

Health and Adult Care Scrutiny Sub-Committee

Wednesday 17 March 2010
7.00 pm
Town Hall, Peckham Road, London SE5 8UB

Supplemental Agenda

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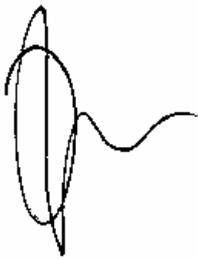
Guy's and St. Thomas' NHS Foundation Trust
Governance Declarations
Quarter One 2008/09 (1 April – 30 June 2008)

NHS foundation trusts must confirm compliance with the Authorisation in relation to all items listed on page 53 of the *Compliance Framework* issued by Monitor in May 2008. No supporting detail is required unless compliance cannot be confirmed.

Please sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail in the format set out below.

Declaration 1

The Board confirms that all targets have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets that will come into force will also be met.



(signed) _____ on behalf of the Board of Directors
 Chief Executive

Declaration 2

For one or more targets the Board cannot make Declaration 1 and has provided relevant details on the following page(s).

The Board confirms that all other targets have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets that will come into force will also be met.

(signed) _____ on behalf of the Board of Directors
 Acting in capacity as _____

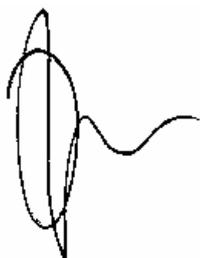
Guy's And St Thomas' NHS Foundation Trust
Governance Declarations
Quarter Two 2008/09 (1 July – 30 September 2008)

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Acting in capacity as _____

Monitor will accept either an electronic or a hand written signature.

Guy's And St Thomas' NHS Foundation Trust

Governance Declarations

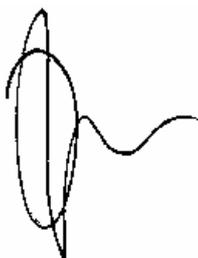
Quarter three 2008/09 (1 October – 31 December 2008)

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Guy's And St Thomas' NHS Foundation Trust

Governance Declarations

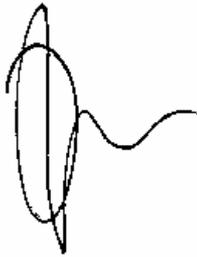
Quarter four 2008/09 (1 January to 31 March 2009)

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(signed)

on behalf of the Board of Directors

Chief Executive

Declaration 2

For one or more targets the Board cannot make Declaration 1 and has provided relevant details on the following page(s).

The Board confirms that all other targets have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets that will come into force will also be met.

(signed) _____ on behalf of the Board of Directors

Guy's & St Thomas' Hospital NHS Foundation Trust
In Year Governance Declaration
Quarter three 2009/10 (1 October – 30 December 2009)

NHS foundation trusts must confirm compliance with the Authorisation in relation to all targets and national core standards listed on page 41 of the *Compliance Framework* issued by Monitor in March 2009. No supporting detail is required unless compliance cannot be confirmed.

Please state the Board's declaration of its Governance Risk Rating below:

Risk Rating: (Red, Amber or Green) Green

Please sign one of the two declarations below. If you sign declaration 2, provide supporting detail in the format set out on the additional page.

Declaration 1

The Board confirms that all targets and national core standards have been met over the period (after the application of thresholds) and that sufficient plans are in place to ensure that all known targets and national core standards that will come into force will also be met.

Signed P. B. Allen on behalf of the Board of Directors

Acting in capacity as:

Trust Secretary in Head of Corporate Affairs.

Declaration 2

For one or more targets the Board cannot make Declaration 1 and has provided relevant details on the following page(s)

The Board confirms that all other targets and national core standards have been met over the period (after the application of thresholds) and that sufficient plans are in place to ensure that all known targets and national core standards that will come into force will also be met.

Signed

on behalf of the Board of Directors

Acting in capacity as:

Guy's and St Thomas' NHS Foundation Trust

Governance Declarations

Quarter two 2009/10 (1 July – 30 September 2009)

NHS foundation trusts must confirm compliance with the Authorisation in relation to all targets and national core standards listed on page 41 of the *Compliance Framework* issued by Monitor in March 2009. No supporting detail is required unless compliance cannot be confirmed.

