Open Agenda

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

Monday 9 December 2013
7.00 pm
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Rowenna Davis
Councillor Dan Garfield
Councillor Jonathan Mitchell
Councillor Michael Situ

Reserves

Councillor Neil Coyle
Councillor Patrick Diamond
Councillor Paul Kyriacou
Councillor Eliza Mann
Councillor Mark Williams

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

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Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 6 December 2013

PRINTED ON RECYCLED PAPER

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

Monday 9 December 2013
7.00 pm
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

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	To approve as an accurate record the minutes of the meeting held on 15 October 2013.	
5.	**LOCAL ACCOUNT**	9 - 36
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7.	**CARE HOME QUALITY IMPROVEMENT STRATEGY**	37 - 78
	Sarah McClinton, Director of Adult Social, will present and take questions.	
8.	**LONDON AMBULANCE SERVICES**	79
	Kevin Brown, Assistant Director Operations for South London and Keith Miller, Ambulance Operations Manager at Waterloo. Evidence is being taken to inform the ongoing review: Access to Health Services in Southwark.	
9.	**PATIENT SURVEYS**	

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NHS England commissions a GP Patient Survey that asks what patients think about their GP surgeries and other primary medical care services in England. The GP Patient Survey is run by survey specialist Ipsos MORI. It assesses patients' experiences of the access and quality of care they receive from their local GPs, dentists and out-of-hours doctor services. Evidence is being taken to inform the ongoing review: Access to Health Services in Southwark. Papers summarising the results have been supplied by NHS England . The survey data can also be accessed here: http://www.gp-patient.co.uk/

A survey has also been produced by scrutiny to provide additional evidence for the review: Access to Health Services in Southwark. The survey is live and can be accessed here:

http://www.surveygizmo.com/s3/1463361/Access-to-Health-Services

10. LOCAL MEDICAL COMMITTEE LMC - SOUTHWARK 80 - 84

Evidence is being taken to inform the ongoing review: Access to Health Services in Southwark . A written report only has been provide by Southwark Local Medical Committee.

11. WORK-PLAN 85 - 86

Date: 6 December 2013

Open Agenda

Agenda Item 4

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

MINUTES of the OPEN section of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Tuesday 15 October 2013 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT:
Councillor Rebecca Lury (Chair)
Councillor David Noakes
Councillor Denise Capstick
Councillor Dan Garfield
Councillor Jonathan Mitchell
Councillor Michael Situ
Councillor Neil Coyle

OTHER MEMBERS PRESENT:

OFFICER SUPPORT:
Dr Amr Zeineldine, Chair of the NHS Southwark Clinical Commissioning Group
Andrew Bland, Chief Officer NHS Southwark Clinical Commissioning Group
Gwen Kennedy, Director of Client Group Commissioning (CCG)
Dr Roger Durston, GP Clinical Lead for Mental Health (CCG)
Harjinder Bahra, Equality and Human Rights Manager (CCG)
Juney Muhammad, SLaM
Jonna Bish, Pastor
Jacqueline Best – Vassell, Pastor
Janet Kotoka, Pastor
Cliff Bean, SLaM;
Geraldine Walters, Director of Nursing & Midwifery KCH
Jackie Green, Head of Stakeholder Relations, KCH;
Alvin Kinch, Healthwatch;
Sarah McClinton, Director of Adult Care, Southwark Council
Adrian Ward, Head of Performance, Southwark Council
Andrew Bland, Chief Officer NHS Southwark Clinical Commissioning Group
Jill Webb Deputy Head of Primary Care (South London) NHS England

Julie Timbrell, Scrutiny project manager

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Davis; Councillor Coyle attended as a substitute. Councillor Mitchell gave apologies for lateness.

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

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Councillor Coyle declared that he had been invited to join Cooltan Arts management committee, and he intended to take up a position.

4. MINUTES

4.1 The scrutiny project manager, Julie Timbrell, reported that a committee member had questioned the minuting of item 6 and the reference to the number of European users of Guy's and St Thomas' A & E and Urgent Care Centre, and that it might not be accurate to state that there were 'many' patients. It was agreed that this will be checked out with the emergency staff that attended the meeting. The minutes were agreed as an accurate record, subject to this clarification and any amendments necessary.

5. MENTAL HEALTH STRATEGY - SOUTHWARK CLINICAL COMMISSIONING GROUP

5.1 The chair announced that this agenda item and the next two items would be taken together and invited everybody to introduce themselves: Gwen Kennedy, Director of Client Group Commissioning (CCG); Dr Roger Durston, GP Clinical Lead for Mental Health CCG; Harjinder Bahra, Equality and Human Rights Manager CCG; Juney Muhammad, SLaM and local Pastors Jonna Bish, Jacqueline Best – Vassell and Janet Kotoka.

5.2 The chair invited Gwen Kennedy to do a short presentation. She reported that data showed that people with psychosis from BME communities tend to be admitted later, often in crisis and with more complex needs; moreover there is a higher frequency of people being admitted through a Section or via the judicial system. The CCG draft strategy highlighted that better data is needed and will be gathered. She said that one issue is the stigma of mental health and that there is a need to look at the range of risk

factors, as well as models for recovery and early intervention. She reported that the CCG are on a trajectory to agreeing a joint strategy for Mental Health. She added that there are significant financial factors driving the need to make better use of resources, including a growing and older population. She ended by commenting that the BME church pilot is very encouraged.

5.3 Harjinder Bahra explained that he is working nationally to reduce stigma around Mental Health, particularly with Sikh and Muslim communities. He explained that the pilot Black Majority Churches programme is a cutting edge project in London and that Juney Mohammad and delegates from the churches will speak about how participating in the course has increased their awareness and made a difference .

5.4 Juney Muhammad commented they the Black Community is often referred to as hard to reach, however often people find services inaccessible. She added that people's experiences are often difficult and challenging. She referred to Black History Month and the stories of people escaping from slavery and its impact in mental health. She said it is important to acknowledge the traumatic consequences this legacy held for many.

5.5 Juney Mohammad explained that in some communities medicine is seen as oppressive. She emphasized that people from BME communities with psychosis are much more likely to enter the system through coercive means. She referred to deaths in custody and reported that there are high levels of fear. She went on to explain that the programme facilitates difficult conversations about stigma, engagement and people's experience of duress – for example the course explores concerns around 'Sectioning.' Participants are also taught how to recognise signs of distress and there is an emphasis on mental health literacy. She reported that there is under-detection of mental health problems and events to reduce stigma can help. Once completed the participants are clearer where they can help people to access help, for example referral to GPs. She said that some of the course outcomes are about safeguarding. The Victoria Climbe case highlighted that certain beliefs can cause a great deal of harm, for example cultural views about possession.

5.6 She reported that some of the conversations are to do with why people see things differently. The course involves people from a range of religions, including Buddhist and Rastafarian, and that participants are engaged around spirituality, rather than religion. The centrality of faith also allows the people to go beyond prayer - and move to pastoral care.

5.7 The Black Majority Church delegates, local Pastors Jonna Bish, Jacqueline Best – Vassell and Janet Kotoka, then gave evidence.

5.8 .The first delegate commented that she works for SLaM but coming from a faith perspective and participating in the course as a pastor was completely different. She explained that the course allows church leaders to offer and promote primary care as the training enables pastors to improve their ability to support and signpost people. She said that people are now much more open and reported that a new Ministry was born of this training. A member asked if this was just to the congregation and the delegate emphasized that the Ministry had an outward focus and goes out to the community and includes a Food Bank. She said that this is reflected in the name; the

Ministry is called ‘Reach’.

5.9 Members enquired why they thought there was a need for more training and delegates said that one reason was the cultural norm around not airing dirty laundry in public – the ethos can be ‘don't talk, just pray’. They reported that the course allows participants to talk about the issues. A member asked if the emphasis was now on praying and talking and if there had been any assessment of the impact. A delegate responded that the course has been an eye opener and agreed that there is a culture where people are very reluctant to disclose sensitive issues, and confidentially is highly maintained. She explained one of the outcomes has been having an on -call minister; who will contact people who have withdrawn, to establish contact. She added that people are now encouraged to see GPs and refer on appropriately. She emphasized the importance of addressing spiritual sides before anything else.

5.10 Juney Muhammad commented that this is a ten week course, done on a volunteer basis, and then the learning is taken out into the church and community, rather than a professional course with high levels of capacity to measure the impact. Another delegate agreed and said that it increases the ability to recognise the signs and symptoms, to deal with services and effectively sign-post.

5.11 A member asked about the physical health needs of people with mental health problems, and if these were also addressed and commented that it has been reported that one police officer on every shift is needed to deal with people in mental health crisis. Gwen Kennedy reported that when anybody comes to a GP with a mental health problem the CCG is encouraging doctors to undertake an assessment of physical health, so that body, mind and general wellbeing are considered together. She added that the course looks at the whole person. Harjinder Bahra commented that the course promotes early intervention, signposting and looking at underlying issues - going to a doctor can help address all health issues.

5.12 Dr Roger Durston explained that records are kept of all people with mental health needs and there is targeted promotion of the health test with at risk populations. He pointed out that there is a drop in life expectancy of ten years from Dulwich to Camberwell and a drop of another ten years for people with mental health problems.

5.13 A member returned to the question about police time and asked if an investment in this course would lead to less police time being spent on people in mental health crisis. Juney Muhammad responded that police have introduced new processes whereby they record the how much time they are spending on different types of incidences and she thought that this question around the value of preventative work is very pertinent. Gwen Kennedy said that she thought the plan for early intervention would ensure that there are less people ending up in a very disturbed state and at A & E.

5.14 A member commented that he thought it was very exciting to see this soft approach and asked the delegates if this programme could reach more people. The delegates responded positively and explained that they will be working with families to enable people in distress to be better supported and that churches are also making contacts with the police.

5.15 A member asked if officers thought it was better to have separate services or if one

size fits all. Gwen Kennedy responded that the CCG aim to ensure that services are as integrated as possible and that the mainstream health services are accessible as possible. However, she added, sometimes there is also a need for specialist services - whilst progress is being made on making mainstream services more accessible. She ended by saying that given there are more constrained resources there are more limitations on the ability to provide tailored services but the CCG are commissioning for what works, and this will include targeted programmes.

5.16 The chair and committee thanked the officers and pastors for their time and a very worthwhile presentation.

6. MENTAL HEALTH , FAITH AND BME COMMUNITIES

6.1 This item was merged with item 5.

7. REVIEW: PREVALENCE OF PSYCHOSIS AND ACCESS TO MENTAL HEALTH SERVICES FOR THE BME COMMUNITY IN SOUTHWARK

7.1 This item was merged with item 5.

8. FRANCIS INQUIRY REPORT

8.1 The chair welcomed the health commissioners and providers :Cliff Bean, SLaM; Geraldine Walters, Director of Nursing & Midwifery and Jackie Green, Head of Stakeholder Relations, KCH; Alvin Kinch, Healthwatch; Sarah McClinton, Director of Adult Care, Southwark Council and Adrian Ward, Head of Performance, Southwark Council; Jill Webb Deputy Head of Primary Care (South London) NHS England and Andrew Bland and Tamsin Hooton, Director of Service Redesign, NHS Southwark Clinical Commissioning Group (CCG Primary and Community Care strategy). The scrutiny project manager conveyed apologies from Eileen Sills, Chief Nurse and Director of Patient Experience, Guys and St Thomas. The chair invited representatives to provide a short presentation based on the papers circulated.

8.2 A member referred to the reference made to Winterbourne by Sarah McClinton and asked all providers what they did to identify risks in the system, for example staff turnover and levels of staffing. Geraldine Walters, KCH, explained that there are difficulties in assessing appropriate levels of staffing as it depends on the acuity of patients and is complex; she agreed that staff turnover could be useful. The member responded that baseline figures might be needed to assess staff levels.

8.3 A member noted that the representatives from hospitals on the safeguarding board are relatively junior and referred to previous concerns raised by the committee that there were no safeguarding complaints raised by hospitals last year, as reported in the annual safeguarding report. He added that detailed information about complaints would be helpful. Geraldine Walters, KCH, responded that the

representatives from KCH on the safeguarding board are not at her level but they do know the detail and indicated that she would look into the concerns raised about the lack of safeguarding complaints.

8.4 Hospitals representatives' reported that they do send reports on complaints to the CCG and these could be shared. Cliff Bean, SLaM, said the complaints detail is available; however there are issues around confidentiality.

8.5 A member asked about avenues for staff to raise concerns. Staff surveys were referred to. Members commented that there appears to be a bit of a gap between raising concerns and whistle-blowing.

8.6 Members asked Alvin Kinch from Healthwatch if they received complaints. She responded that people don't tend to give Healthwatch complaints - but that might be to do with how Healthwatch pose questions. She commented that Healthwatch work with 'Voiceability', and they provide complaints advocacy.

8.7 Tamsin Hooton referred to the integrated performance report. The chair commented that the committee does currently get a performance report but additional information would be helpful.

8.8 A member asked about monitoring of care home quality and officers commented that the council commissioned rather than delivered care home the day to day work was not as in depth. A member referred to the evidence in the Francis Inquiry that people were sitting on evidence, rather than sharing concerns.

RESOLVED

NHS Foundation Trust Hospitals will be asked for their protocols outlining how staff can raise concerns.

The sub-committee will finalise the report on the Francis Inquiry and circulate.

9. PRIMARY CARE AND GENERAL PRACTICE

9.1 The chair welcomed the health commissioners to the meeting and Jill Webb Deputy Head of Primary Care (South London) NHS England and Tamsin Hooton, Director of Service Redesign, NHS Southwark Clinical Commissioning Group (CCG Primary and Community Care strategy) introduced themselves. They both did a short verbal presentation based on the papers circulated and the project manager promised to forward a slide presentation.

9.2 A member commented on the evidence that people are presenting later in the day

and at A & E. He asked if doctors will be providing services later in the day to meet some of this need. Tamsin Hooton commented that the Call for Action may provide more of an indication that expectations are changing, however she cautioned that places with later access might not have patient records or offer continuity of care. Jill Webb agreed and noted that provision risks being too expensive and also risks duplication. 8am to 8pm opening will be considered in 2014.

9.3 Andrew Bland, Chief Officer, CCG, commented that the focus is on changes that will make the most difference to patients and the biggest issue is still acuity in A & E. Dr Amr Zeineldine, Chair of the CCG, added that the quality, appropriateness and value of the services are also important, and concerns about continuity and patient records particularly apply to walk-in centers. A & E offer excellent diagnostic services but GPs and community care are better placed to manage long term conditions effectively.

9.4 A member referred to constituency concerns and his own experience. He reported that he had to wait between 7-9 days or even 2 -3 weeks for an appointment. He said long waits mean that people use the walk - in centre and commented that he did not think patients should have to wait longer than 5 days. Members added that it is very difficult to get an appointment after 4pm or on Saturday, when there is the biggest demand. Jill Webb commented that some practices are offering extended hours - but this is a quite marginal, rather than uniform, offer. She added that Southwark is comparable for access to other inner city areas.

9.5 There was a discussion on advance -booking and immediate access. It was reported that the former targets that used to monitor 48 hour urgent access and two weeks for a scheduled appointment have been abolished. .Members commented that nowadays people want different types of access and there is more of an orientation towards walk-in. Dr Amr Zeineldine commented that some practices are better at moving resources to meet demand - but this is often a crude process as there are not many resources. He explained that there is an emphasis on managing immediate access for acuity. Jill Webb commented when the evidence for long waits is unpicked there are often other issues which make accessing a doctor harder, for example some patients want to see a preferred doctor within two weeks, rather than the doctor at the practice who is first available.

9.6 A member asked about future planning for surgery buildings and referred to the regeneration of Heygate. He asked if there is a process to get developers and planners to work together. Andrew Bland reported that there is a strategy to get more practices to work together and that the CCG do try to ensure good use of section 106 money. The member asked if there was a plan to make best use in the coming years of the regeneration opportunities and Andrew Bland responded that sometimes the approach has been rather piecemeal, partly because it has been difficult to make forward plans because of uncertainty around phasing. The member assured Andrew Bland that these problems have now been resolved and encouraged the development of a homogeneous plan. Jill Webb commented that given the price of renting property section 106 money is very important for GP practices and Andrew Bland concurred, and agreed to pick up on this.

