than hospitals as a way of filling capacity.

1.29 Cllr O mentioned that older people should be receiving dental healthchecks at 1 year and 6 month periods and asked Cllr Capstick about these. Cllr Capstick responded that in general the PCT did better at getting older people in for healthchecks than younger. Chris Bull confirmed that new dental contracts made specific reference to post-75 years dental healthchecks. They were however not part of the GP contracts having been judged not to be cost effective. Generally the healthier older people >75 years took advantage of checks but not necessarily those who were most in need of them. However he confirmed that proactive systematic work to casefind older people was undertaken and their risk assessed as a group.

1.30 **Question 10: Can the Executive member detail what work and investment in being undertaken or considered to improve the compatibility and accuracy of recording systems for health and social care ? DN**

1.31 Cllr Noakes noted that the sub-committee would probably be aware of discussion in the news of both the new NHS IT system RIO and possibly of Care First locally. He asked whether these were within Southwark's budget or whether their implementation and rollout was affected by the PCT topslices and resulting financial situation.

1.32 Cllr C responded that RIO was new in Primary Care, this part of the system having had no database for a long time. Southwark was the first borough in London to introduce this system. RIO would link into Care First but this linkage was not yet operational. This implementation is not affected by the PCT's financial situation as RIO was centrally funded.

1.33 **Question 11: In the light of current integration of Southwark social services and Primary Care Trust as Southwark Health & Social Care, can the Executive member clarify the boundaries of her role and responsibilities in relation to this integrated service ? DN**

1.34 The Chair confirmed that his question related to Southwark's relatively unusual position in having a joint Chief Executive post for both the PCT and Social Care functions and that he was interested to know how this impacted on the Executive member's role. Cllr C responded that having worked as a nurse in both NHS and social care settings the current Southwark arrangement enabled much better closer working by bringing these functions together as compared to the situation reported by her peers elsewhere. The biggest factor remained that the PCT was accountable to local government. Whilst she did not have any influence over PCT governance she had developed a good working relationship with the trust.

1.35 **Question 12: What impact are the cuts in Southwark PCTs funding having on social services, in particular waiting times for assessment and those with 'low-level' needs in the current year and what are you doing to address this impact? How many users of these services are likely to be affected and what is their spread, in terms of age, ethnicity and geographic location? What changes, if any will be made to the provision of services next year, given the greater reduction in the PCTs funding next year? MH**

1.36 **Question 8: Given the concerns raised about the NHS cuts and the possible effects on council service could you say what area/s of the department or services are most likely to be cut, if any. AG**

1.37 In respect of her response to Q8 referring to action being taken to ensure social care overspending is contained, Cllr Graham asked what discussion if any was being undertaken in respect of increases to fees and charges.

1.38 Councillor Capstick responded that at the moment the main challenges to the social care budget were 1) delivery of care to those with recourse to public funds requiring £2 million spend from £800k coming in for this purpose, and 2) forensic care including other mental health provision. There were no plans to change the eligibility criteria.

1.39 **Question 13: Can you outline the range of services that will be provided by the new Dulwich Community Hospital? MH**

1.40 There were no additional questions from the sub-committee.

1.41 **Question 14: What proportion of the population in Southwark has HIV/AIDs? What is the projected rate of increase over the next 5 and 10 years and how is the council preparing deal with the needs of these individuals? MH**

1.42 Cllr JARDINE-BROWN noted the dramatic increase over the last ten years in new cases and the spread of HIV within communities asked Councillor Capstick why she thought this might be the case and how these trends were trackable by the PCT.

1.43 Cllr Capstick responded that it was widely known that people were contracting a range of STIs younger and younger and hence there is a growing need in the UK to address this trend. We are doing what we can locally however this again was health promotion and preventative work which centred on encouraging people to change their habits.

1.44 **Question 15: Through the partnership with Southwark PCT you set out several key areas in which the partnership would benefit the people of Southwark, laid out below. Can you explain how improvements in these services have been measured and provide evidence that these key areas have benefited from the delivery of services through a partnership? MH**

- **Reducing the maximum wait in Accident and Emergency**
- **Reducing the number of hospital beds occupied by people ready for discharge**
- **Improving Mental Health services, particularly in areas of untreated psychosis, 24 hour crisis resolution, assertive outreach and improving service provision for carers and older people with mental health problems**
- **Improving services for older people**
- **Tackling drug misuse**

1.45 There were no further questions from the sub-committee on this matter.

1.46 **Question 16: Given the current debate surrounding the possible ban on junk food advertising at times during which children watch TV, what it the Council doing to tackle the issue of childhood obesity and other related issues in Southwark?**

1.47 The Chair noted that figures showed 18.4% of children were obese and asked how Southwark compared to other part of the UK, and whether any levelling work was being done.