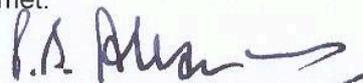
Please state the Board's declaration of its Governance risk rating in the box below:

Risk rating: (select as appropriate) **Green**

Please sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail in the format set out below.

Declaration 1

The Board confirms that all targets and national core standards have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets and national core standards that will come into force will also be met.



(signed) **Peter Allanson** on behalf of the Board of Directors

Acting in capacity as Trust Secretary and Head of Corporate Affairs

Declaration 2

For one or more targets the Board cannot make Declaration 1 and has provided relevant details on the following page(s)

The Board confirms that all other targets and national core standards have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets and national core standards that will come into force will also be met.

(signed) _____ on behalf of the Board of Directors

Acting in capacity as _____

Note: Monitor will accept either an electronic or a hand written signature.

Southwark Health and Adult Care Scrutiny Sub-Committee Matters arising at the 20 January 2010 meeting

1. Request: That Susanna White report back to the sub-committee in early 2010, with the outcome of the commissioned cost assessment for renovation and repair work at Dulwich Hospital, which would allow the provision again of former services such as intermediate care

Response:

NHS Southwark board has agreed to do a range of Health & Safety improvement works to improve the existing Dulwich site. This work has started and will be completed in the summer.

2. Request: That officers provide details on the proportion of PCT budgets spent on consultation

Response:

The actual amount spent on consultation was 94,700 last year out of a total budget of 530 million.

3. Requests:

That an update be provided on the PCT decision regarding the re-structuring of drug and alcohol treatment;

That Jane Fryer relay the sub-committee's request to the Southwark PCT board, that the decision regarding the re-structuring of drug and alcohol services be delayed for a few days, to give the Health Secretary, Rt. Hon. Andy Burnham MP, the opportunity to respond to the related letter of January 14 2010 from the Rt. Hon. Tessa Jowell MP.

Response:

Extract from the DRAFT NHS Southwark board meeting minutes of 21 January 2010:

936/2010	<p>Restructuring Drugs and Alcohol Treatment Services in Southwark</p> <p>Mr. Morgan explained that the report circulated with the Trust board papers is the initial report describing the consultation process and noting the formal and informal meetings that had been held. A supplementary report had been circulated prior to the meeting detailing the comments received during the consultation process, including the comments received in writing and online. He outlined the consultation process and highlighted the attached responses from residents in the Blackfriars Road area, local elected representatives, the Health & Social Care Scrutiny sub-committee and the National Treatment Agency.</p> <p>The two main issues raised in the responses were access for service users from the south of the borough to the Blackfriars Road site and concerns from local residents about anti-social behaviour by people abusing drugs and alcohol in general and specifically service users.</p>
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In terms of the access issue Mr. Morgan stated that from the evidence available it is anticipated that clients will travel for this service, and for the small number for which access to Blackfriars Road is too difficult services will be offered at satellite clinics, such as primary care services, hostels and people's homes as they are now. It would not be possible to determine the precise locations until the needs and requirements on the individual clients had been assessed.

With respect to the issue of anti-social behaviour Mr Morgan stated that the PCT and SLAM both recognised that this is a significant concern for local residents, which required closer working with the Council's Community Safety team and the Police. Board members expressed their commitment to ensure action is taken on an ongoing basis to meet with local residents on this issue. It was agreed that Ms Kennedy (on behalf of Ms Kinnair) would include a clause within the service contract with SLAM to the effect that regular meetings would be held between the service management and local residents and that SLAM would report on the outcome of these meetings to the PCT, which would be reported to the Board.

ACTION: Ms KENNEDY / Ms KINNAIR

Mr Morgan stated that unfortunately a typographical error had been made in the report 'A Partnership Approach to the Provision of Treatment for Drug and Alcohol Misuse in Southwark' which had been published alongside the Consultation Document. The figure given for the increase in the death rate from chronic liver disease should read 50% [not 500%] and Ms. White will write to Rt. Hon. Tessa Jowell M.P. to offer an apology as she had referred to this figure.

ACTION Ms WHITE

Dr. Fryer stated that she is confident about the capacity of primary care to take on the primary care workload as envisaged in the primary care strategy and assumed in the Consultation Document and highlighted that this is not a new service. All practices providing this service undertake training and a well structured & accredited programme supported by the drugs and alcohol team is in place. Capacity of GPs to undertake provision of this service is reviewed when training arrangements are discussed. Dr. Fryer also stated that the main route of referral to the service is through primary care, but that this isn't the only access route as many clients are referred from voluntary agencies. The discharge process back to primary care will be in a planned way as in other services.

Dr. Fryer reported that the Health and Social Care Scrutiny Sub-Committee had requested that the Trust Board delay the decision pending a response from the DH to Rt. Hon. Tessa Jowell M.P.'s request for additional funding for liver treatment services. Mr. Morgan noted that the Board should be aware that the £98K capital grant from the Home Office for the refurbishment and IT integration for the new Integrated Offender Management Service was only available this financial year, and the NTA had confirmed that this funding source would be lost if the funds would not be spent by the end of March 2010.

Ms Ng invited Councillor Noakes to join the discussion. Cllr Noakes stated that the Lib Dem local elected representatives are supportive of the PCT in the aim of providing effective drug treatment services and also are aware of the financial constraints on the PCT. The Lib Dem local elected representatives also support the commissioning of GPs in the delivery of this service in line with the primary care strategy. However, Councillor Noakes requested the Board to delay the decision as there had not been enough time to thoroughly consider all the responses given that the consultation had ended the previous week and the supplementary report had only been circulated to Board members the previous day. Councillor Noakes also highlighted public concerns about the strong

perception of a trend of rising anti-social behaviour in the vicinity of CDAT and stated that he is not convinced that the proposed arrangements will achieve the PCTs stated objectives of the safety of service users, staff and the public and of improving treatment uptake.

If there is approval to relocate the specialist treatment service, Councillor Noakes drew attention to the request in the letter from the Lib Dem local elected representatives that sufficient satellite clinics should be provided and feedback obtained from clients on this. He also requested that more formal arrangements should be put in place with local residents on managing the issue of anti-social behaviour.

Mee Ling also reported that she had spoken with the office of Simon Hughes MP earlier that day who had also requested deferment of the decision until March because of the late availability of supplementary papers which need to be made available to members of the public.

Mr. Park also enquired whether there will be an individual at each of the centres to liaise with local residents. Dr. Fryer stated that this requirement will be included in the contractual process with SLAM. An ongoing communications plan is essential.

In answer to a question from Ms Caine, Dr Fryer stated that there was a history to the attempt to identify sites for these services and alternative properties had previously been identified but had failed at the planning application stage due to opposition from local residents. She noted that the reason that Marina House and the CDAT building in Blackfriars Road are the two proposed sites is because they are already in use as treatment centres for drug users.

Ms White stated that she welcomed the extent of interest in this proposal, as the PCT wished to engage with local people and service users about their needs and the services we commission for them. The advantages of this proposal should be recognised and acted on by the Board. This is a win-win situation with capital money from the government to deliver services in a way that meets our strategic objectives, including providing effective treatment to more people, including those referred from the criminal justice system in a way that we haven't been able to previously. She recognised the concerns of local residents but these would not be affected by a delay and the suggestion to defer the decision is not realistic.

The Trust Board approved the preferred option (option 3) that is the relocation of the specialist treatment services for drugs and alcohol to CDAT, Blackfriars Road with a new integrated offender management service being located at Marina House.

The Board required that the contract with SLAM for 2010/11 and beyond includes a requirement on both the services of engagement with the local communities through regular meetings and with a designated lead manager for community liaison at both sites and that SLAM present regular reports on progress to be presented to PCT Board meetings.

ACTION: Ms KENNEDY / Ms KINNAIR



HEALTH AND ADULT CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Care Scrutiny Sub-Committee held on Wednesday 20 January 2010 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

MEMBERS PRESENT: Councillor Lorraine Zuleta (Chair)
 Councillor Dora Dixon-Fyle (Vice-Chair)
 Councillor Jonathan Mitchell
 Councillor Abdul Mohammed (Reserve)
 Councillor Wilma Nelson (Reserve)

ALSO PRESENT: Phil Boorman, Stakeholder Relations Manager, KCH
 Paul Calaminus, Southwark Service Director, SLaM
 Daniel Dickens, Managing Director, Southwark Circle
 Jane Fryer, NHS Southwark Medical Director
 Edwina Morris, Interim Assistant Director, Adult Social Care
 Tom White, Southwark Pensioners' Action Group

OFFICER SUPPORT: Sarah Feasey, Principal Lawyer
 Rachael Knight, Scrutiny Project Manager

1. APOLOGIES

Apologies for absence were received from Councillors Michelle Holford, Lorraine Lauder and Caroline Pidgeon.

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillors declared the following personal, non-prejudicial interests: Councillor Mitchell declared that he is chair of a local campaign group 'Keep Dulwich Hospital';

Councillor Dixon Fyle declared that she is part of the Melbourne Grove surgery Patient Participation Involvement group.

4. MINUTES

RESOLVED:

1. That the minutes of the Health and Adult Care scrutiny sub-committee meeting held on November 18 2009 be amended as follows:
 - i) That paragraph 6.22 be extended to include the following: Susanna White agreed to report back to the sub-committee in early 2010, with the outcome of the commissioned cost assessment for renovation and repair work at Dulwich Hospital, which would allow the provision again of former services such as intermediate care;
 - ii) That the final sentence of paragraph 6.5 regarding Councillor Noakes' view of Southwark Circle be amended to read as follows: He added that he expects that it will become evident in the next 12-20 months whether the project will be a success, as that is the period in which the targets will become more challenging;

and that the minutes otherwise be agreed as an accurate record.

2. That Susanna White be requested to provide the information above as soon as it is available, in order to decide on the basis of what is submitted, whether to invite her to the March 17 meeting, or, for example, to arrange a special earlier meeting.

5. RESPONSE TO SCRUTINY QUESTIONS ON PERSONALISATION AND THE DEVELOPMENT OF SOUTHWARK CIRCLE

- 5.1 Daniel Dickens from Southwark Circle provided a general update on the project's progress, since it was established just over six months ago. He commented that the programme has started very well, in particular regarding membership growth and the number of requested services. Targets laid out in June have been achieved early: 100 members had joined by 1 December 2009, for example, when the aim was to reach this number by the end of 2009.
- 5.2 The chair asked whether Southwark Circle has been promoting the project at Community Council (CC) meetings. Mr Dickens responded that a CC presentation would first be made the next day at the Borough and Bankside CC meeting. The chair explained that as she had not seen any activity of the project in her part of the borough, she had invited Southwark Circle to present an item at the CC meeting. She acknowledged that the project had deliberately been started in one neighbourhood with the intention of expanding outwards, but explained that because there had been a measure of scepticism about the

project, she would imagine that councillors would be looking for evidence that members of their constituency communities were having access to this opportunity.

- 5.3 Responding to a question about when the project will be expanded, Mr Dickens stated that anyone in any part of the borough is currently welcome to join, and listed the various ways in which they could contact Southwark Circle staff to do so. He added that activity was concentrated on Camberwell and Peckham at the moment, as the project tends to grow organically; because it has the aim to increase community cohesion; and as staff are working to establish a sense of what type of services will be most requested in different areas. He also outlined other ways used to raise the project's visibility, including a stand at the Camberwell Christmas market and Surrey Quays shopping centre. He emphasised that he would be pleased to promote Southwark Circle at CCs.
- 5.4 Members also raised questions about who sits on the project's steering group and how the level of involvement in the project is monitored. Mr Dickens confirmed that individual use of the services and events is monitored. Edwina Morris, assistant interim director for adult care, stated that the steering group comprises as follows: Annie Shepherd, Southwark's chief executive; Tom Branton, Council project manager; Hilary Cottam, Participle; Hugo Manassei Southwark Circle board member and Participle director; Daniel Dickens and herself.
- 5.5 Members queried whether any participants in the project were part of the steering group. The assistant director responded that currently no Southwark Circle members are invited to attend, and that the group was set up by the Chief Executive as she wanted to be sure that the project was achieving good value for the money invested in it. Members responded that they would like to see project users included in the group.
- 5.6 Members asked how it is determined who will be a paid and unpaid helper. Mr Dickens explained that when helpers join the project their skills are assessed and that they might provide a variety of services, such as teaching someone to send a text message, to carrying out repairs that would otherwise require a tradesperson. He continued that there is a clear split between something social in nature and something practical or DIY in nature and that the practical services are typically paid for (although some helpers opt not to accept payment for some practical work).
- 5.7 Regarding the monitoring of participants, the assistant director mentioned that officers had initially looked at the contract monitoring framework used with other voluntary sector organisations, which includes the request for detailed information about individuals' gender and ethnicity, etc. She added that this approach had caused interesting debates, as requesting people to complete such detailed monitoring doesn't fit philosophically with the project and would rather be a form of institutionalising the programme which could make it less attractive to some residents.
- 5.8 Members agreed with the intention for the project to reach as many people in

the borough as possible and asked how its reach could be increased to include immigrants and the most disadvantaged, such as people who do not have strong English language skills. Mr Dickens replied that assistance with translation is just the type of service that the project could provide, and that efforts to make the project as visible as possible will help more people to learn about it.

- 5.9 Members asked how helpers are assessed, to be sure that it is appropriate for them to be visiting participants alone at home; and how members can pay for their membership. It was confirmed that ISA (Independent Safeguarding Authority) and CRB (Criminal Records Bureau) checks are carried out for all helpers before they are permitted to go into anyone's home. They are also interviewed as part of their application, and take part in an induction process and training. Mr Dickens also outlined that there are many ways in which people can pay for their membership, such as online, by phone, by direct debit, in cash, etc. He added that the project's policy is not for helpers to be paid by members; rather they are paid a living wage (£7.60 per hour) directly by Southwark Circle via BACS online transfer.
- 5.10 Members queried how much money the project had saved to date. The assistant director stated that it was still early to say; that over time it was hoped that people would approach the council for social care at a later stage, and that some people who have stopped receiving care due to the change in adult care eligibility criteria have joined Southwark Circle. The chair suggested that records be kept of equivalent costs for the services that members purchase through the project, as this would provide one way of calculating savings.
- 5.11 At this stage in the meeting the sub-committee went into closed session. The assistant director and Mr Dickens reported on staffing arrangements; issues of interest related to the budget; and shared narratives about the experiences of individual Southwark Circle members.
- 5.12 Members requested further details on what the launch fund had been spent on. Mr Dickens explained that this had covered key needs such as marketing; hiring staff and establishing the project's IT platform. He commented that the IT package was designed to be particularly strong, to help Southwark Circle operate in as lean a way as possible.
- 5.13 Members also queried why a marketing director would first be appointed in year two. Mr Dickens explained that a marketing director would first be needed at that stage when it is expected that it will become more difficult to attain 275% growth.
- 5.14 Mr Dickens commented that there tends to be a pattern that people join Southwark Circle to obtain help with an immediate practical need, and then become increasingly involved in other aspects of the project, in particular the social events and opportunities to share their own skills. He outlined a few examples, which the sub-committee agreed should not be publicly recorded.

RESOLVED:

1. That an update of the Southwark Circle project be drafted, that includes the following key comments and recommendations:
 - i) That members welcome the project and particularly favour aspects such as its level of informality; its comparative absence of bureaucracy; and the organic approach for development;
 - ii) The sub-committee recommends that membership of the steering group be expanded to include active members of Southwark Circle;
 - iii) that more targeted work be carried out, such as the promotion of the project at Community Councils, with the aim to include more people from other parts of the borough; and
 - iv) that a simple method be devised for logging a realistic proxy value or average equivalent commercial charge for each service delivered within the Southwark Circle scheme; with the view to measure what savings are being achieved.

2. That the update be drafted as a submission to OSC, which is first circulated electronically to members, for their amendments, comments and/or approval.

6. EFFECTIVENESS OF FOUNDATION TRUSTS

- 6.1 The chair commented that given the challenge the council faces due to the reduction in its adult care budget, there had been an assumption at the start of this review that there may be some way for local Foundation Trust (FT) surplus funds to help ease the council's pressures. The discussion on this item at the previous meeting, however, dissolved the notion that the surpluses could be re-directed.

- 6.2 The chair continued that there was still learning to be taken from patient feedback and complaints data, which was why the FT partners had been requested to provide information with some measure of analysis on customer complaints and how these affect their service systems. She invited members' questions and trust colleagues' comments.

- 6.3 Paul Calaminus, SLaM service director for Southwark, explained that the patients' complaints summary provided was from 2008/09 being the last complete year, but that the predominant issues have not altered significantly in the first period to date of 2009/10: most complaints received are about care treatment and staff attitudes. He added that it was worth noting that approximately 100 Southwark residents are SLaM hospital in-patients, and approximately 4000 are treated in the community.

- 6.4 The service director outlined some of the service changes made in response to complaints, including staff training programmes on customer care and a substantial review of the rota system for telephone duty staff, as well as a programme of cold 'dummy' calls to monitor improvements. He also mentioned that SLaM now tries to meet face to face with every complainant, in order to respond to issues more satisfactorily.
- 6.5 Members queried what kind of complaints received were related to medication. The service director responded that patients raise issues about side effects, and that carers have queried why a patient has been prescribed a particular medication or why forced medication is carried out under section. In response, SLaM has organised clinics with pharmacists in the community. User-led information sessions on medication are also planned.
- 6.6 Complaints about food quality have also been fairly predominant. SLaM has just changed its food supplier, however, so that the use of pre-cooked chilled meals will discontinue and from 1 February 2010 meals will be cooked on site.
- 6.7 A member commented that he is still unclear about why FTs were established and what regulations govern their services. He added that he would like to know what financial and performance targets the FTs are expected to attain; and to see a breakdown of the budget allocation for FTs from the PCT, which he thought had been material requested for this meeting.
- 6.8 Jane Fryer, NHS Southwark medical director, clarified with members what type of breakdown would be most useful. The chair requested an outline of the amounts allocated for the different types of acute treatment, and what proportion of the overall PCT budget is spent on consultation and performance monitoring.
- 6.9 The SLaM service director suggested that the FTs submit information that shows how they were judged in the last couple of years by Monitor, as well as an outline of the financial and compliance framework.
- 6.10 Tom White, Southwark Pensioners' Action Group, commented that there are significant issues that the sub-committee may be missing. He mentioned that there is currently a major problem at KCH regarding bed shortages, which is compelling patients with various ailments to be co-located and requiring, for example, four different types of nurses to work in the one ward. He related incidents that he had observed over the last year as a lay inspector that had raised concerns about patients welfare, such as where patients with physical problems had been accommodated alongside mental health patients. He added that a meeting has been set up with KCH staff to address the issue.
- 6.11 Phil Boorman, KCH stakeholder relations manager, responded that the hospital is continually under increasing pressure; that he cannot respond to individual cases, but confirmed that a meeting has been arranged to address this issue. He added that in-patient surveys are carried out on all wards and are benchmarked monthly. This typically equates to feedback from 16,000 patients annually, from which the derived analysis is fed back at ward level to prompt improvements.

- 6.12 Members queried whether the acute trusts are expected to achieve related efficiencies. The SLaM service director replied that a key measure is the readmission rate back into hospital: that where this is more than 1 to 1.5% it is likely that patients have been discharged too early. He added that one thing that FTs are able to do regarding building up the ability to invest, is to bear down on what is happening to patients. As an example, he related how 8 years ago 40 to 50 Southwark patients were located in medium secure accommodation within hospitals at some distance from the borough. These patients are now within the local geography, as SLaM has built appropriate local accommodation. 20 patients are now within local medium secure settings, and the others are based in local residential care.
- 6.13 The KCH stakeholder relations manager outlined the main issues that have prompted patient complaints at King's. These include drug prescription, staff attitudes and transport delays. He reported that KCH are similarly trying to respond in a less bureaucratic fashion, by inviting complainants to face to face meetings and by involving the Patient Advice and Liaison Services (PALS).

RESOLVED:

1. That additional information be requested for the sub-committee to consider at the March 17 meeting, as follows:
 - Information about PCT budget allocation to the local FTs, as requested at the November 18 2009 meeting: "A breakdown of how the proportion of their [the FT] budgets provided by Southwark PCT is spent – including an outline of the amounts expended on different types of treatment;" i.e. summary data for each trust divided into major categories such as in-patients, out-patients, A&E, etc;
 - The framework of performance monitoring carried out by Monitor with data from the last two years across the FTs, including the red/amber/green compliance and finance framework results.
2. That officers provide details on the proportion of PCT budgets spent on consultation; and that spent on performance monitoring.

7. PCT / COUNCIL BUDGETS

- 7.1 The chair referred to the budget table at paragraph 7 of the Analysis of Adults Social Care Budget report. She queried what is covered by the budget allocated under the heading 'Assistant Director Performance and Business Support' and whether everything undertaken under that remit is necessary. Edwina Morris, the interim assistant director for adult care services responded that it would be wonderful if it were feasible to make economies in that area and explained that people in that team prepare the statutory returns to regulators that are required

annually. She related, for example, that this team was currently completing an obligatory survey of all voluntary sector providers for whom the council provides grant funding.