10. LOCAL ACCOUNT OF ADULT SOCIAL CARE

10.1 This was deferred until the following meeting.

11. REVIEW : ACCESS TO HEALTH SERVICES IN SOUTHWARK

11.1 The updated Terms of Reference was noted.

12. WORK-PLAN

12.1 The work-plan was noted.

13. PAPERS FOR INFORMATION

13.1 The papers were noted.

Agenda Item 5

Item No.	Classification: Open	Date: 09/12/2013	Meeting Name: Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee
Report title:		Draft Local Account of Adult Social Care 2012/13	
Ward(s) or groups affected:		All	
From:		Sarah McClinton, Director of Adult Care, Children's and Adults Department	

RECOMMENDATION(S)

1. That the Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee note the draft Local Account.

BACKGROUND INFORMATION

2. The Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee reviewed the 2011/12 Local Account at its meeting in January 2013. One of the comments made was that the committee would like to review the 2012/13 Local Account whilst it is in draft form so as to be able to influence the final document.

KEY ISSUES FOR CONSIDERATION

3. The Local Account is a new form of public performance report, setting out the progress councils have made in delivering national and local adult social care priorities, and the key areas for further improvement in forthcoming years.

4. In our first Local Account covering 2011/12 we described our progress on a range of adult social care priorities and set out areas for improvement in 2012/13. This draft Local Account reports back on our performance in these areas and sets out our priorities for improvement during 2013/14.

5. Following consideration of any comments received from scrutiny committee and a number of other stakeholders a final Local Account will be published during December.

6. The draft Local Account is attached in **appendix 1.**

APPENDICES

No.	Title
Appendix 1	Draft local Account 2012/13 : Promoting independence. Wellbeing and Choice

Lead Officer	Sarah McClinton, Director of Adult Care, Children's and Adults Department
Report Author	Adrian Ward, Head of Performance (Adult Social Care), Children's and Adults Department

Adult social care

Promoting independence, wellbeing and choice

Local Account 2012/13

A review of the council's performance and priorities in adult social care

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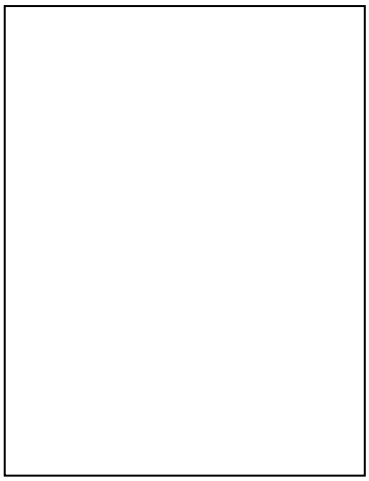
Foreword from Catherine McDonald, Cabinet member for health, adult social care and equalities



Catherine McDonald

Cabinet member for health adult social care and equalities

Welcome to our second Local Account of adult social care services in Southwark.

Over the last year we have been investing in services to help everyone in Southwark live long, fulfilling and healthy lives. Our focus has been on supporting people to live independently in their own home, preventing or delaying the need for intensive care and support. This is in line with what people tell us they want.

As you will see we are able to highlight good progress in a number of key areas. For example, there has been an increase in the number of people with personal budgets, which enable people to exercise control over their services; more people are benefitting from reablement services which help them get back on their feet after a period of illness or injury; the price people pay for meals on wheels has been reduced significantly; safeguarding measures have improved; there has been increased integrated working with health; access and information has improved, and we have made good progress in shifting the balance of care away from care homes to community support for people with learning disabilities.

However we are fully aware that there is still much to do to improve the quality of services. We are particularly keen to ensure that more people are supported to gain real choice and control from their personal budget arrangements to help them live the life they want to live. We need to make further shifts in the balance of care away from care homes in favour of community based support when this is what people prefer. Our integrated work with health services through the Southwark and Lambeth Integrated Care initiative is key in this respect, ensuring people get the right support at the right time in a joined up way to prevent the need for more intensive health and social care support. We are working with care providers to increase the quality of home care and residential and nursing homes, and more progress is expected in this area, with a particular focus on dignity and compassion for service users, and ensuring fair pay for care workers. We are advancing our plans to offer much more “extra care” housing which enables people with relatively high care needs to be supported in their own home as an alternative to residential care. We are also reviewing and improving safeguarding, including our response to the national Winterbourne View recommendations for improving services for people with learning disabilities with high needs.

We expect to see all these service improvements reflected in improved satisfaction levels reported by service users in our customer surveys.

This is all in the context of the council having received large cuts in its budget from central government – a real terms reduction of over £90 million over a three year period to 2013/14, including a reduction of £17m in 2012/13, and an expected further reduction of £20.6m in 2014/15.

There are however a number of exciting opportunities over the coming year. As of April 2013 local authorities took on responsibility for public health. This gives us a great opportunity to ensure that health and wellbeing considerations are fully embedded in the way we deliver all council services. This new remit falls within my portfolio and I am keen to seize the opportunity to work with the new Health and Wellbeing Board to build healthier communities in Southwark.

Our new health and well being strategy will promote preventative services that help people stay healthy and independent, reducing the pressure on more intensive services. This in turn will help us deliver our goals as set out in this Local Account within reduced resources. Also, there is a strong local and national drive towards further integration with health, including the pooling of budgets enabling a more joined up and cost effective approach which we are taking forward locally through Southwark and Lambeth Integrated Care.

I am looking forward to the implementation of a number of new initiatives, including the Carers Strategy and new day services models. I am particular keen to oversee the development of proposals for a centre of excellence for people with dementia in Peckham, to help address the rising numbers of residents and their carers needing support in the borough.

I would welcome your views on this 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.

Catherine McDonald

Our Health and Wellbeing Strategy: key adults priorities

Building healthier and more resilient communities and tackling the root causes of ill health

Improving the experience and outcomes for our most vulnerable residents and enabling them to live more independent lives

Statement from Healthwatch Southwark on the LBS Local Account 2012/13

We welcome the opportunity to provide a comment to the Local Account 2012/2013.

As the champion for the patient and public voice our mission is that all Southwark residents can access and expect the best possible health and social care services. We aim to bring the user voice into social care decision-making and to help inform our role in monitoring adult and children social care services.

Priorities for 2013/14

Established in April 2013, we have been developing our priorities based on what is important to residents, what can we do and what are the major health and social care changes happening in Southwark. They are:

1. Access to Mental Health services
2. GP Access
3. Social Care (focusing on those assessed and not eligible through FACS criteria)
4. Sexual & Reproductive Health Services

We will continue to talk to residents and community &voluntary organisations to understand what issues, concerns and experiences they have when using services. Currently, we are running a series of focus groups with community groups to gain a better insight into particular user experiences. We want to build up a ‘’body of intelligence’’ so that we are in an informed position to give an ‘‘voice’’ to these groups, but also to advocate for service improvements and influence decision making.

Southwark Council, as a provider and commissioner, is an important partner for us to engage with so that the social care services listed within the Local Account is monitored to the best of our ability. There will be times when we need to ‘’hold to account’’ and/or act as a ‘‘critical friend’’ to the Council and other publicly funded organisations. However, this will always be carried out with the purpose of improving services for the residents of Southwark.

What gives Healthwatch Southwark an influential edge is our reach into the important bodies that make decisions affecting health and social care services. We have a seat on the Health & Wellbeing Board, the Clinical Commissioning Group (CCG) Governing Body, the Southwark & Lambeth Integrated Care (SLIC), as well as our involvement in the Care Home Quality Strategy Steering Group, Carer’s Strategy and other forums. Through our involvement here and also highlighted as priorities in the Local Account, our work with the Council will only increase as health and social care becomes further integrated. We will however remain independent with our priorities and actions to reflect the needs of our population.

We know that some residents are happy with the care they receive whilst others want to see changes happening to improve care. We want to work with the Council on this – the good and the not so good - so that we can witness achievements through good quality services commissioned and provided for by the Council in next year’s Local Account.

About this Local Account

The Local Account is a new form of public performance report, setting out the progress councils have made in delivering national and local adult social care priorities and the key areas where further improvement is required. Previously the Care Quality Commission provided an annual assessment report of council care services, on which Southwark's last rating was "good" overall. This has now been replaced by a locally driven service improvement approach called "Towards Excellence in Adult Social Care" which provides an opportunity to focus on local priorities. The Local Account is part of this approach. It is supported by the Local Government Association, the Department of Health and the Association of Directors of Social Services, who monitor the effectiveness of the system. We feel that developing the annual Local Account will help increase transparency and improve understanding about how adult social care services work in Southwark.

In our first Local Account covering 2011/12, we described our progress on a range of adult social care priorities and set out areas for improvement in 2012/13. This Local Account reports back on our performance in these areas and sets out our priorities for improvement in 2013/14. We have taken into account comments received on how to improve the last Local Account and are further developing the way service users shape it in future. We have used case studies to bring to life the issues, showing what our vision for improved adult social care can mean in practice for service users.

About adult social care services

The services we provided directly to service users in 2012/13 included:

3,978 community based service users receiving services such as homecare, day care, meals, equipment, transport and personal budgets

4,836 people in Southwark receiving a full community care package following an assessment, of whom 2,977 are over 65.

2,968 personal budget holders

602 people receiving telecare and **2,721** people receiving alarms

1,400 people receiving community reablement or intemediate care services

540 people receiving specialist occupational therapy equipment

1,163 people supported in residential or nursing care, **97** in Extra Care housing

1,280 mental health service users receiving professional support through the care programme approach

394 people received meals on wheels

1,353 carers assessments, 545 leading to a service and 808 to advice and information

2,900 people receiving Supporting People supported accommodation and floating support in their own home

7,831 referrals received, **4,151** assessments undertaken, **4,696** client reviews

753,468 hours of homecare arranged by the council, for **1,096** clients

521 day services clients as part of a care package

3,000 community support service users (e.g. helpline, befriending services)

To put these numbers in context, the 2011 census suggest that there is an adult population in Southwark of 235,200 of whom 22,300 are over 65.

People who are not eligible for tailored formal 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 what adult social services provide, including the “My Support Choices” website is available at:

http://www.southwark.gov.uk/site/scripts/documents.php?categoryID=100010.

For more advice and information about services call our single number:

CONTACT ADULT SOCIAL CARE : 0207 525 3324

Fairer Future - the Council Plan and our vision for adult social care

The Southwark Council Plan, "A fairer future for all", states:

"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"

It also contains a specific promise 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 2012/13 performance via the following link: http://www.southwark.gov.uk/info/200342/council_plan.

The current Council Plan runs to 2013/14 and contains targets we have reflected in this Local Account. A new set of priorities and targets will be consulted on for 2014/15 onwards.

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 which enable people to exercise control over the way their services is delivered.

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.

We are improving access and information though our dedicated telephone line for all queries about help for older and vulnerable people and their carers, including information about services accessible to all, not just those 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.

Our charter of rights for adult social care

The charter was agreed by the council's cabinet. It reflects the adult care vision and is built into the way we work with people. It highlights what people in Southwark with adult social care needs can expect from adult social care services as follows:

- 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, 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).

How we engage with service users and carers

As key experts in care and support the experience and input of people using services is vital to improving the quality of care and support locally.

In 2012/13 we engaged with users and carers in a number of ways to help develop our services. For example, we have involved people in detailed consultations to help shape the approach to redesigning day opportunities for people with learning disabilities, including the Speaking Up service user group. We are also working closely with a key group of service users and families to shape our work in developing a centre of excellence for older people with dementia in the borough, in addition to consulting the Southwark Pensioners Forum, Age UK and other local organisations.

In 2013/14 we want to develop our approach to engagement and focus more on co-production. This means recognising that everyone has a contribution to make and actively involving people from the start to the end of the process, especially where the outcome may affect them.

We will also look at how our learning from this work can impact our approach to developing the Local Account in future years. Towards this goal we would welcome any comments you have on this Local Account. Please use the feed back form at the end of the document to tell us what you think.

We involved service users and older people in the evaluation of our meals on wheels bidders for our new contract. They took part in tastings and provided valuable input which assisted us in reaching a decision.

photo

How we work in partnership with the voluntary and community sector

Our vision requires us all to build stronger, more resilient and independent communities to help prevent people needing intensive social care support. It is essential for the council to work with the voluntary and community sector towards this goal. In 2012/13 examples of partnership have been:

- Working with the Alzheimer's Society to expand the advice and support offer for people living with dementia and their carers after initial diagnosis to plan how to live with dementia now and as their condition progresses
- Establishing a new service with The Stroke Association which is now supporting people following an intensive rehabilitation programme, to provide practical support and advice to those who have experienced a stroke and returned home

In addition, the council commissions much of the direct care provision from third party providers including the voluntary and not for profit sector. Voluntary sector organisations provide the majority of our residential care services and day care provision.

Through our Innovation Fund we have grant funded a diverse range of voluntary sector projects which help support the independence of people, providing more choice for people with personal budgets, such as support planning, personal assistant recruitment, support accessing public transport and other universal services.

We also fund a range of community support services in the voluntary sector providing advice and information, befriending and other services.

Review of 2012/13 – our achievements and priorities for improvement

This Local Account summarises our progress on the priorities within 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

For each outcome there is a set of national Adult Social Care Outcome Framework (ASCOF) outcome measures. These are shown in appendix one to highlight performance trends and comparison to the London average.

Outcome one: 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 social life, contribute to community life, and avoid loneliness or isolation.

Our key achievements last year against the priorities we set in the 2011/12 Local Account are set out below:

Priorities for 2012/13 (from the 2011/12 Local Account)	**Performance 2012/13**	**Priorities for 2013/14**
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	Good progress has been made with over 90 per cent of eligible service users now on a personal budget. Overall, 74 per cent of all service users supported at home were on personal budgets, in excess of the national 70 per cent target. Progress has been made in developing the support required to enable more people to take control of their budgets to benefit from them.	Implementation of our personalisation policy will lead to every eligible service users having a personal budget, which they can choose to manage themselves or elect for the council or a third party to mange on their behalf. Development of support planning will lead to increased numbers of service user managing their own care and having more choice and control.

Priorities for 2012/13 (from the 2011/12 Local Account)	**Performance 2012/13**	**Priorities for 2013/14**
We want to support service users and carers to experience a higher **quality of life** and feel more in control. We want to see this reflected in the results of the 2012 surveys of users and carers**.**	In the 2012 user survey the social care related quality of life measure improved significantly and is now in line with the London average. However the measure on service users feeling in control decreased slightly. The carers survey reported quality of life measure was in line with London results.	We want further improvements in the quality of life measures of the user survey, including the feeling in control measure in particular.
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	Progress has been made in reviewing the needs of clients using day services and developing personalised service models to meet these needs. The council has provided several apprenticeships for adults with learning disabilities over the past year, working in partnership with a local provider to give people the extra support they needed.	We are putting the new service models in place, enabling service users to purchase a range of support options using their personal budget. We are developing the plans for the centre of excellence for people with dementia to be ready for 2014/15. We are commissioning personalised employment support options to enable working age disabled people and carers to obtain and maintain employment
We will increase the number of carers who benefit from a **carers assessment**.	In 2012/13 the number of carers assessments increased in line with targets, with over 1300 carers of adults with care needs now benefitting.	We wish to continue to increase the numbers of carers benefitting from an assessment, and a service. More importantly, we are rolling out the carers strategy to ensure carers have the support they need to balance their caring responsibilities with other aspects of their lives.
We will further reduce the charges for **meals on wheels**, bringing the total reduction to 50 per cent since 2010.	The charge for meals was reduced to £2.52 with effect from 1st April 2012, bringing the total reduction to 26 per cent since 2010/11.	As of October 2013 the charge for meals further reduced to £1.71, a 50 per cent reduction since 2010 and significantly lower than most other London boroughs.

Case study: Personal budgets making a difference

My name is Isayas Solomon and I am a Southwark resident. I use a self-managed personal budget to directly employ two personal assistants (PAs). As a result of a spinal injury I use a wheelchair. I am unable to grip with either hand so need daily assistance with some personal care tasks and preparing meals.

Before I developed my support plan with the help of a support planner, I used carers from an agency. Some of the carers were nice but often they were replaced at short notice and I felt uncomfortable with people I didn't know coming into my home to assist me.