1.48 Cllr C responded that she thought both Lewisham and Newham were similar to Southwark but that these boroughs had not submitted figures for childhood obesity. Rod Craig responded that Southwark had 80% return rate and that these figures put us in a very good position in relation to other authorities. Chris Bull noted that Southwark had some of the most worrying figures but that ours were amongst the most complete sets of figures in London, so our picture was amongst the most accurate for this reason.

1.49 Following the interview, the Chair invited members of the public present to respond to any points raised by the responses of the Executive member.

1.50 <u>Question: Lois Austin [impact of local acute hospital ward closures]</u>

1.51 Lois Austin of Southwark Street Tenants Association and the Southwark Keep the NHS Public campaign was invited to speak. Ms Austin explained she wished to speak about recent ward closures at KCH and GSTFT including Stanley ward and a staff dentistry ward. She said she also spoke on behalf of oncology nurses unable to attend to address the committee.

1.52 She asked whether the sub-committee was aware of these closures and whether scrutiny had put questions to the trusts about them. Stanley ward had seen the loss of eight beds which she reported resulted in cancer patients waiting longer to get onto wards and receiving worsening care as a result.

1.53 She reported that at the last Keep NHS Local campaign meeting nurses reported a further seven beds had been lost at Guy's hospital. Reportedly union Amicus was monitoring ward closures locally. She acknowledged pressure for higher bed turnover within the NHS and the new tariff system. Quicker patient discharge enabled trusts to make a profit, but she said that closures were already impacting negatively on patient care in the borough. She urged the sub-committee to explore the closures and determine their impact on patients.

1.54 The Chair advised that Stanley ward and Hedley Atkins unit bed transfers were due to be considered later on the agenda, and that information from GSTFT outlining the case for reconfiguration had been received and circulated as part of the published meeting agenda, at pages 23-24.

1.55 Councillor Capstick stated that as a nurse by background she sympathised with the position expressed, and felt strongly that reconfiguration was driven by financial imperatives. She was concerned about how patients requiring different specialist nursing care [oncology and general nursing needs] could be effectively managed together on the same wards. As a Ward Sister her experience indicated that patients who were not placed on the right ward often did not receive the treatments they required and some ended up spending longer in hospital as a result. She observed that NHS morale was currently lower than she had ever seen it and that many good staff were being lost.

1.56 Question: Mr Sylvio Couthino [social care provision for people with disabilities]

1.57 Mr Couthino asked in relation to question 7 how adults over 34 years were defined in relation to social care provision. Rod Craig responded that the figure in the response for the number of people currently receiving some form of social care services was in error and should have read *838 adults [age 18-65 with disabilities]*. He confirmed that the response had not included people with mental health disability – only physical and learning disabilities and he offered to provide a breakdown of the requested figures for Question 7 for the sub-committee in relation to mental health disability.

1.58 Question: Mr Sylvio Couthino [dental health preventative work with hard to reach groups]

1.59 In relation to question 9 there was no mention of preventative work with hard to reach groups including substance misusers. Many people he knew had serious mouth and dental problems and he asked what help was planned for intervention with these groups.

1.60 Cllr Capstick responded that she hoped that this would be part of the remit of the drug and alcohol teams in terms of holistic person-centred approach, working with specialist teams.

1.61 Question: dental preventative work with children

1.62 Cllr Jardine-Brown asked whether any programme existed within Southwark to address childhood dental decay, such as installing preventative anti-decay caps. Cllr Capstick responded that she did not have a remit for child health. Cllr Jardine-Brown noted that dentists could paint teeth with permanent plastic protective coating but this was not available on the NHS. Sarah Desai noted that the department targeted children and families to encourage adults to visit dentists, but did not personally know what measures were take in respect of child dental health.

1.63 Question: Mr Sylvio Couthino [impact of local PCT cuts on local crisis mental health services]

1.64 Sylvio Couthino asked what plans would the PCT put into place as a solution, given the financial situation of the PCT, if the SoS determined that the EC should not close.

1.65 Chris Bull responded that a formal response had not yet been received form the SoS but that he expected that she would instruct the PCTs to work to find a local solution to the situation and Southwark PCT was in discussion with Lambeth and SLAM to find a way forward. Clearly if a suggested solution had cost implications this resource would need to be found from elsewhere in the system as no additional financial resource was available.

