

Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 7 December 2011

7.00 pm

Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

List of Contents

Item No.	Title	Page No.
4.	Minutes To approve as a correct record the Minutes of the open section of the meeting held on 5 October 2011	1 - 5
7.	Southwark Clinical Commissioning review	6 - 16
8.	Southern Cross	17 - 24
9.	Adults with complex needs	25 - 26
10.	work programme	27 - 29

Contact

Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk
Webpage:

Date: 2 December 2011

Response to Southwark Health and Social Care Scrutiny

Public Health Questions

Southwark Council Health and Social Care Scrutiny Committee, at its meeting on 5th October 2011, requested information on the following three questions

1. The effectiveness and results of the Bowel cancer screening programme
2. Linking up with the Diabetes UK to promote early testing and prevention.
3. The results of the shadow budgeting process for Public Health budgets, as this function moves from Southwark NHS to Southwark Council.

1. Effectiveness and results of bowel cancer screening programme

The NHS Bowel Cancer Screening Programme started being rolled out in July 2006 nationally and in Southwark from March 2008 and so is still a new programme. It is aimed at those aged 60-69.

The programme hub for London, at St Mark's Hospital, operates a call and recall system to send out faecal occult blood (FOB) test kits to peoples homes. The individuals use the kit to take a sample and return the test to the programme hub where they analyse the samples and then despatch results.

The target for uptake of the bowel cancer screening programme is 60%. In quarter 1 of 2011/12, Southwark achieved an uptake of 38.86%. While this is considerably below target, it is comparable to Lambeth and Lewisham (39.27% and 42.83% respectively), and not far below the London uptake rate of 45.25%. Southwark's uptake rate improved from the previous quarter when it was 36.45%.

Southwark's positivity (percentage of positive screens/ abnormal results in FOB test kits) in Quarter 1 of 2010/11 was 2.55%, below the figure for London at 3.04%, and between Lambeth and Lewisham positivity values - 3.34% and 2.36% respectively. The reason for the comparatively lower screen test positivity is not understood but may be due to the type of population or may be due to the lower numbers taking part.

For those who have a positive screen result they are referred to a screening centre at University Hospital Lewisham. This provides an endoscopy service and specialist screening nurse clinics for people receiving an abnormal result. This centre then proceeds with diagnostic tests to see if people truly have cancer. Early results from those Southwark residents referred for definitive diagnosis suggest that only a very small percentage of those referred are found to have cancer. Nationally of those referred because they have a positive screen result only 9% are found to actually have cancer.

2. Linking up with the Diabetes UK to promote early testing and prevention

Health Checks is a recent programme being rolled out across the country offering a health check to all people aged 40-75 who are not already being seen by a GP practice. The Health Check looks for high blood pressure, coronary heart disease and also for diabetes amongst those considered to be at risk of that disease. People are then referred to appropriate services, either support for improving their lifestyle or to clinical care depending on the results of the assessment. Diabetes UK is a key

stakeholder in the programme of Health Checks for Southwark. Mr John Grumitt, the Vice Chair of the Board of Diabetes UK sits on the South East London Cluster Health Check Leads Group.

The South London Cardiac and Stroke Networks also have well established links and regularly liaise with Diabetes UK and Mr Grumitt also attends the network meetings.

In addition, NHS Southwark liaises directly with Diabetes UK as they utilize the health promotional materials developed by Diabetes UK for Health Checks to enhance uptake of early testing and prevention.

3. The results of the shadow budgeting process for Public Health budgets, as this function moves from NHS Southwark to Southwark Council.

Over the last 12 months, financial returns were produced for the Department of Health on the Public Health budget covering the range of services as outlined in the White Paper *Healthy Lives, Healthy People* and the associated document *Consultation on the Funding and Commissioning Routes for Public Health*.

The actual shadow budget allocation is still to be confirmed and is expected by the end of this month (December 2011).

To date the Public Health budget setting exercise has identified a Southwark baseline of approximately £26M (10/11). Not all of this resource will be the responsibility of the local authority. It is anticipated that approximately £7M of public health services will be commissioned directly by the National Commissioning Board (NCB) and the local authority public health allocation will reflect this. The main services to be commissioned by the NCB include cancer screening, immunizations (neonatal and childhood, HPV and seasonal flu) and services 0 – 5 year old (health visiting).

The key areas commissioned through the local authority (approximately £19m) will include substance misuse and alcohol, services for 5 – 19 (school nursing), sexual health and NHS Health Checks. There will also be a requirement to provide public health expert advice to the local authority and to the Clinical Commissioning Group.

Additionally, for London boroughs, a top slice of 3% of the total local budget is expected. This will fund the Mayor's office to provide a pan London approach to tackling some public health concerns.

The above is subject to confirmation in the shadow budget allocation. It should be noted that the shadow allocation may not reflect current local spend. There is likely to be a 'target spend' determined by an allocation formula and a period of adjustment when actual allocations are moved towards the target.

Mental Health of Older Adults and Dementia Clinical Academic Group (CAG)

Introduction

The Southwark Mental Health of Older Adults Service is designed to provide a secondary mental health service to older adults with complex mental health problems and also to persons of any age with severe dementia. The Southwark service accepts on average about 600 people a year and holds a similar number of people on the caseload at any one time. The service comprises of the following clinical services:

- Specialist Acute Hospital Liaison into Kings College Hospital
- A Community Mental Health Service currently comprising of 2 Community Mental Health Teams
- The Southwark and Lambeth Memory Service
- Acute Inpatient services
- NHS Continuing Care Service

The details of these services are as follows:

Acute Hospital Liaison

A small specialist team is located at Kings College and comprising of a consultant psychiatrist, medical staff, and psychiatric nurses. The role of the teams is to provide specialist advice and support to the acute wards and providing links between the MHOA services and the acute wards.