It has meant a lot to me to be able to choose my PAs. I can feel in control of the support that I receive, and feel comfortable with the person and the way they assist me. We have mutual respect for each other. When interviewing the PAs I look for someone who is a good communicator with a positive attitude and an ability to work flexible hours. It helps if they live locally to me too.

The personal budget is paid into my bank account. I have help from a direct payment support service, which assists me with payroll, recruitment and fulfilling my responsibilities as an employer.

One of the best things about controlling my personal budget is that I can use it flexibly. I arrange to have more support on days that I am not feeling so well and 'save up' some of it for an extra hour of support here or there. Occasionally my PA comes with me to the gym and helps me with the hoist so I can go swimming, or with my grip supports for doing weights to help keep me fit and healthy. It's my preference that the PA comes very early in the morning so I can feel ready to start the day when it suits me.

Making daily choices about how to use my personal budget and feeling comfortable with my PAs helps me to stay positive, and achieve the goals I have set myself. I am a very creative person; I write poetry, draw, paint and compose digital music. I also want to start running creative workshops for young people in the near future. I am a member of the Beam Arts group at Southwark Resource Centre. I am passionate about sport; I have done canoeing, snow skiing and skydiving with the help of the organisation The Back Up Trust. I'm practising my swimming and aim to swim competitively soon.

I would recommend anyone receiving support from the council try a self-managed personal budget. With the right help to manage it, it really has improved my quality of life.

Outcome two: 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

Our key achievements last year against the priorities we set in the 2011/12 Local Account are set out below

Priorities from 2011/12 Local Account	Performance 2012/13	Priorities for 2013/14
We wish to make further progress in **supporting people at home** and avoid the use of institutional care homes wherever possible	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. Nearly 3 out of 4 now live in settled accommodation, more than the London average. However our target to reduce new permanent admissions to care homes, particularly for older people, was not met in 2012/13 as admission rates increased. This performance is a reflection of growing demand as people live longer. There comes a time when some people need to live with the support available in a care home and this is always an option. Our aim is to reduce that demand by developing better preventative and community services as alternatives to care homes.	For people with learning disabilities we will continue the existing strategy to increase numbers in supported housing arrangements. For older people our target is to reduce new permanent admissions to care homes by 15 per cent from the 2010/11 baseline, by providing services that prevent the development of intensive care needs and by developing community support alternatives to care homes, such as extra care. This will help us to continue shifting the balance of care away from care homes to people's own homes for all client groups.

Priorities from 2011/12 Local Account	Performance 2012/13	Priorities for 2013/14
	Also of concern is that the proportion of mental health clients living independently is lower than some other similar boroughs.	We are reviewing mental health accommodation issues to identify a strategy for reducing reliance on care homes.
We plan to substantially increase capacity in **reablement** services, which provide short term rehabilitation support to help people get back on their feet after a period of illness or injury and enable more people to benefit from these services directly after being in hospital.	Reablement has expanded in excess of the target of 1200 people benefitting from services, with 1400 people receiving services, of whom around one third were restored to a level of independence requiring no further ongoing social care support. The service model continues to be developed to improve effectiveness and there remains scope for more people to be helped upon discharge from hospital. The mental health reablement service is one of the first services of its kind nationally, helping people learn to live independently with their condition without the need to become permanent mental health service users.	We are further expanding reablement services, and are increasing the focus on outcomes such as the number of people helped to stay living at home in the long term after receiving reablement.
We will work with the NHS on **integrated care** to improve services and reduce unnecessary admissions to hospital and care homes	Integrated approaches with health services though the Southwark and Lambeth Integrated Care project (SLIC) have been in place helping identify effective joined up approaches to reducing unnecessary admissions to hospital and care homes, although these have not yet been fully implemented yet. We have maintained consistently low rates of delayed discharge from hospital showing good services are in place to support discharge.	We are further developing user focused service models with the NHS and Lambeth Council as part of Southwark and Lambeth Integrated Care (SLIC) to deliver improved outcomes and better user experience of integrated health and care services.

Priorities from 2011/12 Local Account	Performance 2012/13	Priorities for 2013/14
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.	Public health functions were successfully transferred to the council on 1 April 2013. The shadow Health and Wellbeing Board informed the development of preventative wellbeing services.	We are working with partners through the Health and Wellbeing Board to develop and deliver a strategy that will bring improvements in public health and social care. The transfer of public health is enabling us to fully embed health and wellbeing considerations into the way we run all council services and we are aiming to make the most of this opportunity. For example, the impact on public health of developments in housing, regeneration and children's services, as well as adult care, can be significant, making a real difference to people's lives.

Names have been changed in the following case studies to protect identifies

Case study
Mental health reablement

Alan had been suffering from depression for some months before being referred to reablement services. He had not been answering phone calls, opening his post or paying bills and was spending the majority of the day in bed. He was distressed about his situation as his financial problems were building up. In the past when he had tried to get on top of these by reading his mail and listening to the voice messages, he had felt overwhelmed and that his situation was hopeless, which made his depression worse.

A reablement support worker went through all his mail and voice messages with him and helped him put the problems in perspective, some of which were less serious than he had thought. Reablement helped him think objectively about ways of tackling the situation and encouraged Alan to pursue his own idea of enlisting the moral support of a friend when phoning organisations he owed money. With the support of his friend he was able to agree a rent arrears payment plan and obtain benefits advice to re-instate his cancelled benefits, all of which helped make the situation more manageable.

The final reablement sessions were used to reinforce his learning, identifying what had worked and what he would do if similar problems arose again.

Alan later gave feedback that the service had helped him think positively and made him feel independent again.

Case Study
Day activities and support planning

Derek is a 53 year old man who has a learning disability and epilepsy. His 82 year old mother is his main carer and they live together in Southwark. He is very close to his mother and also sees his brother regularly. He has been attending a local day centre for many years and enjoys spending time with his friends there.

Derek can be shy around people he doesn't know and becomes stressed and anxious in unfamiliar environments or with a change in routine. Apart from a few familiar journeys, Derek requires assistance to access the community safely. His father died a few years ago and as his mother is now quite elderly, he has not been able to get out and enjoy hobbies/activities as much as he did.

Derek's family, social worker and support planner helped him develop his own support plan. Part of the plan involves using Derek's personal budget to employ a key worker from the day centre as his personal assistant. Together they attend football matches, go swimming at the local leisure centre, see films at the cinema and take weekend breaks out of London. Derek still attends the day centre but now has other ways to be sociable and feel part of the community.

Taking the time to explore support options via an in depth, person centred planning process means Derek can now experience a greater variety of groups and activities in a way that is comfortable for him, while maintaining support from family, friends and key workers that has always worked well.

Case Study
Successful reablement after hospital discharge

Mr. D is 92 and had been admitted to A&E at King's College hospital on a number of occasions due to serious falls. The Southwark reablement team supported him out of hospital and helped him to achieve much more than his original therapy goals, which focused on maintaining his safety in his own home. He can now manage his stairs, outdoor mobility (to the park and his local supermarket) and has shown staff how he makes a tasty chicken casserole.

This was achieved with a range of health and social care inputs including physiotherapy and an exercise programme supervised by social care staff. Rehabilitation support workers attended daily during the six week period for all personal care, meals, medication prompting, catheter care and safety checks.

Outcome three: 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 throughout the care process.
- 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 the individual and ensure support is sensitive to their circumstances

Key achievements and priorities

Priorities from 2011/12 Local Account	Performance 2012/13	Priorities for 2013/14
We aim to improve the **user satisfaction** levels reported by our customers.	The user survey shows an improvement on last year, with 84 per cent satisfied and only 7 per cent dissatisfied with services. However user satisfaction remains an area we wish to continue to improve.	We aim to improve user satisfaction levels, so that more people say that they are very or extremely satisfied. **Quality** strategies for improving care homes and home care services will be implemented as part of the actions to improve user experience of services.
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.	The Carers Strategy developed jointly with the NHS has now been agreed. The national carers survey has been undertaken in Southwark, showing comparatively high satisfaction rates.	We are implementing the Carers Strategy and will monitor the outcomes achieved to demonstrate success.
We will provide a dedicated telephone response for all queries about help for older and vulnerable people and their carers, including **information** about universal access and voluntary sector services.	The dedicated telephone response line staffed by people who are experts on the service has been fully implemented and aims to make sure people get the advice and support they need.	We are making further improvements to adult social care advice and information and expect to see that reflected in the user survey result on ease of access to useful information.

Southwark Resource Centre - facilitating independence for a deaf and blind client

Dudu is a deaf and blind man who attends Southwark Resource Centre, a centre for adults with disabilities, three days a week. He was born deaf and lost his vision gradually. He has never learned to speak or to use any formal sign language and he has a moderate learning disability. He has attended day services for approximately 20 years.

Support staff have successfully helped Dudu to become much more independent within the centre this year. He is now able to go the toilet and feed himself with minimal direct support; and a programme of activities has been set up, which supports his development in focussing memory and recognition of objects. Through this programme he is now much more engaged, independent and active while at the centre than previously.

Dudu has a "communication passport" which was developed by the support staff, containing pictures of familiar signs he uses to communicate. This has ensured that other staff members communicate with him in a consistent way. He has now begun to learn new signs and to communicate pro-actively with other people.

One year after Dudu started working with his support worker, he has begun to attend community based activities including sailing and cycling and has significantly reduced the level of support he requires during the day.

photo of Dudu sailing at Canada Water

Case study
Lay inspector - Denise

For the past two years Southwark has enlisted members of the public to help us monitor our residential and nursing homes for older people. This role is known as a lay inspector. The lay inspector's main job is to talk to residents and get their personal view of what it is like to live at the home. Both the organisations and the council then use this feedback to support continuous improvement in offering high quality care and support for everyone.

Denise is the newest recruit to the lay inspector team. She has built up a wealth of local knowledge and experience of the support available for older people in Southwark through her membership with the Southwark Pensioners' Centre. She was recently elected as chair of the Southwark Pensioners' Forum. She also has experience of care and support services as her mother is in residential care and understands that for people and families, knowing there is an independent voice speaking up on their behalf and with a passion for high quality care and support is really important. Denise says she has always liked the idea of being a lay inspector and feels that by getting involved she can make a real improvement to the lives of older people who live in Southwark.

Outcome four: 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

Key achievements and priorities

Priorities from 2011/12 Local Account	Performance 2012/13	Priorities for 2013/14
We will work with all Southwark services and the community to help ensure all our service users **feel safe**.	In the user survey there was a significant improvement in the number of people saying they feel safe, which at 58.5 per cent is now close to the London average. The feeling safe measure is a broad reflection of a range of community safety factors. The proportion indicating that adult care services helped them feel safe also improved to 73 per cent.	We expect to see further long term improvements in the user survey question on services helping people feel safe as a result of quality improvements. We are developing indicators that reflect the views of people who have been through a safeguarding process to identify ways of improving safeguarding services. We will be undertaking specific improvements in the quality of services for people with learning disabilities and challenging behaviour through the delivery of our Winterbourne View action plan. This was established to ensure the abuse that happened at this home does not happen to Southwark residents.
We plan to increase the speediness of our **safeguarding** processes, as measured by the case completion rate.	The safeguarding case completion rate improved substantially and is now above the London average reflecting improved monitoring of the timeliness of safeguarding investigations.	We are ensuring we maintain a timely response to safeguarding concerns. We will implement an overall review of safeguarding to improve quality assurance of safeguarding processes.

Priorities from 2011/12 Local Account	Performance 2012/13	Priorities for 2013/14
We will ensure there are sensible safeguards against the risk of **abuse or neglect** in our personal budget arrangements.	As part of our anti fraud work we have been proactively talking to service users about financial abuse and how to report it. Procedures have been developed to identify and respond to any risk of financial abuse of anyone with a personal budget. Where there is deemed to be an ongoing risk of financial abuse the council may manage the personal budget directly on behalf of the client.	We are further developing the safeguarding system in the context of personalisation and more widespread self and third party management of budgets.

Safeguarding Case Study: financial abuse

A referral was made by a national charity to the Learning Disabilities Team alleging that a service user in receipt of a personal budget owed substantial amounts of care fees to them and they were on the point of withdrawing support. Although now over 18 the personal budget had been set up when the service user was a minor and was managed by his mother. Initially the service user's mother refused to co-operate with social workers and refused to allow social workers to see her son. Consequently an officer from the local community safety unit became involved and following a joint investigation by the learning disability team and the police it was established that the service user's mother had lost her job and was in substantial debt and on the point of losing her house that she shared with the service user and her other son.

Through sensitive work with the mother, the service user and the extended family the mother, whilst receiving a police caution for misappropriating her son's care budget and benefits, was offered debt counselling and support in managing her finances. She was assisted to negotiate with her mortgage provider and enabled to keep the family home. The service user's care package was reinstated and he has remained in the family home on good terms with his mother.

Budget issues – how we are managing the cuts

The council needs to cut expenditure in the face of government funding reductions of 29 per cent (around £90m) being made since 2010. As a result adult social care is required to reduce spending by £27m over the thee year period to 2013/14.

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.

In 2012/13 our adult care budget was £107.7m, which required savings of £10.3m to achieve. The main source of planned savings was:

- Efficiency savings from contracts for Supporting People housing support for people with low level needs, including joint contractual arrangements with Lambeth and Lewisham to achieve economies of scale
- Shifting the balance away from residential care to home and community based support
- Redesigning services of learning disability day services
- Redesigning mental health day services to promote personalisation and independent living
- Workforce initiatives to reduce management costs
- Savings from improved contracting arrangements
- Integrated working with the NHS on reablement

In 2013/14 our adult care budget of £101.5m requires savings of £7.7m. We are making these savings from the following main areas:

- Further efficiencies and reductions in Supporting People costs
- Further shifts away from residential care to home and community based support
- Redesigning services for people with learning disabilities to support the delivery of personal budgets
- Redesigning mental health services to achieve better value
- Workforce initiatives to reduce management costs
- Savings from improved contracting arrangements
- Integrated working with the NHS

Going forward, this financial pressure is not going to reduce. The council expects a further reduction of £20.6m in 2014/15 and yet more substantial reductions of around 10 per cent in 2015/16 as a result of the comprehensive spending review.

More information about the budget is available at:

http://www.southwark.gov.uk/info/200110/council_budgets_and_spending/2108/southwark_councils_budget

Feedback

We would welcome your views of this Local Account. We want future Local Accounts to contain the information that you would find useful so please take the time to complete our short online survey.

Link to feedback form

Glossary:

The meaning of words and phrases commonly used in Adult Social Care Services is attached via the link below:

http://www.thinklocalactpersonal.org.uk/_library/AIJargonBusterFINAL.pdf

Appendix 1

Key Outcome Indicators – Adult Social Care Outcomes Framework (ASCOF)

Domain 1: Enhancing quality of life for people with care and support needs

	National Outcomes Domain 1	2010/11	2011/12	2012/13 Southwark	2012/13 Greater London
	Overarching measure:				
1a	Social care related quality of life (composite measure from 8 questions in User Survey)	17.4	17.7	**18.1**	18.3
	Outcome measures:				
1b	The proportion of people who use services who have control over their daily life (user survey question)	69.2%	67.7%	**66.6%**	70.9%
1c.1	The proportion of people using social care who receive self-directed support (part 1)	32.2%	60%	**74.2%**	63.2%
1c.2	The proportion of people using social care who receive self-directed support via direct payments (part 2)	15%	31%	**30.4%**	19.3%
1d	Carers reported quality of life (composite measure from new Carers Survey)	n/a	n/a	**7.4**	7.7
1e	Proportion of adults with learning disabilities in paid employment	7.8%	9.7%	**5.6%**	9.1%
1f	Proportion of adults in contact with secondary mental health services in paid employment	5%	4.0%	**4.5%**	6.1%
1g	Proportion of adults with learning disabilities who live in their own home or with their family	60.5%	66.3%	**73.1%**	68.1%
1h	Proportion of adults in contact with secondary mental health services living independently, with or without support	68.7%	60.8%	**71.4%**	80.4%

Key Outcome Indicators – domain 2

Delaying and reducing the need for care and support

	National Outcomes Domain 2	2010/11	2011/12	2012/13 Southwark	2012/13 Greater London
	Overarching measure:				
2a.1	Permanent admissions to residential and nursing care homes per 100,000 population - part 1 younger people	6.8 per 100,000 (12 admissions)	6.8 per 100,000 (12 admissions)	**9.5 per 100,000 (20 admissions)**	10.6 per 100,000
2a.2	Permanent admissions to residential and nursing care homes per 100,000 population - part 2 older people	734 (185 admissions)	665 (146 admissions)	**770 (177 admissions)**	478.2
	Outcome measures:				
2b.1	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (part 1)	99%	90.7%	**77.2%**	85.3%
2b.2	Coverage of reablement: Proportion of older people discharged from hospital receiving reablement	new	2.8%	**3.6%**	4.5%
2c.1	Delayed transfers of care from hospital (all) per 100,000 ppn. (part 1)	6.7	5.3	**4.4**	6.9
2c.2	Delayed transfers of care from hospital attributable to social care or both NHS and social care per 100,000ppn (part 2)		1.9	**1.6**	2.7

Key Outcome Indicators – domain 3

Ensuring that people have a positive experience of care and support

	National Outcomes	2010/11	2011/12	2012/13 Southwark	2012/13 Greater London
	Overarching measure				
3a	Overall satisfaction of people who use services with their care and support (User survey results received)	58.1%	49.4%	**53.1%**	59.3%
3b	Overall satisfaction of carers with social services (carers survey)	n/a	n/a	**44.4**	35.2
	Outcome measures:				
3c	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	n/a	n/a	**65.5%**	65.9%
3d	The proportion of people who use services and carers who find it easy to find information about services (user survey and carers survey)	50.9%	71.2%	**65.8%**	68.3%

Key Outcome Indicators – domain 4

	National Outcomes	2010/11	2011/12	2012/13 Southwark	2012/13 Greater London
	Overarching measure				
4a	The proportion of people who use services who feel safe (user survey)	55.9%	51.6%	**58.5%**	60.5%
	Outcome measures:				
4b	The proportion of people who use services who say that those services have made them feel safe and secure (user survey)	66.8%	64.7%	**73.3%**	73.9%

Council Plan performance report.