1.66 Sylvio Couthino expressed concern that mental health services seemed to bear the brunt of the majority of service cuts and asked whether shortfall would be taken from other mental health services. Chris Bull said that it was too early to say, but disagreed that MH services were disproportionately affected by cuts, reductions being effected across areas of other service areas.

1.67 Les Elliott said that he was glad that steps were being taken to find a solution locally, although he was still waiting for a response on the issue of a recent suicide in July 2006 and asked this to be addressed. Southwark MIND had not been invited to work on solutions but could help if approached.

RESOLVED:

1. That officers be asked to confirm what provisions exist within new GP contracts in respect of healthchecks for people over 75 years of age.

2. That officers be asked to provide details of the numbers of people with mental health problems in Southwark receiving some form of social care and in addition confirm how many people referred to social services in the past three and six months have not yet been assessed or are not receiving all the services they should be getting.

3. That officers provide information for the sub-committee outlining current preventative interventions to protect children's dental health in Southwark.

4. That the sub-committee ask host commissioners for GSTFT - Lambeth Primary Care Trust - for confirmation of bed usage figures presented within the paper on oncology and cardiothoracic reconfiguration presented to the sub-committee, and advise them of the concerns raised by the deputation from Lois Acton [Southwark Street Tenants Association and Southwark Keep the NHS Public campaign].

5. That officers provide a breakdown of the requested figures in response to Executive member Question 7 in relation to mental health and disability.

At 8.20 p.m. it was proposed, seconded and

RESOLVED: That the meeting stand adjourned for five minutes for a comfort break.

At 8.27 p.m. the meeting reconvened

2. REVIEW: ADULT CARERS IN SOUTHWARK – IDENTIFICATION AND SUPPORT [see pages 51-61]

2.1 The Chair thanked those who had given evidence and been involved in the review and in producing the report.

2.2 In respect of GPs, Rod Craig noted this was the first year of the Quality Outcomes Framework for which GPs were expected to record the caring status of patients on their lists. He did expect that integrated health and social care professionals working with GPs would share such information for patient benefit. Single assessments would be accessed between professionals providing care for an individual within the coming 6 months, but this was not currently possible.

2.3 Cllr JARDINE-BROWN asked what issues existed around confidentiality and what protocols to address these. Whilst she would not be happy for her own details to be shared she assumed that patients involved were content for this to happen and had been asked for consent ?

2.4 Sarah Desai responded that if registered with a GP practice an individual's patient information stays within that practice. If details relevant to care need to be shared outside the practice team with other teams then patient consent should be sought. Integrated H&SC teams such as hospital discharge teams working with the immediate practice team would have access to patient information, dependent on consent being given by the individual to sharing his/her information. Great care was taken to ensure that the individual was clear and understood why information was being sought and what information. Consent would also need to be sought for patient details to be held centrally. She offered to confirm how local GP data systems linked with the central system.

2.5 Cllr Graham was in favour of the flag on carers files as it seemed to address the issue of GP capacity for supporting administration/paperwork. RC noted however that it could not be assumed to be appropriate to have blanket consent given in advance to information sharing.

2.6 Cllr Oyewunmi asked whether information from the assessment process could be electronically recorded and thus made available to other professionals carrying out other stages of assessment as this would prevent individuals having to repeat themselves to each professional during the process. Rod Craig responded that where data is gathered for the single assessment process the purpose of data collection must be absolutely clear. If people refuse permission to information sharing this would be respected.

2.7 In respect of referrals to Southwark Carers by GP practices, Health & Social Care would like to see volunteers at GP surgeries acting as gatekeepers for referrals to Southwark Carers.

2.8 Rod Craig advised the sub-committee that at the 1 December 2006 meeting of the Carers Strategy Forum, a decision had been made on the basis of the draft recommendations of scrutiny to suspend commissioning of certain services and to look at refocusing around £175k of the Carers Grant in light of scrutiny's final recommendations.

2.9 Cllr Graham asked that the recommendations be listed together in the report for ease of reference.

2.10 The Chair asked members to submit their comments on the final draft document by Wednesday December 6 2006.

RESOLVED:

1. The sub-committee agreed that its final report arising from scrutiny of *Adult carers in Southwark – support and identification* be referred to Overview & Scrutiny Committee for ratification, subject to the text of the report being amended as follows:
   - Report text to be strengthened to highlight the sub-committee's concern that a great deal more could be done in terms of sharing information about carers identified;
   - Text of report should reflect the importance of maintaining proper patient confidentiality and striking a balance between the need for confidentiality and the benefits of information sharing across the health and social care system.

