

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

Thursday 31 January 2013  
7.00 pm  
160 Tooley Street, London SE1 2QH

## Supplemental Agenda No. 3

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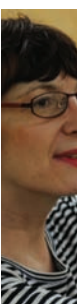
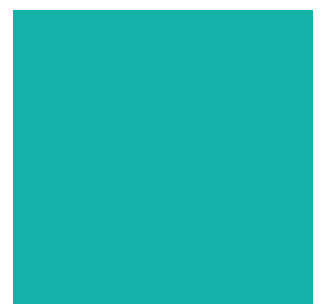
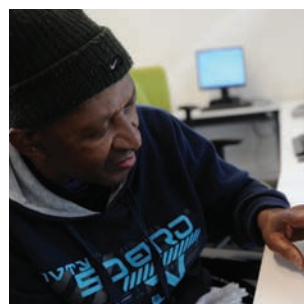
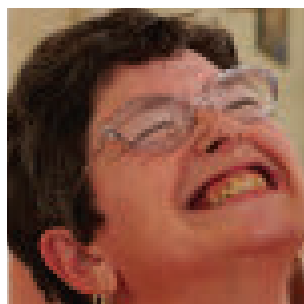
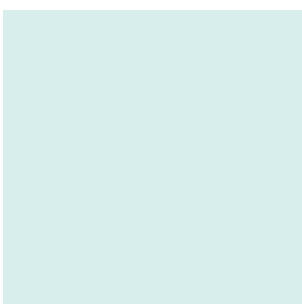
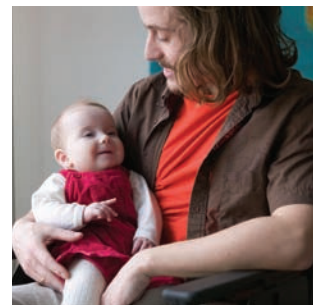
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Date: 29 January 2013

Adult Social Care

# Local Account 2011/12

Review of performance and priorities  
in adult social care





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# Local Account 2011/12

Review of performance and priorities  
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# 1

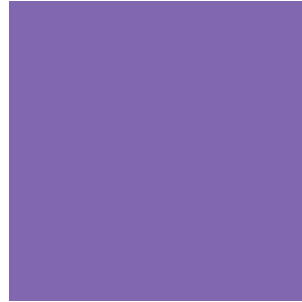
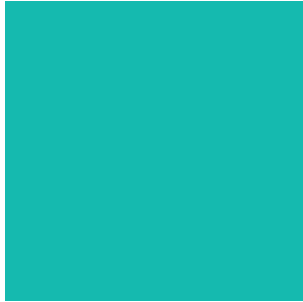
## Foreword

**Catherine McDonald**

Cabinet member for health  
and social care



Welcome to our first Local Account of adult social care services in Southwark. This is a new form of public performance report, setting out the progress we have made in delivering national and local adult social care priorities. Previously the Care Quality Commission provided an annual assessment report of council care services, on which Southwark's last rating was "good" overall. This approach has now been replaced by a locally driven account which provides an opportunity to focus on local priorities and increase transparency and accountability, which I very much welcome.



As you will see we are able to highlight excellent progress in a number of key areas in line with our vision to support people to live independent lives and encouraging more people to take control over their own care. This is all in line with the Fairer Future promises this administration has made. Of particular note is the large number of service users now with personal budgets, the reduction in the price people pay for meals on wheels, the increase in reablement services, the new charter of rights for service users, low delayed hospital discharge rates and the shift in the balance of care away from care homes to community support. This is in line with what people tell us they want and ensures more choice and control for local residents.

However we know there is still much to do and we set out our priorities in this Local Account. We are particularly keen to ensure that people are supported to gain real choice and control through their personal budget arrangements and that this translates to better outcomes. We also wish to see these improvements reflected in satisfaction levels and quality of life measures reported by service users and their carers in our customer surveys.

This is all despite the council having received large cuts in its budget from central government; a real terms reduction of over £90m in its budget from government since 2010, including a reduction of £34m in 2011/12.

There are a number of exciting opportunities for the service over the coming year, in particular the forthcoming transfer of the public health function to the council, and the associated Health and Wellbeing Board arrangements. These give us a great opportunity to work in an integrated way with other agencies to promote health and well being and improve preventative services, which in turn will help us deliver the goals of the council plan and the adult social care vision.

I would welcome your views on this first Local Account using the survey form on the back page. Your views will be noted for the next Local Account and taken into account in planning future service developments.



## 2 Fairer future

the Council Plan and  
our vision for adult  
social care



**The Southwark Council Plan, “A fairer future for all”, states that:**

“The council will create a fairer future for all in Southwark by: protecting the most vulnerable; by looking after every penny as if it was our own; by working with local people, communities and businesses to innovate, improve and transform public services; and standing up for everyone’s rights”.

**The plan contains a specific pledge for adult social care to:**

“Support vulnerable people to live independent, safe and healthy lives by giving them more choice and control over their care”.

You can see more detail about the Council Plan and 2011/12 performance via the following link:  
[www.southwark.gov.uk/councilplan](http://www.southwark.gov.uk/councilplan)



Our **vision for adult social care** describes in detail how we are seeking to deliver these goals. Supporting people to live independent lives and encouraging more people to take control over their own care is fundamental to securing a fairer future for all. For the most vulnerable in our society we must also ensure there are sensible safeguards against the risk of abuse or neglect, striking the right balance between managing risk and promoting independence.

Our vision includes a strong focus on reablement services, which provide cost effective short term support to restore people's independence wherever possible. Where a longer term support service is required we aim to maximise people's choice and control through the provision of personal budgets.

People tell us that they want to stay living in their own homes and connected to their communities, for as long as possible, and to avoid going into residential care unless it becomes necessary. We aim to shift the balance of care from residential provision to more effective support for people in their own homes. Transforming day services, as more people take up personal budgets and, for example, through creating a new centre of excellence for older people, will also allow a more

personalised and outcome focused approach and contribute to this goal.

We will improve access and information by providing a dedicated telephone line for all queries about help for older and vulnerable people and their carers, including information about universal access and voluntary sector services for those not eligible for higher levels of care.

There will be enhanced focus on targeting services to better meet the needs of carers.

Partnership working with health services will remain a key priority. In particular, we will continue to ensure people who receive both health and social care services do so in an integrated, seamless way.



See the full vision document via the following link:  
[www.southwark.gov.uk/healthandsocialcare](http://www.southwark.gov.uk/healthandsocialcare)



# 3 Our charter of rights

for adult social care



The charter was agreed by the council's cabinet. It reflects the adult care vision and highlights what people in Southwark with adult social care needs can expect from adult social care services.

- We will provide you with good information and advice about all the support and services that are available in Southwark.
- You should be treated with dignity and respect and be treated fairly.
- Vulnerable people, those who are at risk due to disability or frailty, have the right to be safeguarded from abuse.
- You are entitled to request an assessment of your social care needs to help you maintain your health and wellbeing and you will be encouraged to complete this yourself.
- Carers are entitled to a separate assessment of their needs to identify what support would enable them to continue in that role.
- Our aim is to assist you to regain your independence so that you do not need long term support.
- If you have longer term eligible needs we aim to give you control over your social care support so that you can make choices about what works for you.
- We will let you know who to contact in the council if required.
- We aim to have skilled and trained staff to provide timely, clear and high quality responses.
- You will be given information about your statutory rights (for example, access to your records, confidentiality, how information about you is shared with other organisations and how to feedback comments during your assessment).





## Case study

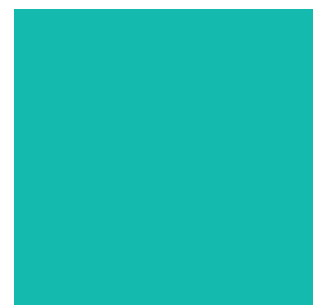
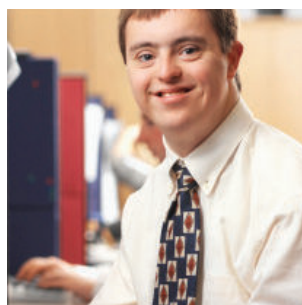
Our learning disabilities shifting the balance project team has been recognised nationally as an example of best practice. It empowered a vulnerable group of residents with learning disabilities to have greater input into how services are provided to them, so that services better reflected their individual needs and aspirations. At the same time, the project delivered savings of over £3m over three years.

B is a young person with learning disabilities who turned 18 last year. He had been living in a care home outside of London for some time, but following the suggestion of his new adult services social worker, he was keen to move into accommodation where he could live independently. Together with his social worker he drew up a plan, and after a few months he moved into a housing association flat with a support package as an interim measure, with a view to obtaining a suitable supported living placement in the longer term. This was a big

change for B but with the support he received, his independent living skills increased quickly. A few months later, following a review, a reduction in his support package was agreed. He also obtained voluntary work in a charity shop during this time.

When the opportunity came to consider a supported living placement B decided that in fact he wanted to live on his own without any form of support, as he had obtained paid work to support himself and had developed a network from his work place and the community which helped to build his confidence and skills. He completed a trial period of about two months without direct support from his service provider and coped very well.

As well as producing a good outcome for B, who is pleased with his independence, it is a good use of resources for the council, providing a substantial saving, enabling us to focus resources on those most in need of support.



# 4

## Review of 2011/12

our achievements and  
priorities for improvement

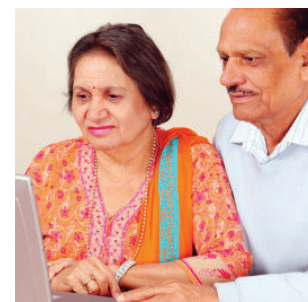
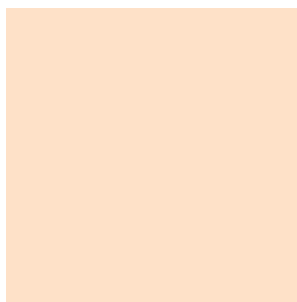
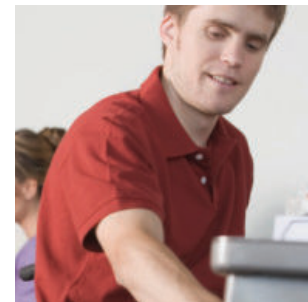
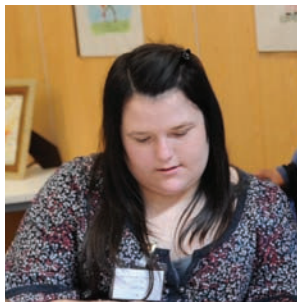


This Local Account summarises our progress on the priorities in the council plan and the vision grouped under the key outcomes of the national Adult Social Care Outcomes Framework as follows:

- 1** Enhancing quality of life for people with care and support needs
- 2** Delaying and reducing the need for care and support
- 3** Ensuring that people have a positive experience of care and support
- 4** Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

# Outcome 1:

Enhancing quality of life for people with care and support needs



## This means:

- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information
- Carers can balance their caring roles and maintain their desired quality of life
- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs
- People are able to find employment when they want, maintain a family and timely, clear and high quality community life, and avoid loneliness or isolation.

## This year our key achievements have been:

- We have expanded access to personal budgets, which increase choice and control by giving people the opportunity to determine how their care is delivered. Around 2,600 community services users and carers had some form of personal budget by the end of 2011/12, meeting our 60% target
- The council set up an Innovation Fund programme which has helped voluntary and community sector providers to set up a range of personalised support opportunities

that will help develop the market to meet people's support preferences, for example, assistance with using public transport

- Good progress has been made in reducing the usage of residential care provision for people with learning disabilities where it is appropriate and in line with what people want, enabling service users to live in their own home. This is a major step towards personalising services for this client group and is a key equalities objective of the council
- The opening of the Southwark Resource Centre last year for physically disabled people has enabled a more personalised approach to day services in a modern building
- Reducing the price of meals on wheels paid by users by 26% so far, in line with our commitment to halve the price people pay by 2014, despite budget constraints.



## ■ Southwark Resource centre

The Southwark Resource Centre, designed to help and support disabled people officially opened its doors to the public in January 2012. The £3.6m centre located at 10 Bradenham Close in Walworth, will help disabled people access local services across the borough and ensure that they can live independently and integrated in the community for as long as possible.



“The council’s new Southwark Resource Centre has been designed to help and support disabled people. It has great design features, high tech equipment and a

wonderful team of staff to support users. In addition this will be the base for the centre for independent living being developed by disabled people for disabled people to enable them to regain confidence and develop new skills.”

**Sean, service user at the Southwark Resource Centre**

## ■ Personal budgets

M’s parents became concerned that he was too socially isolated from his peer group and developing mental health problems as a result. He was originally referred to adult social care with a view to using specialist learning disability day services to meet his needs. Following assessment and a discussion about what aspirations he had, M and his family decided they preferred the idea of using a personal budget to employ a Personal Assistant (PA) to enable M to do things in his local community. M was referred to an organisation called Cool 2 Care who provide support planning and were able to identify suitable candidates for the PA role. These were interviewed by M and his family, who now directly employ the PA and manage the personal budget. M’s support plan includes 25 hours per week support from the PA to help M engage in a range of activities including music, cooking, swimming and other sports in the community, art therapy and travel training. M’s family are very pleased with the way the personal budget has enabled M to live the life he wants to lead.

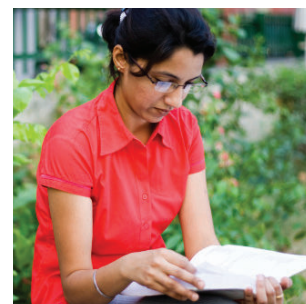
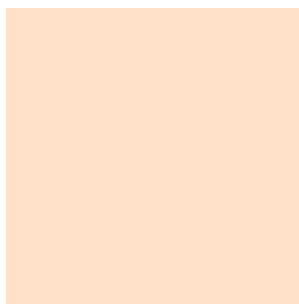
## Our priorities for the future:

- We plan to move all eligible community service users to personal budgets by 2013/14. We want to ensure that people are able to use their personal budget in a way that really puts them in the driving seat
- We want to support service users and carers to experience a higher quality of life and feel more in control, and see this reflected in the results of the 2012 surveys of users and carers
- We will continue to transform day services to allow a more personalised and outcome focused approach, reviewing mental health, learning disability and older people’s services
- We will increase the number of carers who benefit from a carers assessment
- We will further reduce the charges for meals on wheels, bringing the total reduction to 50% since 2010.



## Outcome 2:

Delaying and reducing the need for care and support

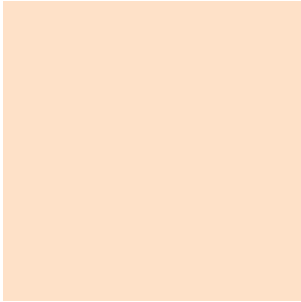


### This means:

- Enabling people to stay healthy and independent for longer
- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services
- When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.

### This year our key achievements have been:

- The balance of care continues to shift in favour of community based provision, with new permanent admissions to residential care homes 17% below previous year's rates and services are changing to enable more people to live at home for longer, in line with what people say they want
- We have set up and expanded reablement services, which provide cost effective short term support to restore people's independence wherever possible. Some 90% of people discharged from hospital with the help of reablement services were still living at home three months later and had not needed to go into a care home or return to hospital
- Our performance on preventing delayed discharges from hospital is strong compared to other boroughs
- We have redesigned supported housing services to secure greater value for money, whilst still supporting independence.



### Our priorities for the future:

- We wish to make further progress in supporting people at home and avoid the use of institutional care homes wherever appropriate
- We plan to substantially increase capacity in reablement services and enable many more people to benefit from these services directly after being in hospital
- We will work with the NHS on our integrated care pilot, which seeks to improve the health of the local population, and reduce unnecessary admissions to hospital and care homes
- We will work with public health services to promote wellbeing, and plan ahead for the transfer of these functions to the council in 2013 to ensure maximum impact.

### ■ Reablement

Mr S is a 76 year old man who was admitted to hospital and subsequently underwent an operation to deal with the compression of his spinal cord. Prior to admission he had been independent in respect of self care but once back in the community he reported difficulties with managing day to day tasks eg doing up buttons, washing and dressing, preparing and eating meals and completing domestic chores. Following assessment an initial care package of six hours per week with a reablement plan was provided. Soon into the implementation of the reablement plan, which included support from an occupational therapist and the provision of equipment and regular support from reablement staff in regaining daily living skills, these problems had greatly improved. Upon leaving reablement six weeks later, his needs were being met with a small ongoing personal budget used for providing 1.5 hours of homecare per week.

### ■ Telecare

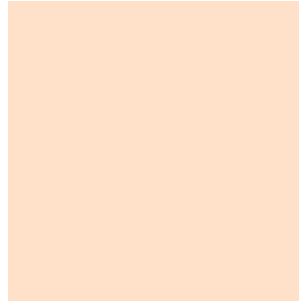
J is 90 and has started to suffer from dementia. His family were concerned about clear risks to his health and wellbeing due to falling, wandering and the risk of fire. There was a concern that it may be necessary to move to a care home. However following an assessment a range of relatively simple telecare equipment was identified to reduce these risks. This included a lifeline and pendant alarm, externally monitored smoke detectors and extreme temperature detectors, and motion sensors that turn on the lights. In addition to the telecare J benefitted from a reablement programme and now attends a day centre. Thanks to this and the telecare J is now able to live more safely at home and the need for residential care has been avoided.





## Outcome 3:

Ensuring that people have a positive experience of care and support



### This means:

- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- People, including those involved in making decisions on social care, respect the dignity of every person and ensure support is sensitive to the circumstances of each person.

### This year our key achievements have been:

- We have delivered the ten point charter of rights for adult social care which highlights the standards people in Southwark with adult social care needs can expect from adult social care
- The latest national user survey tells us 83% of people are satisfied with the social services they receive, and 49% are very or extremely satisfied, although our aim is to improve on this
- My Support Choices, an online guide to adult social care and community services, has been rolled out enabling people to easily explore the options for obtaining support
- In the user survey 71% of people reported that they find it easy to find information about services, a significant improvement on previous results
- Older people's services have been reorganised to simplify access to the system and make it easier for people to find the information they need.



Catherine McDonald, cabinet member for health and social care (behind, left) and Councillor Althea Smith, mayor of Southwark (behind, right) attending an event during carers week.

## Carers week

Hundreds of carers from around Southwark joined together to celebrate National Carers Week in June with the aim of highlighting the vital work being done by those who provide care for someone who is ill, frail or disabled. The theme was 'In sickness and in health'.

As part of a week of events, around 100 people visited Southwark Council's advice and information stand at the Tooley Street headquarters where staff from the council, Southwark Carers and Carers UK were on hand to talk to people about carer assessments, how to access free health checks and where to get support if they, or someone they knew, was a "hidden carer".

## My support choices



Earlier in the year Southwark launched its online guide that provides information about adult social care and other services in the community. My Support Choices is designed to

help local people easily explore the options and choices available to help them keep well and live safely and independently.

Regularly updated, My Support Choices enables people to find the information that they need both easily and quickly. However we recognise that some people may not have internet access or may need help to use the internet, so local residents are being encouraged to visit their local library and seek support from library staff.

This information is still available in other formats, for example leaflets, posters in GPs' surgeries, face to face advice from social workers and advice from telephone support lines. However the online guide provides another option that we believe will substantially improve access to information for many people.

To use the My Support Choices visit:  
[www.southwark.gov.uk/mysupportchoices](http://www.southwark.gov.uk/mysupportchoices)

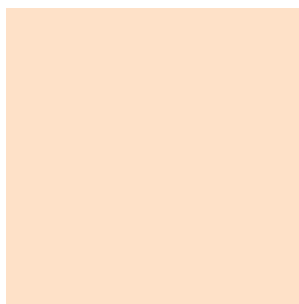
## Our priorities for the future:

- We aim to improve the user satisfaction levels reported by our customers
- The experience carers have of the support they receive is to be improved by taking forward the carers strategy following our work with Carers UK. The forthcoming national carer survey will give us information to track progress
- We will provide a dedicated telephone response service for all queries about help for older and vulnerable people and their carers, including information about universal access and voluntary sector services.



## Outcome 4:

Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm



### This means:

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self harm
- People are protected as far as possible from avoidable harm, disease and injuries
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

### This year our key achievements have been:

- We have improved our response to safeguarding concerns by improving quality assurance procedures and training arrangements and improving awareness of safeguarding issues
- New independently chaired Safeguarding Board arrangements have overseen whole system performance
- We have used our influence as commissioners to secure improvements in a number of local care homes relating to the quality of services, including arrangements in place to protect the dignity and safety of residents. Residents and relatives have reported substantial improvements since the changes.



## ■ Safeguarding

J is a woman in her late twenties who suffers from schizophrenia and has substance misuse problems. She is not detainable under the provisions of the Mental Health Act. She had been living in a supported housing unit but often went missing from the unit. She became pregnant after being forced into prostitution by drug dealers who said she owed them money.

J disclosed to her social worker that she had become pregnant and explained the circumstances. In the first instance the social worker arranged for her to be transferred to another supported living unit in an attempt to break her free from the drug dealers who knew where she lived. The social worker then organised a multi disciplinary strategy meeting involving children's services, the police, Southwark antisocial behaviour unit and the woman's mother. A plan was developed to attempt to protect J from the drug dealers and also to manage her pregnancy and childbirth. The woman refused to cooperate with the police in pursuing a prosecution of the drug dealers. Towards the end of her pregnancy the woman moved into a mother and baby unit and subsequently gave birth to a healthy baby. The baby was taken into foster care where she remains. J returned to the supported living unit where she continues to receive support to address safeguarding concerns.

## ■ Safeguarding: financial abuse

B is a 79 year old woman living with her 52 year old son, who is an alcoholic. She is physically frail and receives a small domiciliary care package for personal care from Southwark Council. Her care worker reported they were concerned that there was usually little food in the flat and the rent was in arrears. The suspicion was that her son was taking her pension to spend on alcohol. B confirmed to the social worker this was the case. However, she did not want to involve the police as she loved her son and did not want to see him get in to trouble.

The social worker obtained the woman's agreement to call a family conference and together with the other family members developed a plan to both protect the woman's finances and get help for her son. A daughter who lived locally agreed with her mother's consent to manage her mother's financial affairs and the son agreed to seek treatment for his addiction.

## Our priorities for the future:

- We will work with all Southwark services and the community to help ensure all our service users feel safe
- We plan to increase the speediness of our safeguarding processes, as measured by the case completion rate
- We will ensure there are sensible safeguards against the risk of abuse or neglect in our personal budget arrangements.



# 5 Budget issues

How we are managing  
the cuts



Southwark Council needs to cut expenditure in the face of government funding reductions of 29% (around £90m) being made since 2010. As a result adult social care is required to reduce spending accordingly over this period.

We are committed to implementing savings in a fair and transparent way in line with the council's budget setting principles. Most importantly, we aim to minimise the impact on those most in need of support wherever possible.

In line with our vision for adult social care we are seeking to reduce expenditure by transforming services to improve quality and outcomes, in particular by promoting the independence and wellbeing of people, and reducing or delaying the need for intensive support. It is important to note that we are not seeking to deliver savings by tightening eligibility criteria for services. All people with substantial or critical needs remain entitled to a service.



**2011/12  
budget was  
£112.9m**



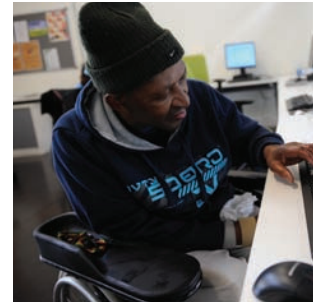
**2012/13  
budget of  
£107.7m**



**included  
savings of  
£7.7m**



**requires  
savings of  
£8.1m**



**In 2011/12 our budget was £112.9m, which included savings of £7.7m. The main source of savings was:**

- Efficiency savings from contracts for Supporting People housing support for people with lower levels of need, and other commissioning improvements
- Reducing reliance on residential care, especially for people with learning disabilities and older people who are increasingly supported in their own homes
- Reduced block funding for some voluntary sector open access services
- Moving all users of Holmhurst day centre for older people to other day centres and closing Holmhurst day centre
- Workforce redesign to promote a more personalised approach.

**In 2012/13 our budget of £107.7m requires savings of £8.1m. Savings are being made from the following main areas:**

- Further reductions in Supporting People costs
- Further shifts away from residential care to home and community based support
- Redesign of learning disabilities day services
- Redesign of mental health services, including day services
- Workforce initiatives to reduce management costs
- Savings from improved contracting arrangements.

**In our next Local Account we will report back on how we have delivered savings.**



# 6 Our services

The tailored services we provide directly to service users include:



**2,559**  
Personal budget holders

**3,830** Community based service users receiving eg homecare, day care, meals, equipment, transport and personal budgets

**2,792**  
People receiving alarm scheme or telecare

**630**  
People receiving reablement or intermediate care after being in hospital

**665**  
People receiving specialist occupational therapy equipment



**4,609**

People in Southwark are receiving a full community care package following an assessment

**1,127**  
People supported in residential or nursing care

**1,110**  
Mental health users receiving professional support

**97**  
Places in Extra Care

**422**  
People received Meals on wheels

**1,124**  
Carers Assessments leading to a service, or advice or information

People who are not eligible for formal tailored support are given information and advice and signposted to universal access services that may help them retain independence. We fund a range of voluntary sector services to provide community support services. We also provide simple services that promote independence at the point of contact such as equipment and alarms.

More information about adult social care and community services, including “My Support Choices” is available at:  
[www.southwark.gov.uk/healthandsocialcare](http://www.southwark.gov.uk/healthandsocialcare)



# 7 Feedback

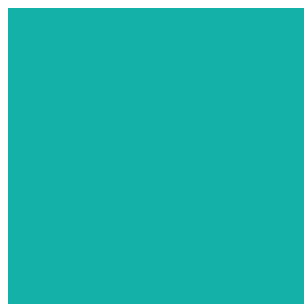
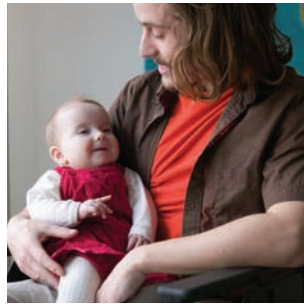
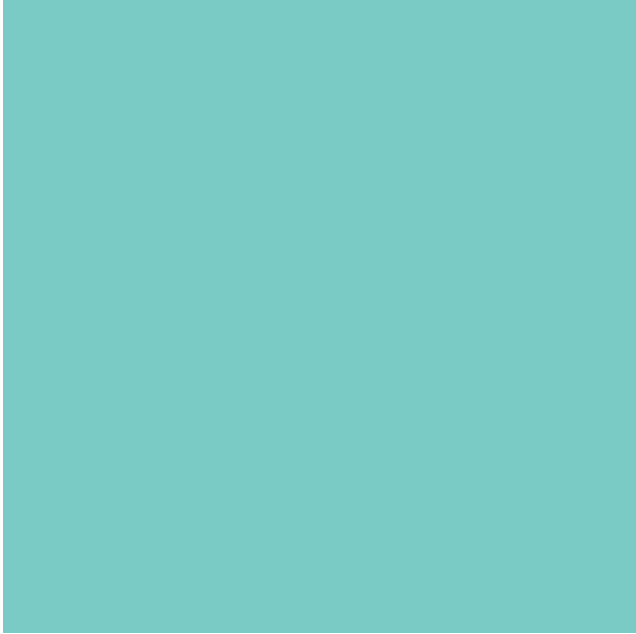


We would welcome your views of this Local Account, which is the first of its sort in Southwark. We want future Local Accounts to contain the information that you would like and find useful so please take the time to **complete our short online survey**.