The council plan performance report for 2012/13, including key adult social measures, can be found at the following link:

http://www.southwark.gov.uk/annualreport

Item No.	Classification: Open	Date:	Meeting Name: Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee
Report title:		Care Homes in Southwark	
Ward(s) or groups affected:		All	
From:		Sarah McClinton, Director of Adult Care, Children's and Adults Department	

RECOMMENDATION(S)

1. That the Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee note this report.

BACKGROUND INFORMATION

2. The Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee requested a report from the council covering the following points:

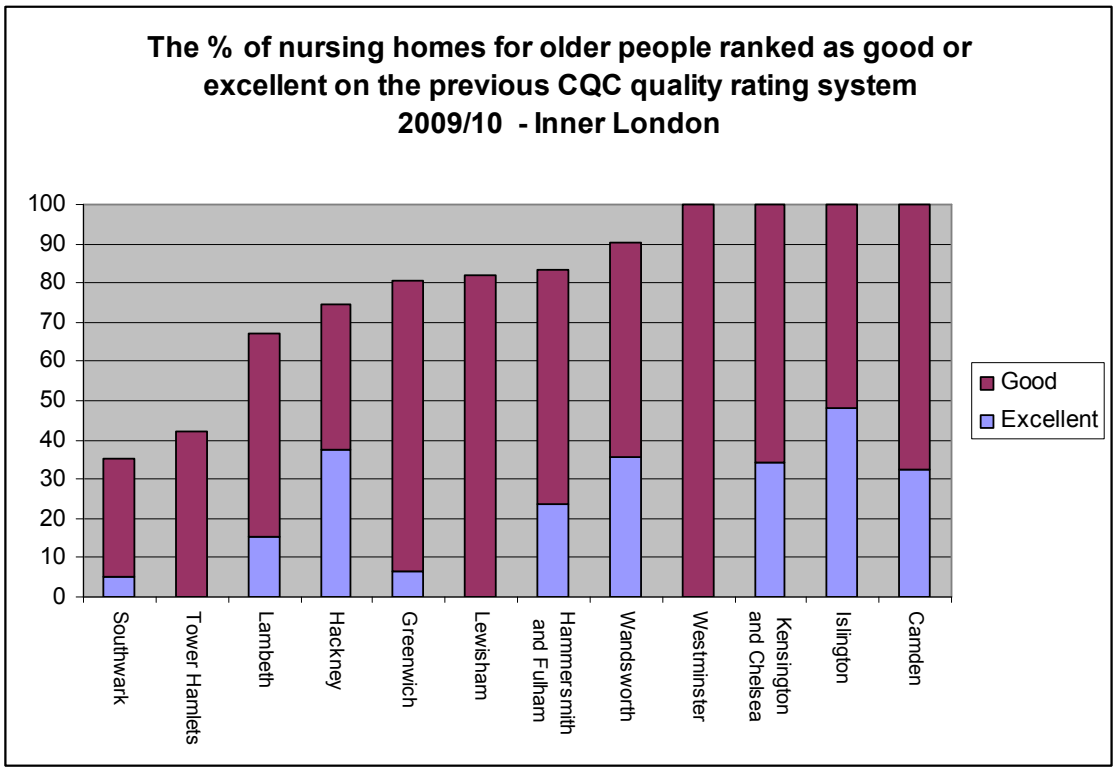
   - An overview of Care Homes in Southwark - the range of providers ; how places are purchased (spot or block) ; how many are for social and how many for nursing care. The number of people in care homes, how many are placed out of borough.
   - Care Homes that are on a Care Quality Commission (CQC) improvement plan / any concerns you have
   - Southwark's care home quality improvement strategy
   - How members of the council can engage with local care homes as part of the quality strategy
   - An update on the implementation by the council of the recommendations in the previous Scrutiny Report on Southern Cross.

KEY ISSUES FOR CONSIDERATION

Historical context: Performance of Southwark Care Homes on previous CQC quality ratings

3. Prior to 2010 the CQC gave a quality rating for care homes after inspection of either poor, adequate, good or excellent. On this system Southwark's benchmarked position was relatively weak due primarily to the high level of "adequate" nursing provision in the borough. Since then the system has been replaced by a pass/fail compliance based inspection system, in which similar problems have persisted with some homes not meeting all standards upon inspection. However, performance is now closer to average.

4. To illustrate this the benchmarking chart below from 2009/10 shows the position with regards to the quality ratings of nursing care within the borough, with the % rated either good or excellent being lowest in London.



5. Quality problems of a persistent nature have tended to be associated with large scale national nursing care providers whose business model is to sell beds on the spot market. They tend not to engage with commissioners in terms of developing closer partnership arrangements, which reduces the capacity of the department to influence quality. For example when Tower Bridge was built by Southern Cross no contact was made with commissioners and when the provider was contacted by commissioners they did not wish to discuss any form of block contracting arrangement. This is an issue we are working through as part of our improvement strategy.

6. In addition, a further point of relevance regarding historic context on quality is that prior December 2000 when the council went into contract with Anchor Trust to build and operate 4 older people's residential care homes, the local authority operated 5 residential homes which did not meet registration standards.

Summary of care homes in Southwark and last CQC inspection result

7. Within the borders of Southwark, there are currently 36 registered care homes with 885 places for residents. Appendix 1 gives a breakdown of the homes, their residents, usage of the homes, and CQC compliance.

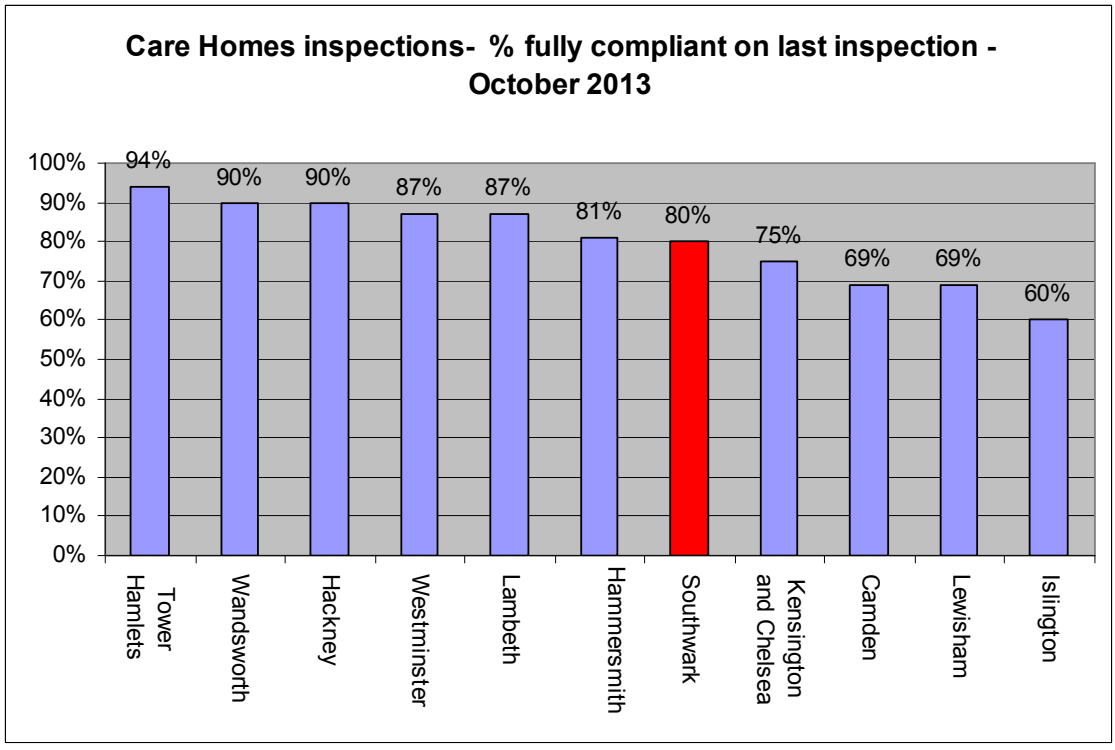
8. At the time this report was issued in October, several homes had issues that had been identified so were not compliant in some of the five domains as follows:

- 1 home was non-compliant in 3 domains (this home has subsequently been revisited and is now fully compliant)
- 2 homes were non-compliant in 2 domains (neither have an updated report yet)
- 4 homes were non-compliant in 1 domain (3 have not been revisited yet and one has made improvements but still has progress to make)

9. Since this time, as noted above, one home (Rose Court) has been revisited and has achieved compliance in all domains. This home has 64 beds. Other homes are currently being reviewed but an updated report has not yet been lodged. Southampton Way has been revisited and has made progress but needs to develop further to become fully compliant. Irrespective of whether CQC have revisited and adjusted the compliance rating, the council and partners have worked with all providers as outlined in paragraphs 10-15.

Benchmarking position:

10. At the time the above information was taken 80% of homes were not compliant on their last inspection against a national average of 78%.. Furthermore, 63% of places in the borough were in homes that were fully compliant, due to the size of some of the homes involved.



Out of borough placements:

11. Not all Southwark residents are placed in homes that are within Southwark. Currently there are 254[1] out of borough placements. These are most commonly made as a result of service user / family choice or need for specialist placements. Generally out of borough homes are monitored by the host borough. However, if the social work teams notes an issue or there have been safeguarding concerns,

[1] This excludes mental health placements managed and made by SLAM

contract management will work with the host authority to arrange monitoring or undertake this directly.

Further information on homes which have been highlighted by the Care Quality Commission

12. A number of care homes within Southwark have been highlighted by the Care Quality Commission (CQC) as having issues. In each case, the council, health and / or South London and Maudsley (SLAM) have worked with the homes to ensure that actions have been taken to rectify the issues and provide a quality service.

13. As an overview, all homes have taken action to address the issues noted by CQC. In some instances this activity is ongoing so a brief summary of the issues noted and an update on activity is attached in Appendix 2.

14. In contrast to the past relationship with providers typified by limited engagement at senior level and a lack of transparency and trust between the council and its providers, the council now actively engages with providers of care in the borough. Providers have been open and responsive to the council and our partners, and the relationship now is conducive to working together to improve quality.

15. This has enabled the council to work closely with care homes to help identify and address concerns at an early stage to prevent problems occurring. In addition to this day-to-day work with the homes, two meetings currently convene on a monthly basis to take an overview of what is happening with provision and ensure there is senior management oversight and involvement in quality improvement and safeguarding. One meeting focuses on older people's provision, the other on learning disability provision.

16. These meetings have oversight of current issues but also review quality and safeguarding information over time to ensure that any trends are noted and can be raised with the provider.

17. Both boards are attended by the Southwark Safeguarding Adults Manager who reports in to the Safeguarding Board and have social work, commissioning and health represented. They are led by the relevant Head of Service.

The national and local context

18. The Francis Report into events at mid-Staffordshire NHS Foundation Trust raised a wide range of concerns about patient care, safety and dignity and about the attitudes and approaches of managers and staff within the trust. The report also highlighted the failure of the wider health system to ensure services of an adequate quality were being delivered from the trust, including the systems of inspection, regulation, commissioning, contract management, complaints, clinical governance, quality assurance, regional NHS management and performance management arrangements. The failure of the Link and the local authority health scrutiny committee to identify the problems was also highlighted.

19. The inquiry found that the organisational culture, characterised by a lack of transparency and openness, together with an excessive focus on financial and performance targets led to a system that did not put patient care at the centre of what it did.

20. There are a large number of detailed recommendations and we believe it is important for adult social care to draw lessons from what happened. Although the focus of the inquiry was hospital services the findings all clearly translate to adult social care, in particular in relation to care provided in care home settings, where the risk of comparable institutional abuse is significant. The same principles apply to services provided to vulnerable people in their own home and to any other services.

21. It is evident that there are some clear areas that we should all consider relating to the dignity with which people are treated and the compassion with which they are cared for. Key to ensuring that care in all settings is the kind of care we would want for ourselves and our relatives is for us to listen to staff and to the people who use services and their families. Leadership at all levels of organisations is key to improvement and, in Southwark, this is why we started with investment in My Home Life leadership development programme with our local care homes.

22. At a strategic level, the council has built on this leadership development programme to create 'My Home Life Southwark', which is our Quality Improvement Strategy for Care Homes aimed at delivering system-wide change. This strategy is attached as it is substantively a major part of our response to the Francis Report (see appendix 1).

23. My Home Life Southwark applies to all care groups but has a specific focus on older people's homes locally. Separately, the council has considered the lessons from Winterborne View in the light of shocking scenes depicted on Panorama in 2011. Events at Winterborne View and the Serious Case Review that followed highlighted a catalogue of failings in the care system and the need for a culture and a way of working that challenges poor practice and promotes compassionate care. Locally we have set up a Winterbourne View Steering Group to improve services for people with learning disabilities and challenging behaviour with the goal of ensuring there is no such failing for our residents. Progress on implementing the Winterbourne View Concordat has been reported to the Adults Safeguarding Partnership Board and the Health and Wellbeing Board. For the purposes of this report the focus is on My Home Life Southwark: Care Home Improvement Strategy.

Summary of 'My Home Life Southwark': Care Homes Improvement Strategy

24. 'My Home Life Southwark': Care Home Quality Improvement Strategy 2013-15 (see appendix 1) has been developed through a partnership group comprising representatives from across the Council and NHS Southwark CCG, the Care Quality Commission, Lay inspectors, Age UK and care home providers.

25. We have been supported by the work of My Home Life which developed an evidence base for improving quality of life in care homes. My Home Life was referenced and supported in the White Paper 'Caring for our Future – reforming care and support'. The strategy has also been informed by the recommendations made in the Cavendish Review 'An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings' and the Berwick Review published in August 2013 'A promise to learn – a commitment to act" which highlights the need to place the quality and safety of patient care above all other aims for the NHS.

26. The Strategy responds to the recommendations from The Francis Review 2013 which highlighted a number of key themes: common values, accessible standards

and means of compliance, monitoring of non compliance, openness, transparency and candour, strong leadership and support for leadership roles, accountability and ensuring information is accessible and useable. The Strategy confirms the sector's commitment to working partnership to provide high quality care.