2. Health & Social Care officers to provide information to the sub-committee about how local GP data systems link with those held centrally by health and social care.

3. ANNUAL HEALTH CHECK 2006/07 – DISCUSSION OF APPROACH [see pages 4-11 & 62-70]

3.1 The Head of Service for Older People and People with Physical Disabilities Rod Craig tabled a background paper setting out the rationale for establishment of the Annual Health Check process in 2005/06, reviewing the process in the first year including feedback from the Commission on the overall quality of comments received by scrutiny bodies which suggested that the quality of supporting evidence could be improved.

3.2 Members heard that in 2006/07 Primary Care Trusts would be expected to declare compliance in respect of commissioned services in addition to its own provided services. The sub-committee's comments would be needed by the trust by March 2007 and all present acknowledged the capacity pressures that existed for Southwark members in researching the performance of its four trusts against Core Standards and subsequently producing comments, in the context of existing scrutiny work and the likelihood of a further meeting of the Lambeth/Southwark joint statutory health scrutiny committee once a response from the Secretary of State was forthcoming.

3.3 With this in mind Rod Craig's paper proposed possible ways in which the sub-committee might approach the task of providing scrutiny commentary on the performance of its four NHS trusts in 2006/07, which included: ways in which it might work across all trusts to explore performance against a single selected Core Standard; and working with PPIFs and neighbouring PCTs where relevant to assure itself of performance. He suggested the sub-committee consider delegating AHC work to a few members with whom the PCT's Standards Team would work more closely to look across the performance of all Southwark's NHS trusts on one single standard and help members draw together a cohesive response.

3.4 The Chair of SLAM PPIF reminded the Chair of the formal relationship between PPIFs and OSC. SLAM PPIF wished to see the sub-committee adopt a positive approach to working with all of its respective PPIFs on the AHC Annual Healthcheck process. He suggested C17[1] might be a useful Core Standard on which scrutiny might focus.

RESOLVED:

1. That the sub-committee's approach to commenting on its NHS trusts self-declarations for the 2006/07 Annual Health Check process be focused around one selected Core Standard, to be selected by members.

2. That the Chair and Vice-Chair [or other member to be nominated to act in the Vice-Chair's place] meet with Southwark Primary Care Trust in December 2006 to start work to select a Core Standard around which to focus the sub-committee's comments.

4. SOUTH EAST LONDON SERVICE REDESIGN AND SUSTAINABILITY REVIEW – UPDATE FROM SOUTHWARK PRIMARY CARE TRUST [see pages 12-14 & presentation pages 43-50]

4.1 The NHS London Chair "Case for change" document setting out the rationale for this South East London sectoral review of health services was circulated with the agenda. An NHS London briefing had been arranged for OSC and PPIF Chairs and support officers for December 6 2006. The Scrutiny Project Manager would attend however Southwark members had sent apologies due to a clash with Southwark's Council Assembly that night.

4.2 NHS organizations in South East London were currently working together on the pre formal consultation stages of a sector-wide sustainability review, to consider the future role and scale of acute and community hospital care and within the context of financial constraints experienced within South East London's health economy. Significant changes to the way health and social care services would be provided were anticipated which might include reconfiguration of hospital services and an increase in the range and volume of services provided in the community. Impacts across borough boundaries/populations were likely and the potential for a future joint committee involving health overview and scrutiny committees in South East London existed if members decided to be involved.

4.3 Sarah Desai outlined the current case for change as a presentation, a copy of which has been placed on the Minute File.

[1] Core Standard C17 - The views of patients, carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services".

4.4 The main drivers for the project were enabling access to services closer to home, promotion of better health and to address health inequalities, improvement of patient safety and delivery of better value for money to taxpayers. She explained that patient safety was the bottom line. Consultation on the White Paper "Our Health, Our Care, Our Say" indicated public support for its general principles, as long as clinical quality, convenient access and safety were not compromised. People consulted acknowledged that there would be implications of modernisation for general hospitals.

4.5 The sector faced significant shortfalls this year and an increasing problem in future years unless fundamental assumptions about service design were addressed immediately. PCTs have a duty to balance their budgets and to ensure local health service provision to meet local need. Within this challenging context the SE London region needed collectively to think hard about where and how care is and should be provided as the implications of continuing to provide care as it is now will fall most heavily on them. Whilst shifting care provision into the community would enable PCTs to achieve financial balance to 2009/10 the acute trusts would as a result become unsustainable if whole system change was not considered.