**If you have any comments or would like to raise any queries regarding this Local Account please email [adrian.ward@southwark.gov.uk](mailto:adrian.ward@southwark.gov.uk) or call **020 7525 3345**.**

**If you have a query or would like more information on adult social care services in Southwark please call **020 7525 3324** or visit [www.southwark.gov.uk/mysupportchoices](http://www.southwark.gov.uk/mysupportchoices)**





Dear Councillor Williams

We are grateful for the opportunity to outline concerns and views on the pre-consultation business case which your committee will be considering on the 31st January. My husband, Jim (75) and I (64), are residents of East Dulwich with care responsibilities. We have been attending SCCG meetings since October and have heard the findings of the Engagement Exercise presented at a meeting in Dulwich on the 24th July 2012. We have met with Andrew Bland, Malcolm Hines and Rebecca Scott and we welcome the dialogue which they have offered so far. This includes an opening for the consultation to invite proposals which extend beyond Options 1 and 2.

We made a submission to the South East London PCT Board Meeting (24th January 2013). What follows captures a number of the points made and the SCCG replies. We ask you to steer a consultation which truly reflects the scale of the challenges posed **across health, social care and public health** of the large and growing elderly population. We ask you to consider the opportunity offered by this unique site (Dulwich Community Hospital) to create an innovative model of integration and humane treatment. To make the site sustainable by widening the geographic target populations beyond Dulwich to include more of Southwark, Lambeth and Lewisham. We ask you also to steer this consultation towards seeking benefactors, leaders and champions for Health, Care and Public Health, just as the Arts did in the 1980's when public funding for the Arts was poor. We face here a world wide problem of the aged absorbing ever increasing portions of funds for health and care and of a growing resentment towards that elderly population. This consultation exercise could deliver something unique and imaginative; but to do so, its Terms of Reference should be broadened to seek those solutions. The constrained financial position should simply be laid out for the public to consider. We all need to be involved in and to feel that we own part of the solutions. It is our NHS and these are our Public Services. They must not be handed over to corporate interests.

This is the time for strong cases to be made which do indeed draw on the findings of the Engagement Exercise. However, that exercise was merely a 'wish list'. What are now needed are submissions, views, well-thought out proposals. So, we ask you to reconsider your agreement to consultation under Paragraph 244 and to steer the Terms of Reference and the Consultation Document towards solutions which are up to the task required.

You will find below what we have said to the SCCG, a summary of their reply, and what we are asking you to consider:

**The (SEL) Boards are asked to steer the consultation process and content to fully reflect:**

**The unique opportunity which the Dulwich Community Hospital site represents to provide the revolution in treatment and care of the elderly, which Sir David Nicholson calls for (today) 21<sup>st</sup> January 2013:**

...our modern hospitals have a highly technological way of operating. They are fast-moving and are organised around getting a diagnosis, referring the patient to the right place and getting treatment. They are very bad places for old, frail people." (Sir David Nicholson, the Independent 21<sup>st</sup> January 2013)

We need to find alternatives. We need to put as much focus on that as we do on telling nurses to be more compassionate."

[Here the SCCG is showing openness in its response; however it adds the caveat of needing a critical mass of activity to remain clinically safe and to be cost effective. ] ***Councillor Williams, would you please look at what that critical mass should be?***

**The unique opportunity which the Dulwich Community Hospital site represents to provide the revolution in integrated treatment and care of priority groups across health and social care and public health:**

**Enclosure 10: Transitions and Closures in South East London and specifically Page 230 (SEL PCT BOARD PAPERS):**

Lambeth and Southwark LAs are setting up a shared public health function. This is a complex transfer and a new joint working arrangement between the councils is underway. It is proposed that staff consultation starts week 14<sup>th</sup> January 2013. “ (The SEL PCT Boards and Bexley Health Care Trust should recommend discussions for co-location of Public Health on the Dulwich Community Hospital site)

**[Here the SCCG tells us that the location of the public health teams is a matter for the respective local authorities and that they are currently intending to stay in their existing office space.] *Councillor Williams, we would be most grateful if you would scrutinise this from the point of view of an integrated health, care and public health perspective.***

**The unique opportunity for integration and efficient and effective service to the numbers and use of premises which the Dulwich site represents.**

Include **Monitor** (not mentioned in the text at all) and its role within the 2012 Act. Demonstrate compliance with Monitor’s major role by providing evidence of where and how **integration** of Health and Social Care will be made to happen.

Make the case for Social Care for priority areas and groups as defined in the Pre-Consultation business case and specify stakeholder consultations. Who the stakeholders are; current arrangements and cost-benefit analyses of some co-location, where co-location would strengthen integration and the impetus **for** co-ordination and effective communication. (Too many reports of catastrophic failures within the care system have shown that these failures are down to silos bred by structures and barriers)

Make the Case for the Sector Skills Bodies responsible for Training and Development of Care Workers to locate a centre of Training Excellence on the Dulwich Community Hospital Site for best practice dissemination of care practice within residential care settings **and** home visits.

Make the case for Third Sector Health and Well-being organisations for priority groups (Priority Areas 3.4) on the Dulwich site and demonstrate **how** the hub and spokes service models will make integration happen.