27. The Care Home Quality Improvement Strategy[2], presented to Scrutiny in September 2013 focuses on both care homes with nursing and residential homes and has five key work streams:-

- Quality assurance – how providers, partners and regulatory bodies work together to have a complimentary and useful quality assurance system.
- Integrated working – using the different skills, experiences and resources available to develop and embed quality practice.
- Safeguarding – focusing on the resident and ensuring learning contributes to a healthy and positive approach to risk management.
- Working together in the future – ensuring commissioning actively supports the delivery of quality care and learning from what others are doing.
- workforce development – supporting and encouraging staff and managers in the industry and making this an attractive career option (quality of life rests largely in the relationship the individual resident has with the individual care worker, who needs to be well-trained, well led, compassionate and committed).

28. Delivery of the Care Home Quality Improvement Strategy will be overseen by a steering group who will have membership from all partners and will meet quarterly to review progress and measure the impact of this on the quality of care, based on measures developed through the Quality Assurance work stream.

Success factors to improve quality

29. As noted above, in order to improve quality, ownership of this needs to be taken across the community. Other factors that will help us to address quality are:

- The approach is about relationship-centred care which is central to a culture of compassion.
- The strategy expands from the immediate relationship between the resident and their carer and also embeds a need for quality relationships at all levels and across all areas in order to have a positive culture of respect, integrity, and responsibility.
- Action plans are based on what partners say will make a difference. The issues were described and defined through a stakeholder day for safeguarding which was attended by a wide range of organisations from lay inspectors through to the police. Understanding the issues means the strategy could address these and by involving people and organisations from across the sector, the strategy has a variety of actions that complement and build on each other.
- The whole strategy is based on an evidence-based approach which grew from those using the homes so this directly reflects what people using services want.

[2] Agreed by the Cabinet Member for Health, Adult Social Care and Equalities in September 2013 - http://moderngov.southwark.gov.uk/ieSearchResults2.aspx?SS=care%20home%20quality%20improvement%20strategy&DT=3&CA=false&SB=true&CX=501288019&PG=1&

- This approach (My Home Life) has been in Southwark for a year now and working with leaders in the care homes through action learning sets.
- The strategy is about joint ownership and responsibility for quality.
- Community involvement in quality through the current Lay inspection scheme and through involving the community in the life of the homes is an essential element to improving quality.

GP Care Home Contract

30. Historically there has not been a formal Clinical Commissioning Group (CCG) commissioned model for the provision and funding of primary care services to the care homes with nursing in Southwark. Therefore the CCG and the Local Authority have not had mechanisms in place to ensure that the clinical services provided in care homes are contributing to the delivery of better outcomes for the residents who live there. The CCG have addressed this by recently approving a business case for the introduction of CCG commissioned Primary Care contracts for each of the four care homes with nursing. The service specification for these contracts describes a multi-disciplinary approach to the delivery of high quality care which includes additional support form Consultant Gerontologist, Older People's Nurse Specialists, targeted pharmacy support and additional social worker input. The aim is that these services ultimately work to reduce A&E attendances and avoidable hospital admissions for this client group.

Southwark Lambeth Integrated Care Programme

31. The Southwark and Lambeth Integrated Care (SLIC) Programme are working in partnership with health and social care on a number of work stream areas that will directly impact on the delivery of better outcomes for the residents in the care homes in Southwark. These work streams are focussing on improving patient outcomes for dementia, infections, nutrition and falls.

Current approach to quality assurance by the council

32. The approach to quality assurance is about working together with providers and partners to support the delivery of high quality care. This approach requires the council to work in a fair and transparent way with providers and be open when we are not satisfied with the response and the actions we will take as a result of this. Our approach has the following elements:

- Work closely with providers, operational teams, health, Clinical Commissioning Group, and other stakeholders to identify and address issues at an early stage.
- Identify through safeguarding meetings where action is required. Understand if this is a one-off incident or if more systemic changes need to be made.
- Work closely with the Care Quality Commission to coordinate activity and support the work of each other.
- Recognise and share good practice
- Triangulate information across the partners, lay inspectors and Healthwatch to understand what is happening in homes in our borough and make the most of the work we all do with them.

- Keep senior management informed of issues and trends through the quality and safety meetings.
- Involve senior management of providers at an early stage to get progress on resolving issues before they become embedded.
- Work with providers to identify and solve issues. Do this in a non-judgemental and supportive way. However, where problems are not being addressed or the response is not satisfactory, use mechanisms available to take action quickly and effectively, from an informal temporary cessation of referrals and improvement notices through to formal embargo if required.
- Strengthen relationships with communities so homes are open to the community and are an integral part of community life. Members can support this by developing a relationship with homes within their ward and getting to know the residents and the home.
- Taking collective responsibility for safe and high quality care provision.

33. The Francis inquiry found that the organisational culture, characterised by a lack of transparency and openness, together with an excessive focus on financial and performance targets led to a system that did not put patient care at the centre of what it did.

34. Taking the approach outlined in this report encourages providers to be open with the council and develop a relationship that is focused on what is best for the residents

The role of members

35. As noted in paragraph 29, members play a key role as friends within the home. In addition to the personal relationships with residents and staff, members can help connect residents and the home with their community, wider council and other stakeholders.

36. Members can also contribute to the delivery of high quality care through their independent scrutiny role. Encouraging open and frank dialogue between all partners that is about reflective learning and supporting high quality care sets the tone for all relationships. Southwark can become a lead authority in actively championing high quality care and ensuring the right supports and culture are embedded across all partners and within homes to achieve this.

Update on the implementation of Scrutiny Recommendations arising from the scrutiny report on Southern Cross.

37. During 2011 and the early part of 2012 the Health and Adult Social Care Scrutiny sub committee gathered evidence from a range of stakeholders to ascertain whether lessons could be learnt from the collapse of Southern Cross. The report agreed by scrutiny in June 2012 set out 12 recommendations and in September 2012 Cabinet received a report setting out the council's response to the scrutiny committee's recommendations. This report welcomed the recommendations and set out the progress that had been made with many of the recommendations as well as highlighting areas that required further consideration in order to develop the right approach to respond fully to the scrutiny report recommendations.

38. The recommendations and response are available as with the background documents and the recommendations for the purposes of this report can be grouped and summarised under the following key themes:

- Recommendations relating to monitoring the financial viability of care home operators
- Recommendations relating to the information that residents and families receive from care home providers around ownership and personal charges relating to their care
- Recommendations relating to actions to improve standards of care including how to share good practice, training and support for care home managers and staff teams and the that Southwark LINK (now Healthwatch) and lay 'inspection' scheme has in providing independent views on quality of care.

Financial Regulation

As a part of the development of the Care Bill consultation on market oversight was conducted by CQC in the autumn of 2012. The Council actively engaged with this consultation and welcomes the outcome which includes the extension of the remit of CQC to cover financial regulation of larger care home operators. This step change for the remit of CQC addresses key issues around financial regulation identified by the scrutiny committees report. Specifically CQC will monitor the financial sustainability of providers who are 'difficult to replace' for any reason, including their size, concentration or specialism. The new powers will enable CQC to take a number of steps in order to maintain quality care services, mitigate risks to business sustainability and ensure continuity of care for any person who receives care services. These steps include:

- requiring regular financial and relevant performance information;
- working with the provider to develop a 'sustainability plan' to manage any risk to the organisation's ongoing sustainability;
- using powers to commission an independent business review to help the provider to return to financial stability; and
- requiring information from the provider to enable the CQC to (amongst other reasons) support local authorities to manage provider failure.

39. Alongside this extended remit the Council will continue to undertake its own routine checks of providers' financial viability when contracting with local care home operators and retain its existing responsibilities in this regard that are embedded as part of the councils contracting and financial due diligence requirements..

Information for residents and families

40. Since that report there have been a number of significant changes in the council's approach to the commissioning of care homes including the development of its Care Homes Quality Strategy and its work with 'My Home Life'. Central to this is

developing a shared approach that embeds community involvement in local homes, working collaboratively with residents, carers and their families.

41. The 'My Home Life' and Care Home Quality Strategy include developing a more relationship centered approach to how care home operators communicate with residents and family members. And this is not just in relation to financial matters or the ownership of the home. There is a strong emphasis on the critical and important things in a person's life such as their interests, how they want to be supported and recognised and valued as individuals, all of which can contribute to better quality of life in residential and nursing home settings. This would also cover issues such as flexibility around visiting times as noted in the scrutiny report recommendations.

Improving the Quality of Care

42. As noted in paragraphs 15-20 the 'My Home Life Southwark' project and Quality Improvement Strategy addresses and goes well beyond the scrutiny report recommendations relating to quality of care and engagement with wider partners including the lay 'inspectors'. The work of this project includes a network of leaders and care home managers from local providers which, using an action learning set approach, has focused on the development and sharing of good practice.

43. Alongside this there is a workforce development group that has taken forward a broad range of issues including those identified within the scrutiny report relating to core element of staff training around communication and core competencies needed to deliver the very best quality care focusing on a relationships centered model of care that emphasises dignity and respect for users, carers and their families.

44. Key to the success of the 'My Home Life Southwark' work has been a strong partnership based approach. Key local groups including the lay 'inspectors', Age UK and care home providers have worked closely with representatives from across the Council and NHS Southwark CCG, the Care Quality Commission,

APPENDICES

No.	Title
Appendix 1	Summary of all residential care in the borough
Appendix 2	Summary of issues and actions for care home provision in Southwark
Appendix 3	'My Home Life Southwark': Care Home Quality Improvement Strategy 2013-15

Appendix 2 – Summary of all residential care in the borough

Care Home Name	Registration Type	Total Bed Number	Council placements Nov. 13	Block / spot purchase	Primary Client Type	No of compliant domains	1	2	3	4	5	Group Name	Sector
Tower Bridge Care Centre	Care Home with Nursing	128	89	spot	Dementia	3	Y	Y	N	N	Y	HC-One Ltd	For-Profit
Queens Oak Care Centre	Care Home with Nursing	88	0	n/a	Older People (65+)	5	Y	Y	Y	Y	Y	Excelcare	For-Profit
Rose Court	Care Home without Nursing	64	41	Block	Older People (65+)	2	Y	X	X	X	Y	Anchor Trust	Not-For-Profit
Burgess Park Care Home	Care Home with Nursing	60	39	Spot	Older People (65+)	3	Y	N	Y	N	Y	Four Seasons Health Care	For-Profit
Cherrycroft Care Home	Care Home with Nursing	60	0	Nil – now closed	Older People (65+)	5	Y	Y	Y	Y	Y	Abbey Healthcare Homes Ltd	For-Profit
Camberwell Green Care Centre	Care Home with Nursing	55	36	Spot	Older People (65+)	5	Y	Y	Y	Y	Y	HC-One Ltd	For-Profit
Bluegrove House	Care Home without Nursing	48	32	Block	Older People (65+)	5	Y	Y	Y	Y	Y	Anchor Trust	Not-For-Profit
Greenhive House	Care Home without Nursing	48	40	Block	Older People (65+)	5	Y	Y	Y	Y	Y	Anchor Trust	Not-For-Profit
Waterside	Care Home without Nursing	48	31	Block	Older People (65+)	4	Y	Y	Y	Y	N	Anchor Trust	Not-For-Profit
124 Brook Drive	Care Home with Nursing	27	0	Spot	Substance Misuse Problems	5	Y	Y	Y	Y	Y	Equinox	Not-For-Profit
Aspinden Wood Centre	Care Home without Nursing	26	7	Spot	Substance Misuse Problems	5	Y	Y	Y	Y	Y	Equinox	Not-For-Profit
The Elms	Care Home without Nursing	25	9	Spot	Older People (65+)	5	Y	Y	Y	Y	Y		Not-For-Profit

10 Love Walk	Care Home without Nursing	22	12	Spot	Physical Disability	5	Y	Y	Y	Y	Y	Mission Care	Not-For-Profit
Athol House	Care Home without Nursing	21	2	Spot	Physical Disability	5	Y	Y	Y	Y	Y	Leonard Cheshire Disability	Not-For-Profit
Good Neighbours House	Care Home without Nursing	16	0	Nil – now closed	Physical Disability	5	Y	Y	Y	Y	Y	Scope	Not-For-Profit
Kairos Community Trust	Care Home without Nursing	16	2	Spot	Substance Misuse Problems	5	Y	Y	Y	Y	Y		Not-For-Profit
Milestone	Care Home without Nursing	14	4	Spot	Mental Health	5	Y	Y	Y	Y	Y	Turning Point	Not-For-Profit
296-298 Southampton Way	Care Home without Nursing	13	13 (SLAM)	Block	Mental Health	4	Y	Y	N	Y	Y	Equinox	Not-For-Profit
Nsoromma House	Care Home without Nursing	11	0	Spot	Mental Health	5	Y	Y	Y	Y	Y	Certitude Support	Not-For-Profit
2-3 Townley Road	Care Home with Nursing	10	0	Spot	Mental Health	5	Y	Y	Y	Y	Y		Not-For-Profit
Garden House	Care Home without Nursing	10	7	Spot	Learning Disability	5	Y	Y	Y	Y	Y	Leonard Cheshire Disability	Not-For-Profit
52-60 Grosvenor Terrace	Care Home without Nursing	8	6	Block	Learning Disability							Brandon Trust	Not-For-Profit
71-73 Dunton Road	Care Home without Nursing	7	0	Spot	Mental Health	5	Y	Y	Y	Y	Y		Not-For-Profit
Dover Lodge	Care Home without Nursing	7	5	Spot	Learning Disability	5	Y	Y	Y	Y	Y	Brandon Trust	Not-For-Profit
2 Mundania Road	Care Home without Nursing	6	0	Spot	Learning Disability	5	Y	Y	Y	Y	Y	Saffronland Homes	For-Profit

72 Glengarry Road	Care Home without Nursing	6	0	Spot	Mental Health	5	Y	Y	Y	Y	Y	Certitude Support	Not-For-Profit
24 Gaywood Street	Care Home without Nursing	5	0	Spot	Learning Disability	5	Y	Y	Y	Y	Y	PLUS (Providence LINC United Services)	Not-For-Profit
26 Liverpool Grove	Care Home without Nursing	5	3	Spot	Learning Disability	5	Y	Y	Y	Y	Y	PLUS (Providence LINC United Services)	Not-For-Profit
26 Therapia Road	Care Home without Nursing	5	5	Spot	Learning Disability	5	Y	Y	Y	Y	Y	Brandon Trust	Not-For-Profit
100 Grosvenor Terrace	Care Home without Nursing	4	4	Spot	Learning Disability	4	Y	Y	N	Y	Y	Brandon Trust	Not-For-Profit
49 Mount Adon Park	Care Home without Nursing	4	4	Spot	Learning Disability	5	Y	Y	Y	Y	Y	Brandon Trust	Not-For-Profit
City Breaks	Care Home without Nursing	4	4	Spot	Learning Disability	5	Y	Y	Y	Y	Y	Brandon Trust	Not-For-Profit
Orient Street Adult Respite Unit	Care Home without Nursing	4	4	In-house	Learning Disability	5	Y	Y	Y	Y	Y	Southwark London Borough Council	Local Authority
The Drive	Care Home without Nursing	4	3	Spot	Learning Disability	5	Y	Y	Y	Y	Y	L'Arche	Not-For-Profit
1a Alma Grove	Care Home without Nursing	3	3	Spot	Learning Disability	4	Y	Y	Y	Y	N	Brandon Trust	Not-For-Profit
29 Fenwick Road	Care Home without Nursing	3	0	Spot	Learning Disability	5	Y	Y	Y	Y	Y	Saffronland Homes	For-Profit

Appendix 2 – summary of issues and action for care home provision in Southwark

Learning disability homes

1a Alma Grove - Failed standard "Assessing and monitoring the quality of service provision" . (The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care).
Update:

- Action for the provider: To establish an internal quality audit system for the service to be carried out by a different service manager that will be able to report on the quality of care delivered at the service.

100 Grosvenor Terrace - Failed standard "Safety and suitability of premises". People should be cared for in a safe and accessible surroundings that support their health and welfare.
Update:

- Southwark Planning department have sent a surveyor to look at the premises and draw up a plan of work needed at the home. This property is part of the refurbishment programme of the Brandon Trust properties and Southwark council will address the CQC concerns within 3 to 4 weeks.