4.6 The question of where care should be provided, included consideration of critical mass of patients provides cost effective provision especially where specialised services such as cancer units are concerned. A wealth of evidence exists about how services might be provided in a cost effective and clinically safe way. Modelling has been undertaken including factors including: service cost; service demand and anticipated growth; alternative service configurations; exploration of factors essential to financial/service stability; and looking at mechanisms for local joint NHS provision.

4.7 Change to the way in which clinical, primary care and community services are configured and employed will ensure a longer term sustainable situation in SE London. Six clinical specialities have initially been identified initially, each of which is supported by a wide evidence base and planning assumptions that will form the basis of more concrete future plans expected to emerge through the project process. These clinical speciality areas are: emergency care; cardiac services; maternity services; end of life care; elective surgery; and pathology services.

4.8 Whilst public consultation options have not yet been drawn up, some possibilities might include: introduction of community hospitals; urgent care centres; changing the role of some sites into local general hospitals; developing pathology centres; creating NHS treatment centres; and extending clinical networks. Hospitals might share some more specialised operations such as cancer care

4.9 The timetable for the review included: briefing and initial discussions (Nov 2006 – Jan 2007); deliberative sessions such as those held for the White Paper consultation (Feb-March 2007); development of the business case and its agreement by NHS London (by end March 2007); followed by decisions and implementation (exact dates to be confirmed).

4.10 Chris Bull reiterated that this was the start of a longer process and assured members that there would be considerable debate in the coming 6 months. A candid debate is a key starting point to establish the kind of services local people want, which previous consultation indicates is centred on treatment close to home in convenient ways and at convenient times. There is increasing ambivalence about delivering low intensity services within a hospital setting and NHS trusts need to ensure the manner in which the supply side is currently arranged does not continue to drive service delivery and design. For example, people should receive hospital treatment because that is most appropriate, and not simply because there is a bed available. Unless there is a candid debate about activity the sector will spend increasing amounts without services matching patient need. On December 6 2006 the review Project Board will start the debate with the PPIFs and OSC Chairs about how to proceed and how to continue this important conversation.

4.11 Cllr Jardine-Brown commented that she was supportive of the review rationale and agreed that people wanted good local services and suspected they were perhaps less interested in choice of provider where these might be not so local to them. She was in favour of larger centres of specialisation but was aware of the debate about whether this might leave professionals in local services being less well trained and cause doctors to leave the NHS for experience and training abroad. In respect of maternity services she was concerned that these would be completely taken out of hospitals, which could create additional risk for mothers. She felt that possibly the case for change had been oversimplified however and that clinicians might feel the loss of control over patient treatment.

4.12 Chris Bull responded that patient safety and clinical quality had to be at the heart of any changes alongside ensuring that services were safer over time and quality continued to increase. There was an debate to be had about the quality of interventions which were not carried out in volume, for instance. A series of similar projects were occurring in other parts of London and the UK to reconfigure acute services. The NHS was seeking to involve scrutiny as soon as possible in this process.

4.13 Cllr Jardine-Brown asked whether anything was being done in respect of PCTs having to pay very high rentals on PFI hospitals such as the massive rebuild of St Bartholomew's Hospital ? Chris Bull acknowledged this would clearly be a relevant factor taken account of within the review.

4.14 The Chair noted that each SE London borough would be affected differently and some of the more outer boroughs could well be affected to a greater extent. He encouraged members to discuss whether in principle this matter was substantial for Southwark and noted that if it was similarly felt to be so by other SE London health OSCs, the sub-committee would be obliged to join together to scrutinise the matter as a statutory joint committee, and by doing so have the right to refer proposals to the Secretary of State if they were not assured these were in the interest of local health services or where adequate consultation was not undertaken.

4.15 Les Elliott said that Lambeth and Southwark had first approached these discussions 3-4 years ago with a review of unscheduled care, which was key from a mental health services perspective.

4.16 Chris Bull advised that members were being consulted on the fact of future consultation. It was important that members were involved at the stage of formulation of proposals and also at the point at which proposals were made. This would be one of the most important pieces of work the scrutiny would undertake over the next 5 years. There may well be proposals arising as part of this overall process that impacted on boroughs differentially and which might impact only on certain boroughs. Thus individual boroughs might wish to keep an open mind about joint scrutiny until they were clear about consultation proposals. He recommended members focus on the underpinning principles involved.