The service is contracted to provide approximately 177 referrals from the medical wards per annum.

Community Mental Health Teams

There are 2 teams located in the north and the south of the borough and operate between 9-5, Monday to Friday.

The aim of the teams is to support people at home and they are commissioned to provide a caseload of approximately 656 patients.

Memory Services

The Memory service covers Lambeth and Southwark and was newly commissioned in 2010. This service provides an assessment service for people who require a diagnosis of dementia at an early stage of the condition.

Acute Inpatient Beds

The service has access to psychiatric beds at the Maudsley Hospital where there are two Older Adults inpatient wards. There are also beds available for use in the Ladywell Unit in Lewisham and at

the Bethlem Hospital should additional places be required. The number of admissions caused by a crisis is very low as usually admissions are planned. Admission is usually for those whose behaviour or psychiatric illness has deteriorated to a point where the Community Mental Health Teams cannot look after them safely or when informal carers are unable to cope. Usually patients from Southwark will be admitted to the Maudsley but on occasion if there are no beds available there, they will be admitted to other Mental Health of Older Adults wards.

The service is currently commissioned to provide 4462 occupied bed days or approximately 12 beds worth of activity. This equates to approximately 1 Southwark admission a week on average. At present there have been no problems admitting patients as the service has had enough capacity. Current occupancy across all of the inpatient wards is approximately 88% and currently the service has 11 empty beds.

Continuing Care Services

There are 2 continuing care units located in Southwark which provide fully funded NHS continuing care. Patients will only be admitted if agreement has been given by the Southwark Continuing Care Panel comprising of NHS and Social Services Commissioners.

The 2 units in question are the Becket Unit and Ann Moss. The Becket Unit is located in Greenhive Care home run by Anchor Housing and service has plans to move this service to a SLaM owned property near the Elephant and Castle. This will allow the service to function more effectively as in its current location it not permitted to detain residents under the Mental Health Act.

The second unit is located in Rotherhithe in Ann Moss Way. Together these units are commissioned to provide 6085 occupied bed days or 17 beds worth of activity.

Plans for Development

The Mental Health of Older Adults Service is aware that its current model for the Community Teams will need improving in order to become more responsive to need.

In particular, the service would like to develop capacity to provide support to people in their homes at weekends and evenings. The service is therefore developing proposals to develop a Home Treatment model for older people similar to the service available for adults of working age. Older Adults Home Treatment Teams have been developed successfully in Westminster and Merton in London and in Wolverhampton and East Anglia. The benefits of this team will be to support people who develop acute behaviours in their homes settings more effectively than the community teams are able to. If this model is successful it will reduce the number of crisis admissions to acute beds. It will also mean that older people will be able to access a similar service to that provided to adults of working age whereas in the past access was restricted because of age criteria.

The service believes this can be funded by reducing the number of inpatient beds it provides as outlined above and is discussing the development of this model with commissioners.

In addition, SLaM is working with NHS Southwark and Primary Care to review the current interface between primary care health services and the secondary care service provided by the Mental Health of Older Adults Service. In particular we want to see whether there are alternative models of care that can be introduced that work better for patients and are more cost effective. One option under consideration may be the development of a high intensity community service provided by SLaM and a low intensity service commissioned by NHS Southwark. These discussions are at an early stage.

David Norman
Service Director
Mental Health of Older Adults & Dementia
Clinical Academic Group

November 2011

Questions and answers on Clinical Commissioning arrangements for managing 'Conflicts of Interest' .

1. **Members asked for more information on the shadow budget process, the as Clinical Commissioning consortium gradually takes control of the budget now spent by Southwark NHS.**

Please see appendix 1 attached.

2. **Clinical Commissioning undertook to get back to the committee about their meeting arrangements in response to members comment that the present arrangements, whereby one meeting is held on public and one in private, are confusing and can make following meetings difficult. (The chair requested as much clarity on this as possible)**

The Southwark Clinical Commissioning Committee meets monthly. Its first meeting in public was in July 2011 and it had met on a bi-monthly basis in public reflecting the arrangements that had been in place previously for the PCT Board. However, since December 2011 all meetings are held in public.

Southwark Clinical Commissioning Committee is constituted as a sub – committee of the Southwark PCT/Southwark NHS .

The Southwark PCT board meets bi monthly in public. The Board for Southwark PCT (also know as NHS Southwark) meets as a shared Board with the Boards of the 5 PCTs across South East London and the Board of Bexley Care Trust.

The membership of both boards overlaps and more details are below.

3. **Membership of the Southwark Clinical Commissioning Committee (SCCC) and Southwark NHS/PCT Board.**

SOUTHWARK CLINICAL COMMISSIONING COMMITTEE MEMBERSHIP

Clinical leads (voting members)

Dr Amr Zeineldine (chair)
 Dr Simon Fradd
 Dr Jonty Heaversedge
 Dr Adam Bradford
 Dr Patrick Holden
 Dr Mark Ashhworth
 Dr Roger Durston
 Dr Jane Cliffe

Members of the Senior Management Team (voting)

Andrew Bland, Managing Director, Southwark Business Support Unit
 Malcolm Hines, Chief Financial Officer, SBSU
 Dr Ann Marie Connolly, Director of Public Health, SBSU

NEDS (share a vote)

Richard Gibbs, Non Executive Director and Vice Chair of Southwark PCT
Robert Park, Non Executive Director

Other members (non voting)

Gwen Kennedy, Acting Director Client Group Commissioning and Partnerships,
SBSU

Tamsin Hooton, Director of Acute and Community Commissioning

Stewart Kay, Local Medical Committee representative

Professor John Moxham, King's Health Partners

Sarah McClinton, Deputy Director Adult Social Care, Southwark Council

Linda Drake, Nurse member

Martin Saunders, LINK Southwark representative

SOUTHWARK PCT / NHS SOUTHWARK MEMBERSHIP

The Board for Southwark PCT (also know as NHS Southwark) meets as a shared Board with the Boards of the 5 PCTs across South East London and the Board of Bexley Care Trust. This reflects the working arrangement across South East London where the 5 PCTs and Bexley Care Trust are working in a partnership arrangement as NHS South East London and the 6 Business Support Units are directorates of NHS South East London and the Local Clinical Commissioning Committees are sub committees of the Board.

Membership

Executive members:

There are 8 executive members of Southwark PCT .

There are two Southwark specific members executive members of the Board :

1. Dr Amr Zeineldine, Chair of the Clinical Commissioning Committee
2. Andrew Bland, Managing Director of Southwark Business Support Unit (BSU)

There are 6 other executive members:

3. Andrew Kenworthy, Chief Executive, NHS South East London
4. Jane Schofield, Director of Operations, NHS South East London
5. Marie Farrell, Director of Finance, NHS South East London
6. Gill Galliano, Director of Development, NHS South East London
7. Dr Ann Marie Connolly, Director of Public Health
8. Donna Kinnair, Chief Nurse, NHS South East London

Non Executive Directors

There are 8 Non Executive Directors who are members of the board, as enlisted below . Caroline Hewitt is Chair of South East London and Steve Corbishley is the independent Audit Committee chair. There are six Non Executive Directors which are shared across Lambeth, Southwark and Lewisham and two of these have a particular relationship with Southwark - Richard Gibbs and Robert Park.

Sue Gallagher and Graham Laylee are Lambeth and Rona Nicholson and David Whiting are Lewisham. Richard Gibbs acts as the Vice Chair of Southwark PCT.

Non-Executive members

1. Caroline Hewitt, NED Chair
2. Steve Corbishley, NED Audit Chair
3. Richard Gibbs, NED
4. Robert Park, NED
5. Sue Gallagher, NED
6. David Whiting, NED
7. Graham Laylee, NED
8. Rona Nicholson, NED

Please see the appendix two for a table which sets out members various roles and relationships

4. **Clarify the SCCC member's individual remit and roles including whose interests they represent; what their respective powers are (voting rights etc) ; how members of both boards are chosen and by who (elected / appointed etc); and how long their term is?**

VOTING RIGHTS

Voting Members

Dr Amr Zeineldine (chair)
 Dr Simon Fradd
 Dr Jonty Heaversedge
 Dr Adam Bradford
 Dr Patrick Holden
 Dr Mark Ashhworth
 Dr Roger Durston
 Dr Jane Cliffe

Andrew Bland, Managing Director, Southwark Business Support Unit
 Malcolm Hines, Chief Financial Officer, SBSU
 Dr Ann Marie Connolly, Director of Public Health, SBSU
 *Richard Gibbs, Non Executive Director and Vice Chair of Southwark PCT
 *Robert Park, Non Executive Director

*The two NEDs share a vote

Non Voting Members

Gwen Kennedy, Acting Director Client Group Commissioning and Partnerships, SBSU
 Tamsin Hooton, Director of Acute and Community Commissioning
 Stewart Kay, Local Medical Committee representative
 Professor John Moxham, King's Health Partners
 Sarah McClinton, Deputy Director Adult Social Care, Southwark Council
 Linda Drake, Nurse member
 Martin Saunders, LINK Southwark representative

5. Clarifying how members of Southwark Clinical Commissioning Committee are chosen and by who (elected appointed etc) and what is their individual remit and roles including whose interests they represent;

Clinical leads

Process for selection :

There was a selection process for the appointment of the clinical leads in Southwark. The appointments process was approved by the Southwark Local Medical Committee in August 2010. The process was developed to ensure transparency of procedure and so that the leads have the right skills and attributes to take the GP commissioning agenda forward. The appointment process was divided into North Southwark and South Southwark in order to reflect the geography of the borough and the existing Practice Based Commissioning arrangements.

The same process was followed for both areas of the borough. All GPs in Southwark were given the opportunity to nominate themselves as a candidate for the board by presenting information on their CV, skills and experience before 19 November 2010.

This part of the process was led by Cathy Jeffrey (South Southwark Practice Based Commissioning Group) with Dr Kishor Vasant, Dr Catherine Otty and Dr Steve Loud (London LMC & Medical Director) making the final decisions. Dr Vasant and Dr Otty were included on the panel for their significant experience of Practice Based Commissioning in Southwark - Dr Vasant was the former Chair of the SS PBC Group and Dr Otty was the outgoing Chair of the Bermondsey & Rotherhithe PBC Group. Shortlisting was completed by 26 November. Following selection, all shortlisted candidates were interviewed by a panel, chaired by Dr Kishor Vasant, which interviewed candidates using prepared questions with a pre-agreed scoring system. Dr Steve Loud LMC Secretary, acted as an observer and advisor on the panel.

It was agreed that where the panel did not agree unanimously on four candidates, further election would be required, overseen by the Electoral Commission. However, this was not necessary as the panel were in agreement about successful candidates. Interviews took place on 17 September 2010 in South Southwark and on 3 December 2010 in North Southwark to be completed on 14 December

Clinical lead remit and who they represent:

Clinical leads come from the localities of Southwark and have regular monthly practice based meeting arranged on a locality basis in :

- Bermondsey and Rotherhithe
- Borough and Walworth
- South Southwark

Term:

The current clinical commission members term is until 30 September 2012. It is likely to be 2 years thereafter.

NEDs

Selection process and remit

Southwark specific NEDS are Southwark residents and appointed via the Appointments Commission. Their remit is to ensure public accountability

Other members

These are laid out in the Terms of Reference. Membership is subject to revision as and when further government guidance on local clinical commissioning arrangements is issued.

Voting members have statutory responsibilities:

Managing Director, Southwark Business Support Unit
Chief Financial Officer, SBSU
Director of Public Health, SBSU

Non voting members are :

Acting Director Client Group Commissioning and Partnerships, SBSU
Director of Acute and Community Commissioning
Local Medical Committee representative
King's Health Partners
Deputy Director Adult Social Care, Southwark Council
Nurse member
LINK Southwark representative

6. How the Clinical Commissioning Register of Interests are recorded and made public and how Declarations of Interest are recorded at meetings and made publically accessible.

The Register of Interests is on the website at the bottom of this page http://www.southwarkpct.nhs.uk/about_us/southwark_health_commissioning. All clinical lead members of the SCCC have signed a Declaration of Interest which they update as required when their details change. The declaration is on the website and paper copies are available at the monthly SCCC meetings which are held in public. In addition, at every SCCC meeting after introductions and apologies are taken and before the minutes, the Chair asks all members in turn to declare their interests to the meeting.

Members sign an individual Declaration of Interests and their interests are published as the Register of Interests.

Compiled by Business Support Unit and Scrutiny

Appendix 1

2011/12 Budget Delegation

Delegation Phase / Date	Budget Area	Budget (£m)	QIPP Gross (£m)	Detail / Complexity* (column consider the complexity of the commissioning area to inform phase)	
One – Jul 2011	Emergency PbR	49	4.8	This phase includes the following areas: Outpatient (GP referrals) Prescribing Urgent care (A&E / UCCs) Urgent care (Admissions) Non GP referred outpatients Intermediate Care / Reablement Non-PbR Drugs and Devices	
	A&E PbR	12	0.1		Low
	New Outpatients	19	2.4		Low
	F-up Outpatients	22	1.5		Med
	Drugs and Devices	11	0.5		Med
	Pri Care Prescribing	33	1.0		Med
	Corporate	17	2.0		Med
	Total		163		12.3
Two – Oct 2011	Community Services	33	1.5	This phase includes the following areas: Community Health Direct Access Diagnostics Sexual Health Elective Care Maternity End of Life Care Critical Care Specialist Acute Commissioning	
	Other Acute**	166	2.6		Low
					Low
					Med
					Med
					Med
					Med
					High
Total		199	4.1	(3.6 delivered prior to delegation)	
Three – Jan 2012	Client Groups	22	-	This phase includes the following areas: Community Mental Health Voluntary Sector CAMHS Inpatient Mental Health Physical Disability Specialist Mental Health Continuing Care (inc. LD)	
	Mental Health	67	2.6		Med
					Med
					Med
					Med
					High
					High
Total		89	2.6	(4.6 delivered prior to delegation)	
Other	Non-recurrent 2%	10	-		
	Reserves / Surplus	11	-		
Total		21	-		
Non-Delegated	Primary Care	68	1.2		
Total		68	1.2	(0.8 delivered - no delegation)	
Budget Total		540	20.2		

Notes:

* SHC has sought to take early delegation for those areas that fall in areas of low or medium complexity. Complexity refers to the commissioning activity itself and SHC are equally aware of the different levels of control that can be secured over performance in these areas.

** Includes £30m budget for Specialised Commissioning which will continue to be led through the LSCG.

*** Clearly delegation is being made in-year and the figures provided above also seek to reflect the level of QIPP delivery undertaken ahead of delegation in the context of the overall QIPP challenge.

Rationale

In addition SHC made clear the criteria we had applied in decision making upon which budget areas we wished to receive earliest delegation for in our original Pathfinder application. The following factors were considered:

- **Scale** – GP Commissioners recognise the size and immediacy of the challenges facing the health economy - these are areas of high spend and where system change will result in improved outcomes across the entire borough
- **Performance** – These areas are currently the main drivers of commissioning overspends in 2010/11 (circa £7m in 2010/11) and improvement in the performance of these areas will have a significant and lasting impact upon the quality of care received by our patients in terms of health outcomes and the patient experience
- **Opportunity** – GP commissioners have identified through benchmarking and their clinical assessment of current service delivery, significant opportunities to make improvements in both the quality and cost of care
- **Experience** – GP Commissioners have a high level of knowledge about the performance of these services locally and clearly defined plans for the service redesign and change they wish to see in these areas in 2011/12
- **Engagement** – Members of the consortium have engaged with stakeholders across primary and secondary care to agree new ways of working in areas that they believe they can have a major influence in from the outset. Specifically, GP leads have agreed changes in these areas as a priority for our joint work with Kings Health Partners
- **Strategic Alignment** – Change in these spend areas will require the collaboration of all local practices, an early priority for our Consortium. We aim to enhance the management of long term conditions locally and believe that improved outcomes will be reflected in these areas of spend and we wish to establish new ways of working through Polysystems with immediate impact in unscheduled care and outpatient activity. We have agreed that the enhanced management of unscheduled care specifically provides an early opportunity to maximise the potential of our partnership with social care. Finally we know that early control of corporate budgets will allow GP Commissioners to shape key enabling factors and prepare for future years.

Appendix 2

Membership of Southwark PCT / NHS Southwark Board.

Name	Role	Southwark only	Southwark specific	Member of Southwark PCT and part of joint NHS South East London arrangements	Executive	Non-Executive (NED)
Caroline Hewitt (Chair)	Chair - non executive	No	No	Yes	No	Yes
Dr Amr Zeineldine	Chair of the Southwark Clinical Commissioning (Sub) Committee - (Executive member)	Yes	Yes	No	Yes	No
Andrew Bland	Managing Director of Southwark Business Support Unit (BSU) - (Executive member)	Yes	Yes	No	Yes	No
Richard Gibbs	Non-Executive Director and Vice Chair of Southwark PCT (NED)	No	Yes	Yes	No	Yes
Robert Park	Non-Executive member with specific	No	Yes	Yes	No	Yes

	Southwark responsibilities (NED)					
Steve Corbishley	NED Audit Chair	No	No	Yes	No	Yes
Sue Gallagher	Non-Executive member (NED)	No	No	Yes	No	Yes
David Whiting	Non-Executive member (NED)	No	No	Yes	No	Yes
Graham Laylee	Non-Executive member (NED)	No	No	Yes	No	Yes
Rona Nicholson	Non-Executive member (NED)	No	No	Yes	No	Yes
Andrew Kenworthy	Chief Executive, NHS South East London	No	No	No	Yes	No
Jane Schofield	Director of Operations, NHS South East London	No	No	No	Yes	No
Gill Galliano	Director of Finance, NHS South East London	No	No	No	Yes	No
Marie Farrell	Director of Finance, NHS South East London	No	No	No	Yes	No
Dr Ann Marie Connolly	Director of Public Health	No	No	No	Yes	No

Donna Kinnair	Chief Nurse, NHS South East London	No	No	No	Yes	No
------------------	---------------------------------------	----	----	----	-----	----

TRIGGERS TEMPLATE*

NHS Trust & lead officer contacts:	

Trigger	Please comment as applicable
Reasons for the change	
What change is being proposed?	
Why is this being proposed?	
What stage is the proposal at and what is the planned timescale for the change(s)?	
Are you planning to consult on this?	
Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	
Changing methods of accessing a service such as the appointment system etc.	
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.	
What patients will be affected? Briefly describe:	
Changes that affect a local or the whole population, or a particular area in the borough.	
Changes that affect a group of patients accessing a specialised service	
Changes that affect particular communities or groups	
Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	
Delivering care using new technology	
Reorganising services at a strategic level	
What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	

* Revised by Lambeth and Southwark scrutiny officers from the West Sussex Health Overview and Scrutiny original.

Officer update on any embargo in place on Southern Cross homes

1 Background

An 'Embargo' means no further placements will be made. The committee were informed at the last meeting that because of concerns over the quality of care at former Southern Cross homes an embargo may be used by Southwark Council. Following the last meeting the committee asked to be kept informed

2 Context

HC-1 is Heath Care One . This is the organisation that took over the management and delivery of care in two of the Southern Cross Homes; Tower Bridge Care home and Camberwell Green Care home.

The other ex Southern Cross, Burgess Park, home transferred to Four Seasons on 30th September 2001.

3 Present situation

There is an embargo on Camberwell Green and Burgess Park while the council assess progress on improvements needed around quality of care by both HC-1 and Four Seasons

The embargo on the former Southern Cross homes, now operated by HC-1 with effect from 1st November, remains in place and are subject to ongoing review.

The Council held an initial meeting with the Directors of HC-1 on 14th November to begin the process of engaging with HC-1 in relation to addressing the concerns identified through the findings of the independent review while the homes were operated by Southern Cross. The embargo will remain in place until the Council can be confident that HC-1 has addressed all the concerns raised and that it can be confident that HC-1 can sustain improvements in quality and practice in the longer term.

A summary report on the Independent Investigation into Tower Bridge Care Centre is enclosed

Title Tower Bridge Care Centre Southern Cross Independent Investigation Summary Report	To Briefing for Health and Adult Social Care Scrutiny Committee Chair
From Lily Lawson Independent Investigator Diane Brown Ltd	Date: 26 October 2011

1. BACKGROUND

Following anonymous emails received in July and August 2011, the London Borough of Southwark commissioned an independent investigation by Diane Brown Ltd, to thoroughly investigate an allegation of medication mismanagement at Tower Bridge Care Centre, a Residential Care Home with Nursing, owned and operated by Southern Cross Healthcare.

Diane Brown Ltd is an independent social care consultancy with extensive experience in the field of Adult Social Care and Health.

The anonymous emails were received by the London Borough of Southwark, the Care Quality Commission and Southern Cross (Court Cavendish) and were processed according to the Whistleblowing policies in each respective organisation.

The issues involved in the allegation of medication mismanagement were:

Allegation 1 –missed medication

The 21:00 dose of medication had not been given to Residents on the 3rd Floor on Friday 15 July 2011

Allegation 2 –cover up activities regarding medication missed

Subsequent actions were taken on Tuesday 19th July to amend records and destroy medication to cover the missed medication incident on Friday 15 July 2011.

The date of amendment of records in the whistleblowing emails was linked to a Care Quality Commission compliance visit which was in fact, Thursday 21 July 2011. It was later confirmed that the subsequent actions occurred on Thursday 21 July.

Tower Bridge Care Centre is registered to provide accommodation for up to 128 residents who require personal and nursing care.

Residents are currently accommodated on 3 floors and occupancy at 13/09/11 was 72 residents. There are currently 53 residents funded by Southwark Council.

25 residents were present on the 3rd Floor at the time of the alleged incident of medication mismanagement on Friday 15 July.

2. INDEPENDENT INVESTIGATION PROCESS

Following the guidance provided by the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, the independent investigation was conducted using the following process:

- a) the collation of information from internal investigation, CQC and from Council monitoring officers.
- b) the research and verification of information available to the current investigation

- c) the undertaking of selected staff interviews to capture relevant information

3. PREVIOUS ACTIVITY

The Care Quality Commission conducted a routine compliance visit during the period of the whistleblowing email communications on 21st July.

The Care Quality Commission compliance visit was undertaken within the regulatory framework and verbal discussions around initial findings found no major concerns. However, following receipt of the Whistleblowing emails and in discussion with London Borough of Southwark, the Care Quality Commission made an unannounced visit on 29th July. Some evidence to support the allegation of medication mismanagement was found, which led to agreement that Southern Cross would conduct a robust internal investigation, reporting by 15 August 2011.

Southern Cross conducted an internal investigation led by the Area Manager and Quality Assurance Adviser. The Quality Assurance Adviser was included to ensure impartiality, however, further whistleblowing emails implicated the Area Manager in medication mismanagement and other issues. The Southern Cross internal investigation found no inconsistencies in the medication records examined.

However, the Quality Assurance Adviser who was leading on the investigation into medication mismanagement, confirmed that the internal investigation focused on medication administered on the 3rd Floor on 20th and 21st July and not on 15th July as communicated by whistleblowing emails to London Borough of Southwark.

London Borough of Southwark Contract Monitoring Officers conducted 2 monitoring visits on 01 August and 04 August. An Alert was also raised with the Safeguarding Team and strategy meetings were held on 28 July and 04 August, where actions supporting an independent investigation were agreed.

Given the lack of confidence in the outcome from the internal investigation, London Borough of Southwark commissioned a fully independent investigation focusing on the specific allegation of medication mismanagement and alleged subsequent actions to cover the error. This investigation was completed 21st October by Diane Brown Ltd.

4. INFORMATION PROVIDED FROM PREVIOUS ACTIVITY

London Borough of Southwark:

At a meeting with Contract Monitoring Officers and the Head of Service at London Borough of Southwark on 05/09/11, the following relevant documents were shared:

- Southern Cross internal investigation report
- Photocopied Signing In record – supplied Whistleblower
- Photocopied Rota
- Whistleblowing emails
- Medicine Administration Records (MAR sheets)
- Medication Disposal Record
- Stock Balance Record Chart

Care Quality Commission:

At a meeting with the Care Quality Commission Inspector and Pharmacy Inspector on 12/09/11, an outline of involvement and initial findings from the CQC draft compliance visit report were discussed.

Southern Cross:

At a meeting with Southern Cross Head of Governance on 02/09/11, there was general discussion on the process of the internal investigation and an outline provided on the framework for the independent investigation.

5. INFORMATION PROVIDED TO THE INDEPENDENT INVESTIGATION***Document Review***

The document review was undertaken at Tower Bridge Care Centre on Tuesday 13 September 2011 and the following documents were examined:

- Signing In Book
- 4 Weekly Timesheets
- July Payroll
- Current List of Staff for Administering Medicines
- List of Residents present on 3rd Floor 15/07/11
- Staff Rota
- Draft and Final Compliance Visit Report CQC
- Training Matrix
- Policies viewed
- Incident Book viewed
- MAR Sheets
- Stock Balance Record Charts
- Residents Daily Records
- Action format for revised medication procedures
- Medication policy
- Serious incident policy

Staff Interviews

Staff interviews were undertaken in 5 sessions over a period of 4 weeks. The period for staff interviews was extended due to availability of staff and to provide every opportunity for staff contribution.

Staff from all Floors were selected for interview, consistent with their presence on duty on Friday 15 July (night) and Tuesday 19 July (day) as confirmed by the Rota and Signing In/Out Book which staff complete routinely.

These dates were provided by the Whistleblowing emails as the dates on which the medication mismanagement incidents took place.

In addition, the Home Manager, 2 Deputy Managers and the Administrator were also interviewed and 2 Southern Cross Senior management staff, the Area Manager and Quality Assurance Adviser.

In total, 35 staff were selected for interview inclusive of management and senior management.

Interviews were conducted at Tower Bridge Care Centre and Camberwell Green Care Home.

Of 35 staff selected:

- 27 staff attended
- 2 were on annual leave
- 2 were currently suspended

- 2 no longer work with the company
- 2 were unavailable and made no response to telephone contact

6. FINDINGS

Documentary Evidence confirmed:

- 8 residents on the 3rd Floor were recorded and signed off as having received the 21:00 medication dose from the Team Leader. The remaining residents were recorded as having refused medication.
- The working rota showed the Team Leader as working for 2 hours (20:00-22:00) on Friday 15 July
- The Team Leader did not “sign in” as working for 2 hours on Friday 15 July and was not scheduled on the Master rota for duty
- The Team Leader was not paid overtime for those 2 hours and they were not included in her overtime total either for the week or the month
- There was no evidence that these 2 hours were taken as time off in lieu and no system was presented for time off in lieu
- There was a consistent absence of scheduling of a Senior member of staff responsible for the administration of medicine, on the 3rd Floor on each night shift

Reported information from staff interviews confirmed:

Friday 15 July

- There was a customary practice, understood by all staff, of passing responsibility for the night administration of medicine on the 3rd Floor, to the Senior person on the 2nd Floor.
- On Friday 15 July this handover process was confused and medication was not given to 8 Residents on the 3rd Floor
- No one was recorded as “calling in” the Team Leader to administer medication on Friday 15 July.

Saturday 16 July

- On Saturday 16 July, the Team Leader reported to the Deputy Manager that the scheduled 21:00 medication had not been given to Residents on the 3rd Floor on Friday 15 July. The Team Leader understood that the Deputy Manager was dealing with the matter.
- This incident was not reported according to the regulatory protocols.

Thursday 21 July

- On Thursday 21 July while the Care Quality Commission were conducting a routine compliance visit, the Team Leader was approached by the Manager and asked to amend the records in respect of the medication which should have been given to Residents on Friday 15 July.
- Although initially refusing, the Team Leader was later led by the Deputy Manager to the medication room where she confirms she amended the records (MAR Sheets) to show medication as given to residents at 21:00 on Friday 15 July. While she was doing this, the Deputy Manager destroyed the medication not given, to retain a consistent stock balance. In addition an Administrator was posted outside the room to keep watch.

- The Team Leader readily admitted these actions when given the opportunity for interview and confirmed that she felt under pressure from management to comply. She also stated that she thought the Area Manager had been informed of the medication incident and complicit in the actions taken.
- Other staff confirmed these details as they had been reported to them, at the time, by the Team Leader. One HealthCare Assistant witnessed the meeting between the Manager and the Team Leader where the request to amend records had been made and also witnessed the unusual circumstances at the 3rd Floor medication room while the incident was underway.

6. INDEPENDENT INVESTIGATION CONCLUSIONS

Allegation 1 – that the 21:00 dose of medication was not given to 8 Residents on the 3rd Floor on Friday 15 July 2011 was **UPHELD**

Allegation 2 – that actions were taken (on Thursday 21 July) to amend records and destroy medication on the instruction of the Manager and with the involvement of Management staff was also **UPHELD**

7. INDEPENDENT INVESTIGATION RECOMMENDATIONS

The London Borough of Southwark, as Commissioners, to consider:

1. An immediate embargo on all new placements at Tower Bridge Care Centre and given the operational mismanagement identified, how this may be relevant to other Care Homes within the Group.
2. Using the Safeguarding Adults process to agree a strategic plan to investigate Tower Bridge Care Centre, identify residual risk to Residents and require the Provider to develop action plans to comprehensively address operational issues and ensure the safety of Residents.
3. Sharing information with the Care Quality Commission and establishing a monitoring and evaluation framework for a specified period (working closely with the Care Quality Commission) to develop a culture of best practice and a clear focus on the well-being of Residents.

These measures should restore confidence in the quality of the service in the longer term.

Southern Cross, as the Provider, was asked to consider:

1. Appropriate and proportionate disciplinary action (with due regard for continuity of care for Residents) in respect of:
 - a. The staff member who signed off the 21:00 medication dose as given on Friday 15 July 2011
 - b. The Deputy Manager who signed in the Team Leader as present on Friday 15 July 2011 and apparently took the lead in ensuring the amendment of records and destruction of medication on Thursday 21 July 2011
 - c. The Deputy Manager who had clear knowledge of the medication missed on Friday 15 July and failed to take appropriate action to report this in line with

- regulations and further, provided a confused statement about the incident, citing a sequence of events later denied by other staff.
- d. The Administrator who denied knowledge of the incident but took steps to frustrate access to a key staff member in the interview process.
 - e. The Home Manager who has overall responsibility for service delivery
 - f. The Area Manager who has overall quality and monitoring responsibilities in the operation of service delivery.
2. Establishing a comprehensive operational guidance document on medication administration available to staff on each Floor.
 3. Training in the use of this guidance as soon as possible with refresher training plans in place
 4. Senior staff with responsibility for medication administration to be rostered to the 3rd Floor on each night shift
 5. Further monitoring and evaluation, to address wider service concerns indicated by these occurrences and the fact their internal investigation failed to discover the facts.

8. INVESTIGATION OUTCOMES

The findings were shared with Southern Cross and the Care Quality Commission at a formal meeting at London Borough of Southwark offices, on Friday 21 October 2011.

The following actions were taken and agreed:

The London Borough of Southwark established an immediate embargo on all new placements to Southern Cross homes in Southwark (Tower Bridge Care Centre and Camberwell Green Care Home).

The Council is working closely with the NHS Care Home Support Team to ensure the safety of existing residents and to develop a sustainable quality improvement plan.

Southern Cross agreed to 1) consider immediate and proportionate disciplinary actions that would ensure safety of our residents and 2) to urgently set up an immediate further internal investigation process, led by staff external to the operational management of Tower Bridge Care Centre into why their initial investigation failed.

The Council was subsequently informed that 3 staff, including the home manager have been suspended and a further 2 staff are subject to disciplinary process. At a very senior level, Pam Finnis, Regional Director at Southern Cross Healthcare and Managing Director designate for HC-1 (successor organisation) has agreed to oversee follow through on these matters. A senior HR specialist within the organisation has been appointed to conduct the disciplinary investigations in accordance with their policies and procedures.

The Care Quality Commission confirmed they will consider appropriate action under the regulatory framework.

Scrutiny review proposal

1 What is the review?

Ageing of Adults with Complex Needs (Entry into Adult Social Care and Later Life)

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

Southwark Council – Social Care

Southwark Council – provision of universal services

Clinical Commissioning committee – to ensure good integration

Voluntary providers

3 When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?

Finalised by 14 March 2012

4 What format would suit this review? (e.g. full investigation, Q&A with cabinet member/partners, public meeting, one-off session)

Full investigation

5 What are some of the key issues that you would like the review to look at?

How the council, community and disabled residents can best cope demographic pressures, rising expectations and a contraction in resources.

6 Who would you like to receive evidence and advice from during the review?

Disabled residents and disabled people groups

Officers

Statutory, voluntary and community providers

7 Any suggestions for background information? Are you aware of any best practice on

this topic?