Mental health homes

Southampton Way – failed standards of caring for people safely and protecting them from harm. This particularly related to the management and administration of medication.
Update:

- Two care coordinators visit at least 4 times a week and have an excellent working relationship with the registered manager and staff and have no concerns about the management of and care provided in the home.
- Medication has been discussed with the home and all medication prescribed by our team and dispensed by the Maudsley Pharmacy is now in blister packs to reduce further the risk errors (previously it was dispensed in a box and clients were supported to fill their dossett boxes). The CQC were concerned that this did not provide safeguards against possible errors.
- All medication is now prescribed by the GP and is dispensed in blister packs by a local pharmacy. This should minimise the risk of errors likely to occur in the previous system of filling in dossett boxes.

Older people's homes

Rose Court - failed standards of providing care, treatment and support which meets people's needs, caring for people safely and protecting them from harm, standards of quality and suitability of management.
Update:

- new interim manager appointed
- July 2013 - embargo formally placed and discussed with Fiona Crispin-Jennings (District Manager) in detail. Agreed two meetings to discuss and review progress (10 July and 25 July)
- July 2013 - council met with management and thoroughly reviewed their action plan to address the issues noted by ourselves and CQC. Progress at this stage had moved significantly from the previous quality assurance visit, with revised systems and processes, much more streamlined client folders, and stronger management oversight of key areas like supervision. Agreed follow up visit to evidence changes.
- July 2013 - quality assurance completed full review. Progress highly satisfactory, HR audit tool was compliant. Embargo lifted and referrals resumed.

Waterside - failed standard quality and suitability of management - note that home had new manager appointed.
Update:

- Other issues picked up through our own monitoring included medication, care plans, training / supervision.
- April 2013 - Improvement notice issued April 2013 and agreed temporary cessation for referrals while issues addressed.
- May 2013 - council completed quality assurance visit - all areas significantly improved and referrals resumed.

Tower Bridge - failed standard staffing, quality and suitability of management
Update:

- senior management team closely monitoring activity at Tower Bridge, including maintaining oversight of all safeguarding etc. Noted unusual increase in amount of safeguarding alerts.
- August - met with senior managers at HC1 to discuss safeguarding referrals received and agreed to cease referrals while issues addressed. HC1 provided details of changes being made to address concerns.
- September - quality assurance visit undertaken and noted a number of improvements implemented and progress had been made. Agreed admissions could resume with careful monitoring.
- Admissions being monitored - no problems to date

Burgess Park - failed standard of providing care, treatment and support which meets people's needs, staffing.
Update:

- new manager appointed in June 2013
- staffing and care issues in CQC report related (new staff not yet trained, or new staff not yet started) - staff have now started so numbers are improved
- quality assurance visit undertaken - medication, new staff training, handover and communications processes improved, improved menu planning and choice. Areas for improvement are care plan documentation and ensuring activities are person-centred.

APPENDIX 1

My Home Life Southwark

Care Home Quality Improvement Strategy

2013-2015

Treating residents as we would wish members of our own families to be treated

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My Home Life Southwark: Care Home Quality Improvement Strategy

Forward from Cabinet Member for health, social care and equalities, Catherine McDonald

We are committed to treating every resident the way we would wish members of our own families to be treated, and for every care home resident to have the kind of high quality care each of us would want for our own relatives. The council's fairer future promises underline our strong commitment to high quality personalised services and this is why I am pleased to present *My Home Life Southwark,* which sets out our strategy on how we will work together to improve the quality of care in our local homes.

Care homes in Southwark provide essential support to people who are no longer able to live in their own homes. Our vision is that each individual is supported to live their lives in accordance with their own beliefs, preferences and culture so they feel comfortable and 'at home'.

High quality of life is made possible when it is grounded in the relationships between the people who receive, provide or support care and this in turn fosters a culture of respect, dignity and compassion. I recognise that delivering high quality care to a wide range of individuals is complex as each person has their own individual needs, values, aspirations and preferences. This strategy recognises that sustained quality improvement will only be achieved if we re-orient the whole system and all play our part to ensure local homes are not 'islands of the old' but actively supported and open to the community. At the heart of this is ensuring our residents get the best possible care and experience good quality of life.

My Home Life Southwark brings together the Council, NHS colleagues, providers and the voluntary and community sector around a joint vision for the highest possible standards of care and a practical set of actions that will help to deliver this. I am pleased to be able to present this strategy and look forward to an update on progress in 6 months.

Introduction

1. With life expectancy increasing and growing numbers of older and disabled people needing care and support, there is a spotlight both nationally and locally on the quality of care they receive. In Southwark, we are committed to ensuring that our residents have access to high quality care and support in local care homes to support the best possible quality of life, within their own communities. This means every individual is treated with compassion, dignity and respect and, like all our citizens, has access to local health and community services.

2. Our aim in Southwark is to support residents to remain in their own homes where possible, which is what people have told us they want. However, where people need to use residential and nursing homes, it is essential that the care delivered is high quality, promotes good quality of life and provides a safe and healthy environment.

3. We expect a culture of care that puts people first. Where people are seen as individuals, their preferences and care needs are well understood by staff and they are supported to live as independently as possible. We expect to see people come before tasks, care to be respectful and social interactions valued.

4. This strategy sets out our agreed joint vision for what quality looks like so this is clear, the work that we will all do to ensure that this is what people get, and how everyone can contribute to ensuring this. The strategy aspires to improve quality of life for individuals across all care homes but has a focus on the larger care homes working mainly with older people. The approaches to monitoring and driving quality will apply across all care homes. This strategy will ensure all partners are working to the same vision and values and provide a mechanism for partners to measure progress in making changes across the system that will improve the quality of care.

5. Our vision set out in the section below is based on the national evidence-base developed by *My Homelife* and work that has been done locally with a wide range of stakeholders across our local system. My Homelife is a collaborative partnership aimed at improving the quality of life of those who are living, dying, visiting and working in care homes. My Homelife works with homes, councils, residents, families and carers to improve the quality care.

Southwark vision for promoting quality of life

1. People who live in residential and nursing homes should expect to be treated with dignity, respect and get excellent care. In Southwark, we expect every individual to be treated as we would want our own family members to be treated.

2. This means that in care homes, we expect to see systems that identify individual needs and preferences, support accurate record keeping and identify people at risk. Processes should be in place to protect people from the risk of abuse and both staff and people living in homes should know how to raise concerns. Staff need to be well trained to promote dignity and respect, to respond to complex needs, including the impact of dementia, and be used flexibly as needs change.

3. The evidence base developed by *My Homelife* has identified that what is important to older people living in care homes is the ability to emotionally connect with staff and relatives through high quality relationships. In order to create the conditions where this will happen naturally, it is important to retain those things that make a difference to us all as individual human beings, care professionals and members of society, to our quality of life. Then this can be applied to the residents and relatives to improve their quality of life. The key elements that are known to bring out the best behaviours in people are when they feel the following:
   - a sense of security: *we must feel safe*

- continuity: *we need to experience links and connections*
- belonging: *we need to feel part of things*
- purpose: *we need to feel motivated*
- achievement : *we need to see ourselves progress*
- significance: *we need to feel we matter as an individual*

4. We expect our care homes to be responsive to the different needs of the diverse group of residents, including cultural, gender, sexuality, age, religion, and disability. Homes are expected to have a personalised plan for each resident that ensures their needs are met and that they can live their lives in accordance with their preferences and wishes.

5. To promote quality of life for our residents and to support relationship-centred care, we have set out a clear vision of 'what good looks like' for older people which identifies 8 important areas where we want to see improvements:
   - Managing transitions
   - Maintaining identity
   - Creating communities
   - Sharing decision-making
   - Improving health and healthcare
   - Supporting good end-of-life
   - Our workforce
   - Promoting a positive culture of compassionate care

6. In full, the vision is about:

Managing transitions

Most of us would wish to be cared for in our own home, but increasing physical, mental and social frailty in older age does not always make this the best option.

Moving into a care home is a major transition in life which may involve considerable losses but, with appropriate planning and support, it can bring benefits and improved quality of life for older people and their families. Many older people regain confidence and begin to 'thrive' when they start their new supported life in a care home.

For relatives, it is important that they can contribute to decisions being made about their loved one's care and are supported to deal with the emotional impact of the move on them and their loved one.

Case example: **Regaining a sense of purpose**

Mr R was always very restless and paced up and down. He was very difficult to engage with any activity. A project which included a carpentry workshop has really helped him engage. He used to do this type of activity previously. He can now take part for up to one hour.

Maintaining identity

Given the considerable losses that older people experience when moving to a care home (loss of health, family, community, home); there is a real risk that older people can lose their sense of identity, culture, religion and self-esteem. Care homes can play a major role in helping residents regain a sense of worth.

Many care homes make real efforts to learn about the older people they care for; not just in terms of their current needs, but also about their culture, religion, interests, strengths and whole life history. This can help them engage with older people in a more meaningful, compassionate and positive way.

Creating communities

Care homes have been described as ‘islands of the old’ – we tend to think about ‘them’ not ‘us’, even when we know we will also grow old and frail!

Quality of life can be enhanced by creating a sense of community, both within the care home, and between the care home and its local diverse communities. Links with local organisations, such as schools or voluntary groups, can be very helpful to older people for social engagement and also rewarding for those that visit.

Southwark example:
A Christian group visit weekly and many residents attend. Catholic priests visit and give Holy Communion enabling residents to practice their faith.

The residents attend Darwin bowling club every week to watch bowling and can take part if they choose. In the same afternoon the local pub is visited, keeping people involved in their local community.

The Irish pensioners group visit the home and people attend the group. This keeps people linked with their friends and maintain their life outside the home.

Southwark have just started a pilot with ATTEND who will be working with residents, staff, relatives, local organisations and volunteers to generate diverse and creative ways to engage the local community.

Sharing decision-making

For many, going into a care home can feel like a move away from being in control of one's own life. Collective living with others can be a new experience for many and the importance of feeling involved in decisions-making in relation to both their care and the wider running of the home, should not be underestimated.

In some care homes, older people get involved in maintaining the garden, being responsible for pets, helping out with housekeeping, planning the decor, recruiting staff and carrying out internal audits.

Did you know?

An estimated 40,000 older people in care homes in England have no regular contact with people outside of the care.

Improving health and healthcare

Older people living in care homes have substantial and complex healthcare needs which require the full range of healthcare services.

They should have access to the same healthcare they would be entitled to if they were living in their own homes. Health can also be improved by spending time with residents in personally meaningful and enjoyable ways.

Did you know?

There are more 'care home beds' than hospital beds' across the UK.

Supporting good end-of-life

Care homes are places where all residents live and where many will ultimately die. Many homes have excellent skills in supporting end of life including accommodating the different cultural and spiritual wishes of the residents and their relatives. In society, there is a real taboo about talking about dying and death, but it is important to have opportunities for discussion around this subject at a time conducive to older people.

"My Friend Betty"
Words from a care home resident about a friend who died in the same care home.

Betty had been very poorly for a couple of days, and in the middle of the night the staff came and woke me up and said "We think Betty hasn't got long. Do you want to come and say goodbye to her?" So I put my dressing-grown on and went down the corridor and they left me with her. I climbed on the bed next to her and put my arms around her and told her what a good friend she had been to me. She died in my arms'

Our workforce

We want to make quality and compassionate care central to care homes in Southwark. We will recruit and retain the right people with the right skills to provide high quality care and support to our residents. Our workforce provides a critical role in our community. Raising the profile of a career in the profession will be our objective to ensure we are attracting and retaining high calibre people to work in our homes.

Promoting a positive culture of Compassionate Care

A positive culture of compassionate care in a care home is one where routines and structures revolve around the older person rather than simply fit with the needs of the organisation. A good atmosphere in the home is based upon positive relationships, mutual appreciation and some blurring of roles between staff, residents and relatives. Promoting a positive culture also takes into account the older person's diversity (such as age, disability, gender, race, religion or belief and sexual orientation) and provides compassionate care that meets those needs.

Roles of service users, families, carers and the community

7. It is clear that for this strategy to improve the quality in care homes demands each part of the system taking responsibility for their part in delivering high quality care. This includes residents, where that are able, and their families and carers to taking an active role in quality assurance.

8. Experience has shown that people can sometimes have low expectations of care and may express satisfaction with a level of quality that professionals and partners perceive differently. For this reason, it is essential that people who live, work in and visit care homes also understand our vision of what high quality looks like and work with professionals as partners to promote this.

Working in effective partnership

9. Consistently delivering high quality care to a diverse group of people with changing needs within an inner city area is not easy. This strategy recognises that a long-term view is needed to work with people across the sector so we are all contributing to achieving our vision. Providers are responsible for ensuring the quality of the services they deliver, however we also recognise that way we commission these services is important, the support available from the wider health and care system is critical and that residents, friends, families, carers and the community all have a vital part to play.

10. Together we will champion the needs of our most vulnerable older and disabled people and work in partnership with private and independent sector care home providers. We will support them to ensure that their homes have the right culture and robust systems in place to deliver the best possible standards. Working in effective partnership underpins the entire strategy and the action plans that will deliver the changes required. Continuous improvement will be achieved by commitment from across the partnership so all parts of the system are supporting and enabling each other to deliver quality care and promote quality of life. However, the council will continue to hold providers to account when standards are not met.

11. Improvements can only be maintained and built on by having a comprehensive and cohesive approach to quality that is embedded throughout the cycle, from the way care is commissioned right through to the staff that provide care to an individual on a day-to-day basis. A key element of this is to focus on a strong and confident workforce and ensure they are supported to develop their skills and deliver high quality care. In Southwark we want to see work in the care sector as a career of choice for local people so they are able to take advantage of employment opportunities and so that this work is seen as rewarding. We will have robust systems for quality assurance that are focussed on people's experience of care and where all partners actively contribute to enable a deeper understanding of the quality of care being provided and the impact this has on people's quality of life. In the same way that safeguarding is everyone's responsibility, we all have a role to play in quality assurance.

12. Partners can achieve this by respecting and trusting one another, recognising our joint vision and goals and sharing responsibility for improving the quality of life of residents. Alongside this we need to recognise areas where we have individual goals and take care that these do not undermine or derail our joint work. As part of our work together, a partnership agreement has been signed which sets out some principles to guide working together (this is reproduced at the end of the strategy).

13. Underpinning this work are the views and input from residents, their families and carers, supported by national evidence from My HomeLife[1]. My HomeLife have talked to service users and also shared their evidence based approach that has come from residents. Partners from across the sector who have contributed include the council, the NHS, providers, lay inspectors, Age UK, the care quality commission, and Healthwatch

National and local context

14. This strategy is set within the national policy context of Putting People First: a shared vision and commitment to the transformation of adult social care and anticipates changes on the horizon as a result of the Care Bill, which proposes to strengthen the accountability that local authorities will have for providers within their locality such that the Council will need to ensure continuity of provision if the market

[1] http://myhomelife.org.uk/

fails. This provision means the local authority will need to know what is happening in care homes and work in partnership to seek to prevent service breakdown.

15. Equity and Excellence: Liberating the NHS sets out the national framework for NHS services and in the wake of the Francis report there is fresh impetus to focus on cultures which promote patient safety. Don Berwick's recent report commissioned by the Prime Minister [2] sets out what needs to change and a summary is attached in paragraph 21. This approach is equally applicable to the care home sector.

16. Locally this strategy aims to deliver Southwark council's fairer future principles, particularly treating residents as we would want members of our own families to be treated. Southwark introduced a Charter of Rights (for people who need social care) in 2012 and our plans support delivery of this, particularly focusing on
    - 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.

    The Council has published The Southwark Economic Wellbeing Strategy 2012-20: what the Council will do. We recognise that over the longer term we will not be able to make a significant impact on local provision unless there is recruitment and retention of high quality staff and we would also like the care sector to offer employment opportunities for local people. The workforce plans are therefore a critical element of our strategy.

17. The strategy has been produced within the context of wider initiatives taking place through the Southwark and Lambeth Integrated Care Programme (SLIC), which has the overall aims to reducing unnecessary admissions to hospitals and care homes. Within the SLIC programme, the importance of and role of care homes is being considered within four projects: falls, infections, nutrition and dementia.

18. Having a clear and agreed strategy for ensuring the quality of care in homes in Southwark enables us to:
    - measure the effectiveness of initiatives, in achieving the vision we have agreed
    - ensure that initiatives complement each other and contribute to achieving the vision
    - maximise use of resources by avoiding duplication of effort and joining up work where appropriate.

19. The range of people who have contributed to this work highlights the recognition of all partners of the importance of keeping a focus on quality and safety and that no one group can achieve sustainable improvements without commitment from the others.