4.17 Members agreed that the "Picture of health" project work was likely to be substantial for the borough and were keen to be fully appraised of developments on an ongoing basis as they came through the system.

RESOLVED:

1. The sub-committee agreed that the South East London Service Redesign and Sustainability Review was in principle a substantial matter for Southwark, based on the information available to members at this meeting.

2. The sub-committee noted the NHS London briefing about the review for health scrutiny Chairs of Lambeth, Lewisham, Greenwich, Southwark, Bromley and Bexley on 6 December 2006. It was noted that this was that date of Southwark's Full Council and accordingly that no Southwark members would be able to attend and that sub-committee noted that the Scrutiny Project Manager would attend the briefing.

3. Members wish to be kept informed of developments to this project and information emerging about proposals.

5. INFORMATION ITEMS – NHS DEVELOPMENTS AND/OR SERVICE CHANGES [see pages 15-18]

5.1 South London & Maudsley NHS Foundation Trust's proposals to reconfigure Lambeth nursing homes

5.2 Rod Craig noted proposals to close 24 beds at a facility in Lambeth at Knight's Hill, which currently included predominantly Lambeth residents with psychosis and with continuing care needs. He reminded members of a similar process of reconfiguration around a facility at Beckett House that had offered continuing care for older adults with mental health needs in which respect SLAM's consultation with users and manner of transferring individuals to new placements had been exemplary, he reported.

5.3 The Vice-Chair noted the proposals to lose MHOA beds with regret and concern and felt that the proposals were financially driven. The Chair asked whether proposals reflected the policy to move resources into the community.

5.4 Rod Craig responded that there was an overprovision of beds in the overall SLAM system and hence reorganisation and reinvestment in community based services was being proposed. He reminded members that at Beckett House a number of vulnerable older people had successfully moved into more appropriate and less expensive care including residential care or nursing homes. MHOA services have been historically not well co-ordinated and as a result many older people with dementia have ended up in hospital settings. With help however they did not need to stay in what were often no longer appropriate high level care environments involving health care. Lambeth currently faced the same problems as Southwark faced in the previous 2 years and he supported the proposals.

5.5 The Scrutiny Project Manager noted that Lambeth's health scrutiny sub-committee would be receiving a presentation on the proposals from David Norman [SLAM] and that Lambeth's Health & Adult Services Scrutiny Sub-Committee Chair Councillor Helen O'Malley invited Southwark's members to attend for this item should they wish to do so.

5.6 The Chair asked whether funding would be redirected into community services as a result of the proposed changes to Knight's Hill. RC would ask SLAM for details of alternative services and keep members informed about the implementation of proposals.

5.7 The Chair of SLAM's PPIF pointed out to members with concern that the Forum had not been consulted on these proposals by SLAM and wished this to be formally noted. RC agreed to bring this oversight to the attention of David Norman.

5.8 Guy's & St Thomas' NHS Foundation Trust's proposed reconfiguration of oncology and cardiothoracic ward areas

5.9 This matter had been raised earlier in the meeting during Lois Austin's deputation. Cllr Jardine-Brown commented that the paper presented by GSTFT appeared to offer adequate background to the proposed changes and acknowledged that changes were not always welcomed. However, it did not seem sensible to retain beds if they were not being used. She felt it would however be helpful to have the data to back up the trust's assertion about the number of days on which beds were being used. Sarah Desai recommended that as lead commissioner for GSTFT, the sub-committee should best direct its questions towards Lambeth PCT.

5.10 Southwark/Lambeth Statutory Joint Health Scrutiny Committee - update

5.11 Despite regular contact with the Secretary of State's office by Southwark and Lambeth's scrutiny support officers since referral in August 2006, no response was yet forthcoming from the Secretary of State.

5.12 Local Involvement Networks [LINks] – information update

RESOLVED: Members noted the update information.

6. SUB-COMMITTEE WORK PROGRAMME 2006/07 UPDATE

6.1 The Chair noted that an additional meeting would be necessary to complete the work for this year and the Scrutiny Project Manager [SPM] would email members about their availability. The Vice-Chair noted that the sub-committee would simply have to prioritise its work or decide to pass work to next year's sub-committee.

6.2 Sexual Health review would start soon, with a session in March 2007 and completion of the report anticipated for the last meeting in April 2007.

6.3 SPM noted that an invitation to the Southwark MIND AGM on 15 December 2006 had been extended to the Sub-Committee.

The meeting ended at 10:20 PM.

CHAIR'S SIGNATURE:

DATED: