Open Agenda

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

Wednesday 5 December 2012
7.00 pm
Ground Floor Meeting Rooms G01B&C - 160 Tooley Street, London SE1 2QH

Supplemental Agenda

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Date: 4 December 2012

Agenda Item 5

LINk Southwark Draft Response to Health & Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee

Please find below our draft response to the HASCCC Call for Evidence regarding the proposed Kings Health Partner Merger and the Trust Special Administrator draft recommendations.

Please note: LINk Southwark will be responding separately to the TSA consultation, following feedback from our members.

Kings Health Partner Merger

There is no clear disagreement against the proposed merger of Kings Health Partner; in fact some of the intentions (Mental health focus, integrated care and services and flexibility) seem to be progressive and rationale. The merging of the three Acute Trusts could go some way in decreasing competition for services between them.

Below outline briefly our concerns and issues regarding the **impact** and **importance** of local residents in the proposed merger.

- **More factual detail and clearer implications**

The strategic outline business case **has little factual detail** which will enable readers to grasp how it intends to carry it out and work in practice. Detailed analysis would have made the implications clearer.

We suggest that an early Impact Assessment focusing on the needs of local residents take place as part of its preparation towards a full business case. This early impact assessment will be in addition to the usual comprehensive Impact Assessment that is required.

- **Community – care**

There is a lot of focus, initiatives and pilots towards community-based care, where patients can be treated without or to avoid being admitted.

However there is a lot of concern that services may not be equipped or lack capacity in dealing with this drives at the same time from all sides, health and social care front.
What would the model look like? Where will the bed –based provision for intermediate care be located (locally)? [1]

A lot of emphasis focuses on developing the international and specialist expertise within King Health Partner.
Will the proportion of current Beds be at the expense of non-local patients with specialist needs, and /or private patients now that the cap has been lifted?

[1] Note: ongoing pilot at Burgess Park Nursing Home for beds

The increase in tertiary care at King's must mean that there will be less space for the general hospital needs of the local community. Where will the needs of these patients be met? Some of this may be taken up by the increase in community care but there will be a gap. Where will general hospital patients go?

Avoiding in-patient admission could also mean *less social care for ill now people now they are based in the community.* Poorly people based in hospitals have some of their 'social care' needs met when staying in hospitals, however if transferred to the community/at home, they would be subject to 'needs assessment'' and means testing.

- **Mental Health**

We greatly welcome the higher recognition by Acute Providers that many patients have psychological needs as well as physical needs, however there is a lack of detail about how people with mental illnesses could get their physical needs better addressed.

- **Academia**

Is there evidence that research focused organisations do improve the health of the local population? How are they planning to prove that they are improving the health of the local population?

- **How user friendly will the Super Body be in navigating the system and in public and patient involvement. Patient and public involvement should be encouraged at every level and appropriately resourced.**
- **Will the patient notice any difference with the merger?**
- **Other health systems in Southwark would need considerable alteration to enable its success**

Trust Special Administrator Recommendations

Note: We will be responding more formally and comprehensively to the TSA Consultation.

We will be basing our concerns and issues on the impact of Southwark residents, in particularly the potential movement of Southwark residents, carers and family members.

It is mainly recommendation 5 and 6 that concerns Southwark residents which we will be responding to.

- **Community-based care**

There is discussion between Kings College Hospital and the proposed Lewisham Urgent Care Centre relating to a potential capacity of intermediate beds for Southwark residents in Lewisham.

In exploring the above approach, serious consideration should be given to involving

the families and carers of the patient in terms of discharge arrangements and transport issues. Diminishing family and carer/friend involvement in discharge arrangements will affect the duration of inpatient stay.

To make clear any developments of intermediate beds at Lewisham Urgent Care Centre and how family/carers involvement will be maintained and supported if travel is needed outside the borough.

To take note of Southwark CCG's stance of 'locally based provision' of Intermediate Care where possible.

- **Elective services**

Will Southwark residents have to travel outside the borough to undergo non-complex elective surgeries, procedures and admissions, which if the TSA recommendations are implemented would see St Thomas and Kings College Hospital transferring these type patients to Lewisham**? If so, what provisions are in place to support patients who may be vulnerable? What is the make up of the patients who undergo these surgeries and how able are they to travel outwards?**

- **Emergency care**

We acknowledge that 78% of patients that attend Lewisham A&E will be able to continue to be treated if University Hospital Lewisham is downgraded to a Urgent Care Centre. However the extremely small figure of '3' who would require A&E services, **which A&E would they likely go to?**

What is the capacity of A&E at St. Thomas and Kings College Hospital? Can they '*easily cater* for '3+potential users of A&E'?

The above figure is influenced by *public awareness in understanding the service available at Lewisham* as opposed to other bigger A&E departments hospitals. They may believe their care is 'emergency' and so travel elsewhere rather than using Lewisham Urgent Care Centre. Another issue is those believing they are using A&E services when in fact they are using urgent care centre services, although housed in the 'same physical building'. This misunderstanding could affect the figures that arrive at Lewisham Urgent Care and other A&E departments. Assumptions should not necessarily be based on these figures alone but also perceived public communications and understanding will affect the figures and factored in.

What is the London Ambulance Services feedback on these proposals and training protocols?

- **Maternity Services**

Option 1 – four co-located Obstetric-Led births and fully emergency critical care.

The LINk Maternity & New Born Care work stream is concerned about Kings capacity in their labour wards. Widely acknowledged that Kings are operating at over-

capacity, with limited Midwifery Led capacity, although considering options to pursue this, and highlighted in the recent four-day closure of its maternity units.

What is the current and fluctuating rate at Kings ob-led delivery unit?

Option 2

Would Southwark residents who fit the criteria (i.e. lower risk obstetric-led birth) have to travel to Lewisham Urgent Care Centre to give birth? What are the considerations in dealing with transfers of complicated births from Lewisham that to Guys or Kings. A co-located or stand alone MLU could be considered to ease the pressure on King's labour ward.

The Midwifery Led uni/Birth Centre at University Lewisham Hospital is highly regarded. If option one is considered, this will mean losing this service and decreasing choice of birth or travelling further.

Agenda Annex

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