- 7.2 The assistant director further explained that the budget allocation under the heading 'Integrated Performance Team' covers general administrative costs including office accommodation for approximately 500 staff. Regarding the performance unit, she added that the council is fortunate to have joint arrangements with the PCT and that the advantages from combining overheads are being maximised where possible.
- 7.3 Members commented that it would still be helpful to see the relevant local Southwark data compiled for the South East London public health heat map (see p.9 18 November 2009 minutes).
- 7.4 The medical director led members through the briefing paper on recent PCT consultations and identified where the PCT had incurred costs and where these had been contained within existing staff budgets.
- 7.5 The chair noted that the sub-committee has responded to several consultations over the past municipal year and that there had not always been any lead-in time, or the sub-committee had first heard of the consultation via other consultees rather than via its health partners. She proposed that the sub-committee take a report to OSC with recommendations about how health scrutiny could be involved and at an earlier stage; how consultation documents should include only genuine options; and in general how to improve the consultation process. She emphasised the importance that patients and carers have something meaningful to contribute to and that members would be more inclined to respond as partners rather than critics if more appropriately informed.
- 7.6 Members also commented that they could head off areas of difficulty with the public if better informed and could feed back to the consulting trust about where there are sensitivities. The KCH consultation on the redesign of the Emergency Department was also highlighted as an example of good practice.
- 7.7 The chair suggested that the sub-committee request that the use of community councils be explored as a consultation avenue, as well as further ways to consult that are more collaborative.

RESOLVED:

1. That officers provide a break down by ward of the Southwark data compiled for the Public Health 'heat map' for South East London, as requested at the November 18 2009 meeting; and that this data be presented in colour.

2. That a report be drafted with the aim to improve the PCT consultation process; including recommendations about how scrutiny could become involved at an earlier stage with PCT consultations; and to help ensure that the consultation documents include genuinely feasible options; and
3. That members be invited to identify dates when they would be available for an informal meeting to discuss and agree the report recommendations.
4. That the report be subsequently drafted as a submission initially to OSC; and to first be circulated electronically to members, for their amendments, comments and/or approval.

8. MATTERS ARISING

- 8.1 Phil Boorman, stakeholder relations manager, KCH, clarified that part of the reason for the transfer of patients to the Lewisham hospital, is that patients who are re-located to the Linden ward are still in an acute phase of treatment and need access to emergency clinical care.
- 8.2 In response to a query from members as to why patients could not be transferred to the Dulwich hospital, it was explained that this would require KCH to spend money on refurbishment, which would not be have been feasible within the given timescale.
- 8.3 Members briefly discussed the awarding of contracts for GP surgeries. The PCT medical director referred to the related briefing which outlines the nationally prescribed procurement process. She explained that the information on the number of people surveyed regarding the contract awarded at the Melbourne Grove surgery had been archived in the move to Toolley St, but that there wee plans to start publishing the balanced scorecard on primary care providers later that week.
- 8.4 Members opted not to request any further information regarding the awarding of contracts to GP surgeries.

9. REVIEW WORK PROGRAMME

- 9.1 Members agreed that further information was required before they could properly develop any comments or recommendations on the effectiveness of Foundation Trusts, and similarly about the PCT/ council budgets.
- 9.2 Recommendations for the review of the Southwark Circle's progress were discussed and issues emphasised, such as the need to monitor potential savings; to include users on the steering group; and the relatively minimal bureaucracy.

- 9.3 Members also referred to a letter tabled by Tom White, Southwark Pensioners' Action Group. The letter was from Tessa Jowell MP to the Health Secretary, Andy Burnham MP, asking for additional funds to avert the need to relocate the drug and alcohol treatment services based at Marina House. It was agreed that the PCT board be requested to delay their related decision by a few days, in order to wait for a response.

RESOLVED:

That Jane Fryer relay the sub-committee's request to the Southwark PCT board, that the decision regarding the re-structuring of drug and alcohol services be delayed for a few days, to give the Health Secretary, Rt. Hon. Andy Burnham MP, the opportunity to respond to the related letter of January 14 2010 from the Rt. Hon. Tessa Jowell MP.

The meeting closed at 9.30pm

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