**[ Here the SCCG has accepted the importance of appropriate reference to the future role of Monitor. It has also confirmed its commitment to us to further explore points we made in reference to social care, training and the contribution of the third sector. This is good. ]** ***Councillor Williams, please use your good offices to ensure that all the impetus is towards integrated treatment and care and that the many silos and barriers are pulled down, not more erected. I think there is a good reason why IT companies still feel the need for co-location in Silicon Valley. People still need to see each other and meet for the best 'hubs' and 'spokes' to be modelled. We see the Dulwich Community Hospital site as a potential National model of integrated community based treatment, care and support for the elderly.***

This document is strong in how it defines intentions and aspiration. It states the strategic underpinning upon which its evidence is based. It does not make that evidence explicit. **The Boards should require the consultation documents to make their evidence obvious and clear to the lay reader.**

**Specify with numbers and planning assumptions** the priority populations and the demand they could generate using the 2011 Census for each priority area and their attendant populations. **Widen the geographic area and populations** to include contracts from North Southwark, Lambeth & Lewisham.

**Describe the potential for income** from that wider geographic and population area. **Present a cost benefit analysis of these broadened sources of revenue and how they would protect the sustainability of the Dulwich Community Hospitalsite.**

**Make explicit the current demands for services by the priority populations covered by the priority areas.** For example, give the numbers of 65+ patients currently referred by all Southwark, Lambeth and Lewisham GPs to the Department of Clinical Gerontology at King's (Betty Alexander). KCH Annual Accounts (2011/12) give its outpatient income as £ (000), 87,771. What proportion of that sum is for GP referrals from Southwark, Lambeth and Lewisham for Geriatric Medicine? Schedule 2 (2012) KCH Services lists 1533 First Attendance outpatients in Geriatric Medicine, and 4643 outpatient follow-up attendances. How many of these patients are on the lists of Southwark, Lambeth and Lewisham GP Practices? **This document needs tables to analyse the populations, evidence demand and show how integration will address and control the build up of demand.**

**Specify National Priorities and Campaigns,** such as Dementia, Obesity. State what the current funding streams are for these and how these are channelled. Has any work been done to seek "Health and Care Benefactors and Champions" as the Arts have done so successfully? **The consultation should be asked to invite Civic Champions and Benefactors within the consultation process.**

**[Here the SCCG acknowledges in general terms the need for more detailed analysis, but its reply is 'mindful that we commission services for Southwark residents only.' ]**  
***Councillor Williams, we are making the case to you to look more widely. Southwark, Lambeth and Lewisham can and do work together. They draw on common acute services and feel the impact, when pressure is applied on acute services shared in common. We attended the 26th January march regarding Lewisham Hospital and were shocked to learn of the current impact on King's (let alone what will happen if Lewisham A&E and Maternity Services are closed). We were also concerned to learn (Item 4 of the SEL PCT Board 24th January 2013) of board members already anxious about the impact on King's of closure at Lewisham. Hence in our view, the case for creating a more appropriate space for the elderly so they may be removed from pressured acute settings grows ever greater***

**The two case studies of people with Long Term Conditions and Older People do not illustrate the complexity of need requiring specialist, GP and Care integration.** The work of King's Department of Clinical Gerontology, working as a bridge between the acute and the primary and community needs to be seen very clearly. **The following case study is offered. (Happy for its authenticity to be checked):**

Mrs MR is 89 with deep vein thrombosis, heart failure, bilateral pulmonary emboli, hypertension, hyper-cholesterolaemia, type II diabetes, peripheral vascular disease, Parkinsonism and overflow diarrhoea.

She is referred by her Southwark GP to King's Department of Clinical Gerontology (Betty Alexander Unit) whilst in the full-time care of her relative. King's have been providing her GP, Mrs MR and her carers with clear, exemplary and full guidance on how to manage these complex needs: full guidance on medication and the reduction of unnecessary medication leading to the avoidance of several A & E admittances. Mrs MR has been offered specific, practical advice understandable to the lay carers, on diet, medication management, physiotherapy, record keeping etc. Southwark Council's Handy Person Service and King's Occupational Therapist worked together to modify her home environment to the specialist's guidance. Mrs MR has lived for over three years at home and in residential care with quality of life since her referral.

The important perspective from the patient and carer experience has been that the clinical support was best delivered within the Dulwich Hospital site and has not, for most of the treatment, ever required the acute hospital setting. **In short, the King's site is often not needed. The Dulwich site is. Back to Sir David Nicholson... (See above)**

**[ Here the SCCG replies that although not a requirement, case studies are extremely useful. We welcome this.] *What we are trying to say here is that as the population ages and so increasingly is not presenting as having lived healthy lives, there is complexity to be recognised. A real push for public health to reduce demand is needed. We thought that the recent research from Imperial College evidencing reduced paediatric A&E admissions as a result of banning smoking in public places shows that we are public creatures and that if we have a visible public space (in this case showing how best to care for the elderly), then we can get more people to change behaviour and reduce the pressure on services. Here, Councillor Williams, we are asking you to stress test with a broad range of realistic examples which properly address the demands Southwark Council does and will face.***

Given that such a site as the Dulwich Community Hospital will not be available again, the Boards are asked to question the assumptions and statements by both the SCCG and perhaps Southwark Council which lead them to affirm in Para 1.19: "Discussions with the HOSC (Health, Adult Social Care, Communities and Citizenship Scrutiny Committee) to date indicate agreement that the proposed changes are not deemed to be a major change

under Section 244 of the NHS Act 2006 and will not require formal consultation with the HOSC. " This section goes on to say that the SCCG will consult under Section 242 of the Act.

**Not a major change?..!** We are not lawyers. What we do see is a unique opportunity for an imaginative solution to major and intractable problems and **we affirm that the consultation should do its utmost to seek champions and leaders and support from the widest most practically located patient groups and carer populations and from civic society.** We are therefore pleased that the version (7) which the SEL PCT Boards and the Bexley Care Trust are considering here does now include the statement in the section on Decision making quoted below:

**9.12** It is important to note that the CCG wishes to consult upon a proposed clinical model that addresses the case for change and responds to the feedback of patients and local people through the engagement exercise. Moreover, the consultation will seek to gain views on delivery options that the CCG believe are feasible and affordable. It is clearly the case that should, in the course of that consultation, alternative proposals and/ or delivery options that achieve or exceed those same objectives are brought forward or arrived at, they would also be considered within any future decision making process.