[2] https://www.gov.uk/government/publications/berwick-review-into-patient-safety

The Southwark approach

20. In order to work towards our vision the partners acknowledge the needs to influence change across 5 key areas, which have been broadly described as:

- quality assurance – how do providers, partners and regulatory bodies work together to have a complimentary and useful quality assurance system? There is a need to review current systems, to set out the roles and responsibilities of all who can contribute to this and to revise systems so they are aligned to our vision.

- integrated working – partners all have different skills, experiences and resources available which can help to develop and embed quality practice. How do we break down existing barriers and use what we have most effectively? There is a need to ensure homes are 'islands of the old' but have good support available from the NHS and are integrated into the community.

- safeguarding – all partners are responsible for safeguarding. We want to ensure services promote good quality of life for vulnerable people and protect them from abuse. Where safeguarding alerts are made we ensure we focus on the resident and ensure learning contributes to a healthy and positive approach to risk management.

- working together in the future – There is a need to take a new approach to the way we commission services. What can we learn from elsewhere and how can we adapt for the future?

- workforce development – How can we support and encourage staff and managers in the industry and make this an attractive career option? Quality of life rests largely in the relationship the individual resident has with the individual care worker, who needs to be well-trained, well led, compassionate and committed.

21. Workforce development is the keystone work-stream as motivated, well-trained staff with the right values who are appropriately paid and valued is the foundation on which quality care is built. The recent Cavendish Review 'An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings'[3] sets out 18 recommendations under the headings; Recruitment, Training and Education; Making Caring a Career; Getting the Best out of People. Leadership, Supervision and Support; and Time to Care. This report, published in July 2013, validates the approach we have outlined as part of this Strategy and further reinforces how essential care staff are to providing care.

22. In addition, the Berwick Review published in August 2013 'A promise to learn – a commitment to act. Improving the Safety of Patients in England) sets out four guiding principles:

[3] https://www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care

- Place the quality and safety of patient care above all other aims for the NHS. (This, by the way, is your safest and best route to lower cost.)
- Engage, empower, and hear patients and carers throughout the entire system, and at all times
- Foster wholeheartedly the growth and development of all staff, especially with regard to their ability and opportunity to improve the processes within which they work.
- Insist upon, and model in your own work, thorough and unequivocal transparency, in the service of accountability, trust, and the growth of knowledge.

This strategy is the work of a group of people from across the sector who have given their time to honestly and frankly explore the challenges of delivering high quality care and have together come up with an approach that confronts these complex challenges using an array of initiatives and proposals. This is entirely consistent with Berwick's principles about quality and safety being a focus, talking to the people in the system, valuing and develop staff and being transparent, so we are accountable, respect and trust each other.

23. It is important to recognise that this is not an overnight fix but requires all partners to commit and invest in working together into the future to achieve sustainable improvements. Therefore, while some elements can be put in place quite quickly, others will require a longer view to be taken. For this reason, the strategy and action plan will be refreshed in 3 years to consider what progress has been made, the impact of these changes, and what areas need further work and development.

24. As noted above, partners are committed to exploring new and innovative approaches. It can take time to give something new a chance to embed and really assess the effectiveness of it (and in some cases they may need reviewing or redirecting). This means some elements in the existing action plans may be amended or deleted as the work progresses. For this reason, a steering group will retain oversight of the strategy and its delivery, meeting quarterly to review the progress and more importantly, what impact the work is having on quality. An update of progress will be provided to the Cabinet Member from the steering group after the first six months to ensure accountability is maintained and to guide ongoing work.

Actions plans

Quality assurance **– how do providers, partners and regulatory bodies work together to have a complimentary and useful quality assurance system?**

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Understand all systems currently in place	• Stock-take of all current quality assurance systems (provider, partner, statutory, council). • Review best practice to see what could be applied in Southwark.	Nil	Rochelle Jamieson	November 2013	In development
Service user voice	• Describe all mechanisms available to residents / families / carers to participate in the quality assurance system. • Ensure the system has a variety of clear and accessible mechanisms for residents and their families / friends / carers to participate in quality assuring their own services. • Involve the community and other partners in quality assurance.	Nil	Rochelle Jamieson	November 2013 April 2014 April 2014	In development
Partnership	• Map all feedback mechanisms for the quality assurance system (formal and informal) and how these contribute to improved quality. • Map all connections between the quality assurance team and strategic partners e.g. safeguarding	Nil	Rochelle Jamieson	November 2013	In development
Promoting a positive culture of compassionate care.	• Redesign quality assurance system so it is clear, accountable, promotes partnership and continuous improvement, and focuses on the quality	Workforce development	Jonathan Lillistone	April 2014	In development

	of the service from a resident's perspective. System to have mechanisms for formalising concerns and working with partners to address these. • Quality assurance system to emphasize homes being responsible for, and demonstrate they are providing, high quality care and evidence this. • Dignity champions / approach to be embedded into quality assurance system.				
Continuous improvement	• Review operation of new quality assurance system to ensure it is delivering on the vision and is operating within the spirit of the partnership agreement.	Above	Rochelle Jamieson	April 2015	To commence as per timetable
Continuous improvement	• Meet with key stakeholders to ensure the quality assurance system is contributing to improved quality and how this can be strengthened.	As above	Rochelle Jamieson	April 2015	To commence as per timetable
Care Home Quality Improvement Strategy	• Develop systems to measure the effectiveness and impact of the work completed under the Strategy. • Set up steering group to monitor delivery of, and updates to, the Strategy.	All other work-streams	Rochelle Jamieson and Sarah McClinton	February 2014	In progress

***Integrated working* – partners all have different skills, experiences and resources available which can help to develop and embed quality practice. How do we break down existing barriers and use what we have most effectively?**

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Improving the Quality of Primary Care to Care Homes with Nursing	Strengthen the primary and secondary care for clients in nursing beds in care homes		Kate Moriarty-Baker & Ray Boyce	Business case to be completed by end of July	In progress

	Develop a business case to increase primary & secondary care and social care: - Development enhance contract for primary care and care homes which set out clear expectations for the delivery of primary care services and outcome measures to be monitored. - Increase the Consultant sessions with the CHST from 1 to 2 per week. This will support provide additional support to GP practices delivering this contract and help to foster a collaborative approach, to the delivery of primary care services, jointly with Lambeth CCG - WTE social worker post to be created within the CHST to work jointly with health to support care homes deliver high quality care. - Increased access MH support for care homes in Southwark via Note all stakeholders will be			Discussions with Clinical Commissioning Group – Sep 2013 Implementation December 2013 In progress through the Mental Health for	Post agreed with Social Care

	involved in development of specification for this (particularly provider)			Older Adults Group	
Improve the access for clients in nursing care beds to Allied Health Professional	Work with Social Care to explore resource and capacity issues in order to achieve equitable access for clients in nursing care beds Review access systems for care homes (covered by primary health care contract).		Kate Moriarty-Baker, Alex Laidler	August/September 2013	
Implement integrated care approach to nutrition, fall, dementia and	Working jointly with SLIC to identify and implement key recommendations from the four care pathways work around fall, dementia, nutrition and infection		SLIC	September / October 2013	In progress
Keeping People Connected & Attend Programme	Supporting people admitted from hospital to a care home to keep connected with their communities. City University to provide academic support, supervision and evaluation. This project will link to the Attend programme – recruiting volunteers across eh care homes in Southwark to provide sustainability.		Age UK & Ray Boyce	Started 5 August 2013	
Improving End of Life outcomes for people in care homes	St Christopher's jointly commissioned to work with care homes in Southwark to improve end of life care outcomes – monthly monitoring on actions		Kate Moriarty-Baker & Ray Boyce		On going

	and achievements to commence from August 2013				
Creating Leadership in Care Homes	Work with My Home Life to improve the leadership within care homes and extending he existing project to Deputies		Ray Boyce		On going

Safeguarding **– all partners are responsible for safeguarding. How can we ensure that this process focuses on the resident, identifies areas for development / change, and contributes to a healthy and positive approach to risk management?**

Objective / Area of improvement	Action	Person/s responsible	Target date for completion	Status
To implement the recommendations of the safeguarding review	• Membership of Safeguarding Board to be reviewed to ensure that needs of the Care Bill are met and also voice of the service user is heard	Paul Willmette/John Emery/ New Independent Chair (when appointed)	December 2013	Lisa Greensill (Time and Talents) SAPB member representing voluntary sector GP representative member of the Board
	• The SAPB sub-group structure to be simplified to two groups: I. Prevention and Awareness Raising to concentrate on training and development for all staff working with vulnerable adults in Southwark. II. Quality and Performance to consider quality issues in all services across Southwark	Paul Willmette/John Emery/New Independent Chair Quality Assurance work-stream		Full SAPB and Sub-group Review under discussion

To implement the safeguarding thresholds as recommended by the safeguarding review and adopt these across Southwark To identify care planning issues/effective partnership working rather than use safeguarding protocols for eating/drinking	• Consultant currently working on developing jointly agreed safeguarding thresholds for both Southwark and Lambeth	Marian Harrington/Paul Willmette/John Emery/SAPB Southwark Lambeth Integrated Care work on nutrition.	December 2013	Report on thresholds in development Threshold documentation to be produced Roll out programme for implementation of new thresholds to be agreed
Protocols for investigation of institutional abuse to be developed	• Currently under development	Lily Lawson/John Emery with input from provider stakeholders	October 2013	Roll out of protocol across the partnership to be ratified by SAPB. Training requirements to be identified.
To work in Partnership with Stakeholders to develop effective communication particularly around the response to allegations and outcomes and when alerts are eliminated at screening	• Meet monthly with Care Homes to discuss current safeguarding alerts, avoid escalation and make sense of what is happening. • Review/Revise SA Communication Protocol	Ray Boyce/John Emery/Commissioning QA Team Paul Willmette/John Emery/stakeholders Organisational	September 2013 December 2013 November 2013	Programme to be developed Development of revised local SA policies under discussion

	• Emphasis to be placed on Communication and partnership working in safeguarding training	Development in conjunction with Training Partners		
To ensure the voice of the service user and families are central to the SA process	• To develop a 'co-production' SA model • Undertake a service user survey to identify their experience to inform development of 'co-production' model	Sam McGavin/John Emery/stakeholders Paul Willmette/John Emery		Currently under discussion Work underway to identify a provider/agency to carry out survey
Ensure policy and procedures are Southwark specific	• Using Pan-London policies and procedures as a baseline and work described above to produce local Southwark SA policy and procedures	Paul Willmette/John Emery/SAPB/Stakeholders		

Working together in the future **– planning now for the future, and thinking about how we will commission services so they are set up to succeed is essential. What can we learn and how can we adapt for the future?**

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Work-stream 4 – Working better together in the future (Commissioning)	To establish a medium term framework contractual arrangement with the local nursing homes, that incorporates London Living Wage, embeds a partnership approach to achieve continuous and sustained improvement in nursing care home quality	Agreement of the local nursing homes can be negotiated that meets the council's requirements	Andy Loxton OP Commissioning	31/01/14	In progress

Work-stream 4 – Working better together in the future (Commissioning)	To develop an agreed contract management partnership approach for care homes that is inclusive, quality-focussed and recognises the roles and responsibilities of all parties. For example ▪ Residents and families ▪ The workforce ▪ The provider ▪ The council ▪ NHS partners ▪ Community and voluntary sector	Agreement brokered with the local nursing homes	Andy Loxton OP Commissioning	31/01/14	In progress
Work stream 4 - To develop a market position statement for nursing, registered (As well as extra care) specialist supported accommodation for older people, that will identify both the supply needs and future proof approach that will need to be adopted to ensure the highest possible standards of care is provided	Complete a draft market position statement identifying an analysis and gaps of current supply as well as long term long term needs, to establish requirements over the next 10-15 years Incorporate outcomes of consultation exercise into the document and seek appropriate approval of the market position statement	Development of extra care and community based alternatives to residential and nursing care, including effective integrated care with NHS partners. Link in with workforce development work to project requirements in the future and profile the profession	Andy Loxton OP Commissioning	31/09/13 31/03/14	In progress
Develop market position statements for specialist	Expand market position statement to include younger adults with disabilities	Support younger adults to live independently in	Jon Lillistone Head of commissioning	31/03/15	

accommodation needs of younger adults, specifically people living with a learning disability and those with a physical disability.		their own home as far as possible, but ensuring any registered care home placement is of a sufficiently high quality.			
To ensure that the voice of the service user, their families, as well as internal and external key stakeholders representing various elements of the older customer's journey through the care home sector is informs the approach to be taken by the council.	Build upon the existing consultation and engagement with older people and their representatives on the council's plans and the developing market position statement for specialist accommodation for older people.	As above plus an ability to consult with harder to reach older people who traditionally do not engage in formal consultation forums.	Andy Loxton OP Commissioning	31/12/13	In progress
To ensure that the physical designed environment at Tower Bridge care home is improved to incorporate best practice principals in relation to dementia care	Renovations to the entire home , using funding from Department of Health Capital Grant	Full funding being made available via the DOH Dementia Grant Programme.	Andy Loxton Gordon Thresher (HC1)	31/12/13	In progress
Develop a community in reach programme into care homes	Pilot Attend project initially in two care homes and then expand dependant upon the efficacy and development of the funding model	Success and lessons learned from pilot	Andy Loxton OP Commissioning	12/12/13	In progress

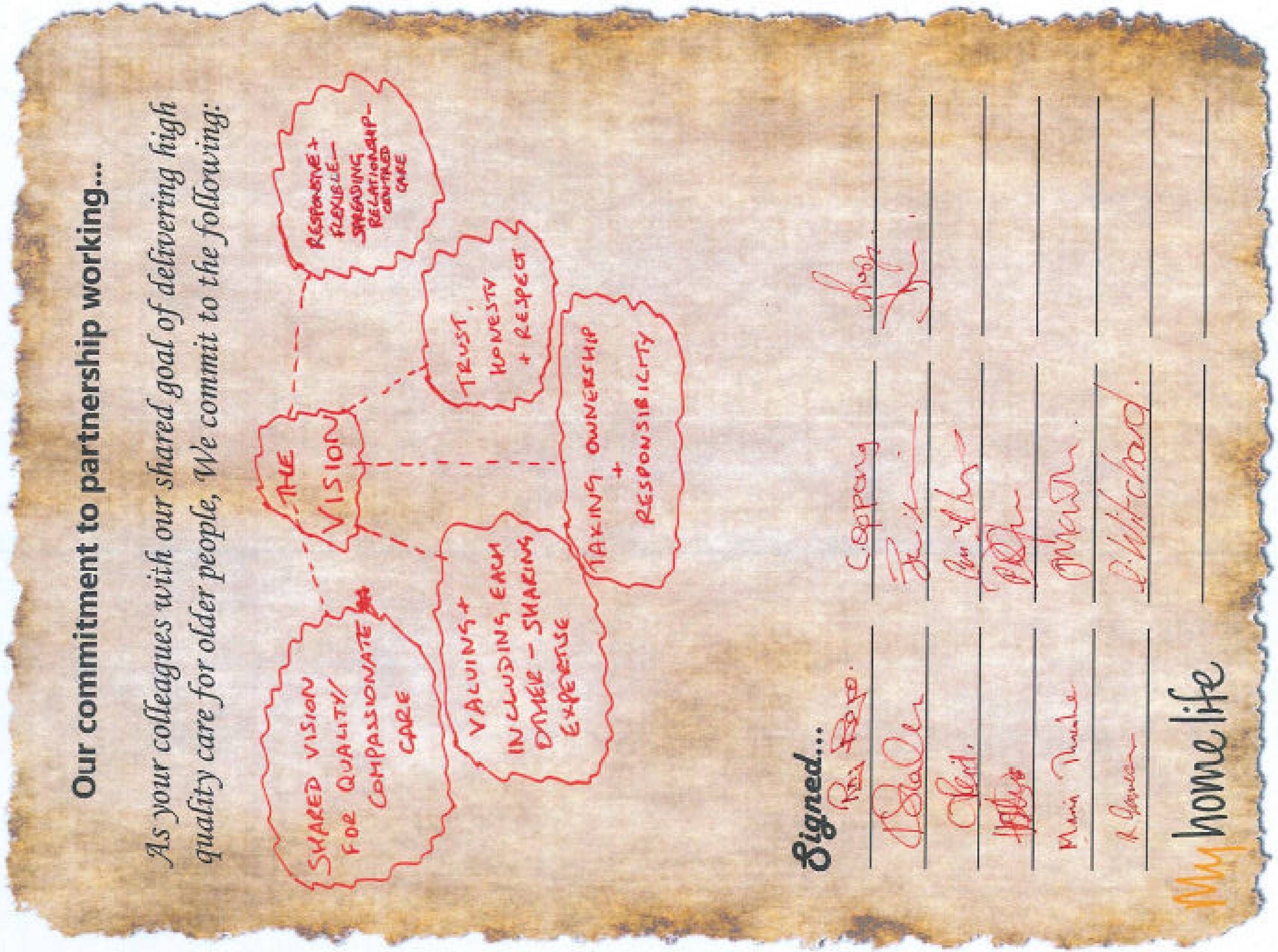
Workforce development **– the staff who deliver services are the core of quality services. How can we support and encourage staff and managers in the industry and make this an attractive career option?**