This will be sourced

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Visits to settings (Day services, outreach provision, care homes)

Call for evidence from service users and providers, both statutory and voluntary

Officer advice

Visits to disabled peoples groups (Cambridge House , Speaking up , Southwark Disability Forum etc)

Call for academic research , particularly around demographics , policy shifts and best practice

Health and Adult Social Care Scrutiny Work programme 2011/12

Meeting 1 Wednesday 29 June 2011

Introductory presentations on:

- Adult Social Care – Susanna White
- Public Health – Dr Ann Marie Connolly
- Commissioning – Andrew Bland & Dr Amr Zeineldine

Particular issues of concern: Safeguarding & Southern Cross
Impact on services of recent NHS savings – a short report will be requested on impact on patient care

Work programme

Identify and confirm work programme and reviews

Potential reviews are:

- Review A :Commissioning (impact of savings on patient care, transition arrangements, conflicts of interest & contract management)
- Review B : Ageing of Adults with Complex Needs (Entry into Adult Social Care and Later Life)

Interim work

Agree and scope reviews

Visit Southwark three acute trusts during August and the first week of September:

- King's College Hospital NHS Foundation Trust (KCH)
- Guy's and St Thomas' NHS Foundation Trust (GSTT)
- South London and Maudsley NHS Foundation Trust (SLaM)

Meeting 2 Wednesday 5 October 2011

Presentation by Acute Trusts (x3)

Review A: Clinical commissioning

Review scoping documents

Commissioning – presentation by Andrew Bland & Dr Amr Zeineldine and possibly portfolio holder transition lead. Issues to be explored are:

- Impact of saving on services (reflecting on report requested)
- Transition to full delegation
- Conflicts of interest

- Contract Management

Review B : Ageing of Adults with complex needs

Review scoping of adults with complex needs – initial identification of demographic issues and preliminary consideration given to impact on health & social care services. Decide what evidence is needed to further review

Receive information on Southern Cross and related issues – decide if the further information is needed to make recommendations

Receive information on Public Health prevention investment

Receive information on contracts

Meeting 3 Wednesday 7 December 2011

Cabinet member interview – consideration given to expanding interview panel

HIV consultation

Review A: Clinical commissioning - receive interim report

Review B : Ageing of Adults with complex needs –Finalise scoping document and decide on evidence to be pursued

Review of Southern cross and related issues – receive further evidence

Meeting 4 Wednesday 1 February 2012

Review B: Ageing of Adults with complex needs – Review evidence and pursue further lines of enquiry

Review A: Clinical commissioning – work on finalising report

Review of Southern cross and related issues – produce short report

Safeguarding – review and receive Annual report from Safeguarding Board and Chair

Health and Wellbeing Board draft strategy

Meeting 5 Wednesday 14 March 2012

Review B: Ageing of Adults with complex needs – Finalise report

Meeting 6 Wednesday 2 May 2012

Quality Accounts

Consider broader evidence base – e.g Healthwatch, GP patient practice groups, service users advocacy groups (Older people, disabled people, mental health etc)

This page is intentionally blank.

DISTRIBUTION LIST**MUNICIPAL YEAR 2011/12****HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE**

Original held by Scrutiny Team; please notify amendments to ext.: 57291

<u>OPEN</u>	<u>COPIES</u>	<u>COPIES</u>
<u>Members of the Sub-Committee:</u>		
Councillor Mark Williams (Chair)	1	<u>Southwark Health and Social Care</u>
Councillor David Noakes (Vice-Chair)	1	Susanna White, Strategic Dir. Health & Community Services
Councillor Denise Capstick	1	Andrew Bland, MD, Southwark Business Support Unit
Councillor Patrick Diamond	1	Malcolm Hines Southwark Business Support Unit
Councillor Norma Gibbes	1	Anne Marie Connolly, Director of Public Health
Councillor Eliza Mann	1	Rosemary Watts, Head of Communication & Public Experience
Councillor The Right Revd Emmanuel Oyewole	1	Sarah McClinton, Deputy Director, Adult Social Care
Councillor Poddy Clark [Reserve]	1	
Councillor Neil Coyle [Reserve]	1	
Councillor Mark Glover [Reserve]	1	
Councillor Jonathan Mitchell [Reserve]	1	<u>Southwark Health & Community Services secretariat</u>
Councillor Helen Morrissey [Reserve]	1	Hilary Payne
<u>OTHER MEMBERS</u>		
Councillor Peter John [Leader of the Council]	1	<u>Other Officers</u>
Councillor Ian Wingfield [Deputy Leader]	1	John Bibby, Principal Cabinet Assistant
Councillor Dora Dixon-Fyle [Health & Adult Social Care]	1	Alex Doel, Cabinet Office
Councillor Catherine Bowman [Chair, OSC]	1	Sarah Feasey, Legal Officer
		Paul Green, Opposition Group Office
		Local History Library
		Shelley Burke, Head of Overview & Scrutiny
<u>Health Partners</u>		
Stuart Bell, CE, South London & Maudsley NHS Trust	1	
Patrick Gillespie, Service Director, SLaM		
Jo Kent, SLAM, Locality Manager, SLaM	1	
Marian Ridley, Guy's & St Thomas' NHS FT	1	<u>EXTERNAL</u>
Michael Parker, Chair, KCH Hospital NHS Trust	1	Mr C George, Southwark Advocacy Alliance
Phil Boorman, Stakeholder Relations Manager, KCH	1	Rick Henderson, Independent Advocacy Service
Jacob West, Strategy Director KCH	1	Tom White, Southwark Pensioners' Action Group
Julie Gifford, Prog. Manager External Partnerships, GSTT	1	Southwark LINK
Geraldine Malone, chair's PA at Guy's & St Thomas's	1	Scrutiny Team [Spares]
		TOTAL HARD COPY DISTRIBUTION
		43

HARD COPIES OF THIS AGENDA ARE AVAILABLE ON REQUEST FROM THE SCRUTINY TEAM TEL: 0207 525 7291