However, the consultation design and content needs to be explicit that the public are indeed invited to submit proposals in addition to Options 1 and 2 whilst continuing to make it clear that these are the options arrived at within the current financial planning assumptions. **Therefore, the Boards should invite the SCCG to give prominence and space for Options 3.** We truly believe that if the public finally feels properly consulted such as to allow them to own some of the solutions, the outcomes will be better accepted.

**[Here the SCCG says "...that the pre-consultation business case states the plans for consultation and the CCG believes that these are aligned to the breadth and depth that is requested here. In response to submissions made to the SCCG in January 2013, the Project Board did not believe strong enough reference to the opportunity to hear and consider views of other options that may arise from the consultation had been made. This was reflected in the final document presented to the board."]** *Councillor Williams: we welcome that amendment to the document which you will see in the text presented to your Committee. We are asking you to ensure that the consultation document and process are indeed so designed as to be wide and that your committee gives itself the means to scrutinise closely*

**Section E and Paragraphs 7.30-7.35:** (This is a vitally important section where implications for the transfer of the site to NHS Property Services Ltd and for what Southwark Council's actual powers may indeed be are both complex and evolving.)

**Therefore, we ask the Cluster meeting to insert two markers within this section.** Firstly indicating that no staff resources will be diverted to options outside of Health, Care and Public Health until the consultation process is fully exhausted and all decisions have been taken. (We are already concerned to see active Liberal Democrat lobbying for a free school on the site.) Secondly, that strong representation will be made to the NHS Property Services Ltd **not to sell any part of the land.** A forward-looking exploration of the site requirements for health, care and public health must **first** be exhausted and some allowance made for future unplanned requirement.

Given that not much is known about this powerful new central body, it is important to give all members of the 6 PCT Boards and Bexley Care Trust some indication of the sheer size, power and ambitions of this new organisation. What is known about the power of the Local Authority vis-à-vis the powers assigned to NHS Property Services Ltd? (Include as a minimum, the fact that NHS Property Services Ltd will employ 2500 staff and will be owning up to £7bn of NHS assets.)

The 6 PCT Boards and the Bexley Care Trust are making decisions within the most radical change of structures and landscapes in NHS history. This Cluster is asked to include a tight timetable of frequent scrutiny meetings with it and with its successor structures to ensure that none of the developments are allowed to happen without full scrutiny and especially without full public involvement(242). **Our NHS is just that. It belongs to all of us**

**[Here the SCCG gives a detailed and long response and I quote part of it: "NHS Southwark CCG's commissioning focus will be upon the health of its population and upon the quality and development of health services they receive... The CCG will also remain clear on its intentions for the areas to which it holds responsibility...etc"]** *Councillor Williams, we are not lawyers and I have no doubt that each statement is correct. Inadvertently, though, the SCCG builds another bunker. What we, the public need, is a solution which can reflect real lives. We are a retired couple who look after an elderly parent; we are ourselves parents. We are not unique. We may, however, be the last generation who were able to retire 'early' to provide care. We need you please to scrutinise across health, care and public health and across ages. We are hugely worried about the unknown impact of NHS Propco Ltd and of Mr Pickles' 'muscular localism.' We sense the 'guiding hand' of McKinsey's in ensuring that corporates gain as many contracts as possible and as much public money from the implementation of the Health and Social Care Act. We are an Anglo-American family with experience and fear of what*



***American health care means for those without deep pockets and social standing***

**In summary, the thrust of the consultation should seize the unique congruence of opportunities and threats actively to invite additional submissions within the consultation. It will be clear from the above that the Pre-consultation Business Case should:**

Allow for a wider population

Estimate the additional income derived from this wider population, from national priorities, and from champions and benefactors.

Include a more specified account of integration.

Use the consultation to explore whether more health and care sustainability is possible.

Give a prominent and strong role for Public Health.

The Boards should authorise the consultation to explore a wider range of stakeholders and champions, and to invite other technical submissions within the consultation. The outcomes of a fuller and wider consultation may well indeed produce other and better solutions for consideration within the constrained financial climate.

**[ Here the SCCG, confirms that points made in summary are valid..will help to shape and be reflected in the consultation and subsequent business case. They make a commitment to ensuring the appropriate role of public health in the project going forward.] *Councillor Williams, we hope you will see that there is evidence of a good dialogue. At this stage, your role please is critical to protect the case for Health, Care and Public Health, to make certain that a practical and wide target population of Southwark, parts of Lambeth and Lewisham are accessible to Dulwich Community Hospital, and to protect that site for Health, Care and Public Health! At this moment, we do not need opportunistic lobbying for a 'Free' School from the Liberal Democrats.***

Thank you for your attention. We shall be in the public area of the meeting of your committee on the 31st January.

With Regards

Elizabeth Rylance-Watson and Jim Watson

50 Dovercourt Road, London SE22 8ST

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**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP  
SCRUTINY SUB-COMMITTEE**

**MUNICIPAL YEAR 2012-13**

**AGENDA DISTRIBUTION LIST (OPEN)**

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Councillor Catherine Bowman [Chair, OSC]	1	Southwark LINK	1
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	1	<b>Dated:</b> January 2013	
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Patrick Gillespie, Service Director, SLaM	1		
Jo Kent, SLAM, Locality Manager, SLaM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Phil Boorman, Stakeholder Relations Manager, KCH	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	11		
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