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Workforce development	To create a workforce development plan, providing the right interventions, to create and retain high calibre people, with the right skills, providing high quality care to our citizens.	Systemic diagnostic involving a six stage process - **see attached work stream approach**	John Howard	30th November 2013	Project group set-up meeting 10th July (four more planned) Approach and actions agreed and in progress.
	Dialogue / focus group meetings with staff (Anchor & HC1): - long term employed - recent starters - "zero hours"		Annie Stevenson Harjinder Bahra Annette Rhoden-Harrison	July / August	Meetings being arranged
	Dialogue with residents – **"what makes a good carer"** (Anchor, HC1 & Elms)		Annie Stevenson Harjinder Bahra	August	Meetings being arranged
	Site visit to **JCP** to review job applicant search process and referral process (& current job market)		Alan Palmer Angela Magill	July / August	Meeting being arranged
	Dialogue / focus group with Elm's management and staff (high retention & staff moral is reported)		Annie Stevenson Harjinder Bahra	August	Meeting being arranged
	Site visit with Human Resources		John Howard	September	Meeting being

	(Anchor & HC1) to research current **recruitment approach**, obtain workforce data – numbers, roles, service, turnover		Angela Magill		arranged
	Site visit to L&D Managers/team (Anchor & HC1) to review **induction**, current **training programmes** and approach to maintaining CPD.		John Howard Angela Magill	September / October	Meeting being arranged
	Nursing staff - Review of approach to promoting **employment pathways** into care homes, recruitment & **retention** – link review involving: Anchor & HC1 CCG GSTT Higher Education / Uni's		John Howard Annie Stevenson Harjinder Bahra Judith Knight GSTT Kings	October	
	Analysis of focus group feedback to create "development standards framework" – identifying the **differentiating behavioural competencies – the right people skills**. The **"how"** that makes the difference for future **"aptitude & attitude"** at recruitment, induction and ongoing management.		John Howard	September	
	Analysis of findings (further research if necessary) and development stages of a sustainable workforce development plan and programme of		Project Group	September to November	Project Plan "milestones" being finalised for sign-off on 19th August

	interventions.				2013

Partnership Agreement



Our commitment to partnership working...

As your colleagues with our shared goal of delivering high quality care for older people, We commit to the following:

Signed...

My home life

Stakeholders

This strategy is the work of partners who were involved as follows:

Task and Finish Group:

Chair – Sarah McClinton – Director of Adult Social Care	John Howard – Head of Organisational Development, Southwark Council
Alex Laidler – Head of Disability & Independent Living	Kate Moriarty-Baker – Head of Continuing Care and Safeguarding, CCG
Andy Loxton – Commissioning Manger, Older People	Kulvinder Sidhu – Tower Bridge Care Home Manager, HC-One
Annie Stevenson – Director: Integration In Care, My Home Life	Les Alden - Age UK Care Home Lay Inspector
Brigid Sedour – Operations Manager, HC-One	Liz McAndrew – Programme Manager (SCIL)
Christine Jones – Service Manager, Southwark Council	Ray Boyce – Head of Older People Services, Southwark Council
Gwen Kennedy – Director of Client Group of Commissioning	Rochelle Jamieson – Business Unit Manager, Contracts, Quality and Market Management, Southwark Council
Haley Malm – Care Quality Commission	Rsunderalingam Rajadurai – Manager, Camberwell Green, HC-One
Jacky Bourke-White – Age UK	Stephen Rees – HC-One
Jean Young – Head of Primary and Community Care Development	Tamsin Fulton – Southwark and Lambeth Integrated Care
Jean Young – Head of Primary and Community Care Development	Tamsin Hooton – Director of Service Redesign – NHS Southwark CCG
John Emery – Safeguarding Adults Manager	Vy Franklin – Deputy Manager, Tower Bridge, HC-One

Virtual contact group:
Fiona Crispin-Jennings – District Manager (London), Anchor
Jonathan Lillistone, Head of Commissioning, Southwark Council
Jacquie Hibbs, Contract Manager, Southwark Council
Older People's contract management team, Southwark Council

London Ambulance Service NHS

NHS Trust

London Ambulance Service

29 November 2013

The London Ambulance Service NHS Trust is the busiest emergency ambulance service in the UK providing healthcare that is free to patients at the point of delivery. We are also the only London-wide NHS trust.

Our main role is to respond to emergency 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible. However, many of our patients have less serious illnesses or injuries, and do not need to be sent an ambulance on blue lights and sirens. Often these patients will receive more appropriate care somewhere other than at hospital and so we provide a range of care to them, recognising that many have complex problems or long-term medical conditions.

We also run a patient transport service which provides pre-arranged transportation for patients to and from their hospital appointments. In addition, we manage the emergency bed service, a bed-finding system for NHS healthcare professionals who need to make arrangements for their seriously-ill patients.

We are led by a Trust Board which comprises a non-executive chairman, six nonexecutive directors and six executive directors, including the Chief Executive. As an integral part of the NHS in London, we work closely with hospitals and other healthcare professionals, as well as with other emergency services. We are also central to planning for, and responding to, large-scale events or major incidents in the capital.

We have over 4,500 staff who work across a wide range of roles. We serve more than eight million people who live and work in the London area. This covers about 620 square miles, from Heathrow in the west to Upminster in the east, and from Enfield in the north to Purley in the south.

In 2012/13 we handled over 1.7 million emergency calls from across London and attended more than one million incidents.

We are committed to developing and improving the service we provide to the people who live in, work in, and visit London.

25 October 2013

Agenda Item 10

Item No:	Classification:	Date:	Meeting Name:
10	OPEN	9 December 2013	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee
Report Title:		Southwark London Medical Committee cover report	
Ward(s) or Group affected:		All	
From:		Scrutiny project manager	

BACKGROUND INFORMATION

1. The Southwark branch of the London Medical Committee (LMC) have provided a report to contribute to the review on Access to Health Services in Southwark

LOCAL MEDICAL COUNCIL

2. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide a broad range of support and advice to individuals and practices on a variety of professional issues.

INVITE TO GIVE EVIDENCE

3. Southwark's LMC was invited to attend the committee meeting and submit written evidence. Nobody from the LMC was able to attend the meeting but the LMC's have submitted written evidence in the report attached.

4. The following questions were asked :

    - What service pressures are local GPs facing ?
    - How easy is it for patients to access GP surgeries?
    - What could be better done by the Health and Adult Social Care system to reduce service pressures and better direct people to the right services?

5. The LMC were given the outline of the review Terms of Reference for further comment :

    - Accessing out of hours care – specifically the 111 service and rollout in Southwark
    - Access to individual GP surgeries and walk in centres - both in terms of ability to take on more patients and resulting waiting times for appointments. The review will seek to establish how easy it is for patients to access surgeries. (N.B. the review will consider surgeries in neighbouring boroughs that Southwark residents use)
    - The implications of the TSA and KHP merger on access to Emergency & Urgent care and resulting implications for GP surgeries
    - Understanding the reasons for increased use of A & Es over winter and how this could be reduced - where appropriate

Southwark Council's Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee review into Access to Health Services in Southwark. – Southwark LMC's evidence

Southwark LMC welcomes the opportunity to contribute to the review into Access to Health Services in Southwark which is being undertaken by Southwark Council's Health, Adult Social Care, Communities and Citizenship Scrutiny Subcommittee. The LMC considers this is timely as it will help to highlight the issues which practices are currently facing including capacity and lack of resources which affects their ability to offer access to patients

The LMC would like to submit the following as evidence.

1. What service pressures are local GPs facing?

The pressures which Southwark GPs are feeling are identical to those experienced across the whole of London as demonstrated in the results of a GP Workload Survey which Londonwide LMCs conducted in August 2013. 666 GPs across London took part in the survey and 26 of those were Southwark GPs. 85% of the GPs from Southwark who responded to the survey believed that their workload is unsustainable and that increased bureaucracy is taking them away from care of patients, an increasing number of whom have complex and multiple long term conditions that need attention and care.

Examples of the service pressures GPs face are as follows:

Under investment in general practice
The Nuffield Trust's report 'The anatomy of health spending 2011/12' says that PCT spending on GP services has been static since 2005 and has fallen by 0.2% per year since 2007/8. In contrast the report says spending on secondary care has increased by 40% between 2003 and 2011.

Increasing bureaucracy
GPs spend valuable time having to complete paperwork in relation to a number of performance targets which have been set both nationally and locally. There is evidence that many of these targets do not necessarily improve quality or achieve the desired aim. Performance targets militate against the holistic care which GPs strive to achieve and which patients and families value so highly. They have many unintended consequences and can lead to a culture of ticking boxes that detracts from the aim of providing patient centred individualised patient care.

The Department of Health recognises that there is a 35% administrative 'tail' for every consultation. For every hour a GP sees patients there is a further 20 minutes of administration.

In addition to paperwork practices have having to spend a larger amount of administrative work related to the commissioning process. This involves staff having to attend meetings in practices , localities and at Borough level. Although many of these meetings are directly aimed at improving services to patients they do mean that time is spent away from the practice.

Requests for blue badges, housing reports etc
Many valuable appointment slots are taken up by patients attending surgeries in connection with local authority related issues such as blue badge applications and requests for housing reports etc. GPs are not contractually obliged to undertake such work. The LMC is aware of arrangements in other London boroughs for example, where the assessment service for blue badge applications has been contracted out. The LMC considers that this is a reasonable approach as it is an independent means of assessment and has no potential adverse impact on the doctor/patient relationship should the application be unsuccessful. The LMC looks forward to working with the local authority with regard to these issues.

A lot of people who attend surgeries are people on benefits who face reduction or suspension of their benefits. Often the assessments are unfair and inaccurate as evidenced by the fact that many appeals lead to reversal of decisions by ATOS only to face cuts again. We feel that this unfair.

Interface with secondary care
*V*ery often clinical information following outpatient consultations is not sent to GPs in a timely fashion and is often not received by the time that patients visit surgeries after their hospital appointment which can create issues as practices have to chase up the hospitals for information. In addition if a patient does not attend an appointment once GPs have to re-refer them to the hospital which causes huge bureaucratic issues for practices

The impact of this poor communication and the day to day referrals process means that practices can spend 6-15 hours a week chasing up information from secondary care. That is time which could be spent with patients, or more specifically between 36 and 90 patients per week per practice.

Possible reduction in the number of walk in centres
There has been coverage in the media recently regarding reducing the number of walk in centres nationally. It needs to be noted that the closures of walk in centres would have implications for practices in terms of capacity and workload.

Premises constraints
Many general practice premises are not fit for purpose as a result of under investment in general practice. Many GPs would like to expand the services they offer to patients but are unable to do so because of the limitations they face for premises development.

2. How easy is it for patients to access GP surgeries?

Practices have different ways of offering access to patients. Surgeries, in general, offer emergency/on the day appointments, pre bookable appointments and telephone consultations. GPs are aware of pressures on appointments and in some cases may have dialogues with patients via email, or via the repeat prescribing system, or messages relayed by texts. Many GP practices are signed up to admission avoidance schemes in Southwark that improve the care for the relevant patients e.g. Southwark and Lambeth Integrated Care and the Homeward.

Patients can make appointments either in person, on the phone or in some practices via email. Reception staff are trained to be helpful. If they are unable to offer the appointment of the patient's choice, they may go to great lengths to find another suitable appointment

Access to surgeries is affected by the following:

- There has been an increase in the volume and complexity of health and social care needs as more people live longer with long term and often multiple conditions. This means that an increased level of case management is required and consultations can take longer than the set 10 minutes.
- An increase in patient demand. Data quoted by the DH suggests that GP consultation growth averaged 3.9% per year from 2000 to 2008, while GP lists grew on average by only 0.6 per year. The DH attributed this to an ageing population.
- The transient nature of the patient population is a particular issue in London where a list turnover of 30% is not uncommon.
- It is recognised that consultation rates are 40% higher than the average rate in the first few weeks of joining a practice
- Patients whose first language is not English require extra time in consultations – mostly consultation times are doubled.
- The national policy, enforced by the Health and Social Care Act 2012, to move more secondary care work into primary care will mean sicker patients being cared for in the primary care setting which will increase the number of appointments without additional resources.

Most practices in Southwark are now offering extended hours for patients. The LMC also agrees that practices should be encouraged and supported to provide online access of services such as booking advance appointments and repeat prescription requests. There is also a move to have online consultations but there are key clinical governance issues which would need to be addressed at a national level before this could be rolled out.

It is important for the Committee to note that most practices in Southwark are opted in for providing out of hours care. This means that nearly all GPs in Southwark are providing the out of hours care for the registered population of Southwark. This is provided by the organisation known as SELDOC (South East London Doctors' Co-operative). This is unusual in that many GP Practices throughout England do not provide out of hours cover."

3. What could be better done by the Health and Adult Social Care system to reduce service pressures and better direct people to the right services?

The LMC suggests that patient education is needed around when a medical appointment is not needed and when it is inappropriate to attend A&E. Self-management of conditions should be promoted as should the help and advice pharmacists are able to give.

The Choose Well Campaign was good and a similar campaign should be repeated now we are in the winter.

Service pressures in terms of A&E and hospital admissions are intensified when a patient is prematurely discharged from hospital only to be re-admitted within a short period of time. This is what is commonly referred to as a 'failed discharge'. This issue mainly affects the vulnerable and elderly. Failed discharges not only lead to increased burden on A&E and hospital in-patient services but also have a domino effect on General Practice because it is the GP that will work tirelessly to try and prevent a re-admission. This problem can be tackled by ensuring all hospitals have an effective supported discharge team that can essentially act as the interface between primary, secondary and social care ensuring that communication happens smoothly between all parties. Hospital discharge summaries should be made accessible to the GP on the same day the patient is discharged or at least within 24 hours. This will allow the GP an opportunity to ensure measures are in place to prevent re-admission such as arranging a timely post discharge home visit.

Appropriate discharge planning will also allow the GP the opportunity to make better use of services such as the Homeward where appropriate. Additionally, any changes to social packages of care should be firmly in place at the time of discharge the GP should be promptly notified of any problems implementing these changes. Unfortunately over the years the amount of social support at home such as home help and support has evaporated which needs to be addressed.

The most intensive social care package for the most vulnerable does not run through the night and at maximum is four points of contact during the day. The consequence is that the threshold for readmission of these patients is very low.

4 December 2013

Health scrutiny overview 13/14 work-plan

Monday 27 January	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee (5)
	Annual Safeguarding **Update on Health and Wellbeing** **Drug Joint Strategic Needs Assessment & Alcohol Strategy** Agree report on : **Review : Access to Health Services in Southwark** Take evidence on : **Review : Prevalence of Psychosis and access to mental health services for the BME Community in Southwark**
Wednesday 5 March	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee (6)
	Agree report on : **Review : Prevalence of Psychosis and access to mental health services for the BME Community in Southwark**
Monday 24 March	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee (7)
	DRAFT Quality Accounts

Items to be slotted in as appropriate

1. JOSC on KHP consultation – if deemed substantial – on publication of Full Business Case
2. Adult Mental Health review (part of Psychosis CAG – so linked to review)
3. Possibilities: Integrated Care – Frail & elderly and new long term conditions

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HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP SCRUTINY SUB-COMMITTEE **MUNICIPAL YEAR 2013-14**

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Dated: September 2013