



## HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 30 June 2010 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

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**PRESENT:**

Councillor Neil Coyle (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Michael Bukola  
Councillor Poddy Clark (Reserve)  
Councillor Darren Merrill  
Councillor Victoria Mills  
Councillor the Right Revd Emmanuel Oyewole

**OFFICER  
SUPPORT:**

Jane Fryer, Medical Director, NHS Southwark  
Sean Morgan, Dir. Performance & Corp. Affairs, NHS Southwark  
Susanna White, CE NHS Southwark & Strategic Dir. Southwark Health & Community Services

Sally Lingard, Assoc. Dir. Communications & Marketing, KCH  
Frances O'Callaghan, Dir. Performance & Delivery, KHP

Sarah Feasey, Principal Lawyer  
Cathryn Grimshaw, Senior Lawyer  
Rachael Knight, Scrutiny Project Manager

**LOCAL  
REPRESENTATIVES:**

Emma Beamish, Albany Action Group  
Ann Fox, National Childbirth Trust  
Martin Saunders, Southwark LINK  
Tom White, Southwark Pensioners' Action Group

### 1. APOLOGIES

- 1.1 Apologies for absence were received from Councillor Denise Capstick. The chair also announced a change to the sub-committee's membership: Councillor Darren Merrill has replaced Councillor Keadean Rhoden.

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

2.1 There were no urgent items.

## **3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

3.1 Disclosures of personal non-prejudicial interests were declared as follows: Councillor Coyle as a member of the Guy's and St Thomas' Foundation Trust (GSTT); Councillor Noakes as a member of the King's College Hospital Foundation Trust and former member of the GSTT board of representatives; and Cllr the Right Reverend Emmanuel Oyewole as a GSTT member and the Dr Hossain & Dr Persadh Surgery, Lister Primary Care Centre.

## **4. APPOINTMENT OF VICE-CHAIR**

4.1 Councillor David Noakes was appointed as the sub-committee vice-chair.

## **5. MINUTES**

5.1 The minutes of the Health and Social Care scrutiny sub-committee meeting held on 17 March 2010 were accepted as a correct record.

## **6. INTRODUCTORY OFFICER BRIEFINGS**

6.1 As an introduction to this item, the chair shared statistics on Southwark's demographics and related health issues. For example; that the borough is the ninth most deprived nationally, a measurement of economic factors that significantly impact health; and that despite the borough's comparatively young population Southwark has an increasing prevalence of dementia. He highlighted that the sub-committee has just five further meetings during the 2010/11 civic year and that members are likely to be presented with many issues regarding changes to local health services, in addition to the topic(s) that they select to review.

6.2 Susanna White, chief executive of NHS Southwark and strategic director of Southwark's health and community services, welcomed the new members and remarked that the sub-committee has never faced such difficult circumstances as at present, or been as needed, in helping to work out how people in Southwark can still be provided with the right care, yet with less money: The council's current budget for health and community services will be reduced by 25% over a period of three years - from approximately £90 million to £65 million. She explained that this impels the need to look carefully at how a different system could still keep people safe. The new personalisation scheme will be brought into an environment of more controls but smaller budgets. She hopes that the sub-committee will be able to help identify how this can be achieved.

6.3 Regarding the budget for services provided by NHS Southwark, this will not be reduced, but there are financial pressures due to Southwark's changing

demographics and the need to provide additional procedures, etc. The chief executive stated that this similarly compels re-modelling, as budgets would be approximately £90 million adrift in five years time, if there are no changes. The proposals for re-modelled and altered services will therefore be brought to this sub-committee.

- 6.4 NHS Southwark will also be looking for South London and Maudsley (SLAM) to reduce the costs of their mental health services. This is already outlined in the strategic plan, but members will be informed about the emerging details for service change.
- 6.5 The chief executive also noted that a Health White Paper will soon be published by the new government, which is expected to outline proposals for GPs to lead commissioning. She also commented that Jane Fryer, the NHS Southwark medical director, is a GP herself and will attend the sub-committee's meetings, providing a key link to the PCT.
- 6.6 Members requested further information about the potential change in the White Paper regarding GPs taking up the commissioning role that is currently held by the PCT. The chief executive responded that she cannot really clarify until the White Paper is available, but that the Secretary of State's intention is for the approximately £80 billion NHS budget (including ½ billion in Southwark) to go to GPs to commission local services via consortia, as they are most in touch with local people.
- 6.7 She also confirmed that some GP lead commissioning has already existed in Southwark for the last four to five years and that GPs are key in leading discussions, so would be extending beyond an advisory role to having real budgets and responsibilities. The medical director commented that the PCT would need to ensure that GPs are prepared as commissioners.
- 6.8 Members queried how much thought at this stage the PCT had given to how it would manage consultation with the scrutiny sub-committee and public engagement, in view of the scale of expected changes.
- 6.9 The chief executive responded that this is a conversation for scrutiny to have. She added that the PCT has not before been asked to do anything as significantly different as this; that it will need to set out an overview of plans, but will also need to make changes more quickly than in the past,- even to manage this year's budget.
- 6.10 Members commented that the council as a whole will need to think about how to include the public more in such decision-making. The medical director reasoned that it would be wise to wait for the Health White Paper, but emphasised that another key message from the Secretary of State for Health is his intention to strengthen public and patient involvement.
- 6.11 The chair welcomed Frances O'Callaghan, director of performance and delivery, King's Health Partnership (KHP). The director circulated booklets about KHP and its strategic framework, and briefed members on the key points (see Appendix A). She noted, for example, that KHP is one of only 5 Academic Health Science

Centres in England; that it includes 21 clinical academic groups (CAGs); and that a major agenda for the partnership within the context of the economic turnaround, is to support efficiency while also supporting excellence.

- 6.12 In response to members' queries, the director explained that KHP is funded equally by the four partner organisations. This provides a core budget of close to £1.5 million, which covers salaries, support costs and allows some discretionary spending on research projects. At this stage there is no formal guarantee for the level of future funding: the partners have agreed to re-negotiate the budget annually.
- 6.13 The director added that KHP is currently working on Key Performance Indicators, and would be happy to share these in due course. She added that the partnership aspires to ensure that research results from King's College London are adopted in practice as early as possible and used to shape best practice; and to work out how to cross the apparent divide between physical and mental health.
- 6.14 Sarah Feasey, principal lawyer, Southwark council, explained her role in supporting the sub-committee by providing legal advice on constitutional points; the sub-committee's statutory powers; and substantive issues. She introduced her colleague, Cathryn Grimshaw, who is likely to attend subsequent meetings in this capacity.
- 6.15 The principal lawyer explained the sub-committee's powers in relations to local health services and related this to the current financial climate. NHS trusts, PCTs and Foundation Trusts have a statutory duty to provide Health scrutiny committees with requested information and to consult with them on proposed service changes or developments. She continued that it is up to the sub-committee to decide whether a proposed change is a substantial variation and that this would impact the requisite level of consultation. Even if this is the members' view, however, it would not oblige the sub-committee to scrutinise the proposal.
- 6.16 The sub-committee also has a role in considering the quality of an NHS trust's planned consultation. Moreover, if members are not satisfied that the proposed change is in the interests of the health service, or has concerns that the consultation was inadequate, it can ultimately refer its concerns to the Secretary of State, who can potentially challenge the trust. Members were informed that there are exceptions, however, such as when a trust believes that there is a risk to patient welfare or safety: It can then immediately terminate a service without consulting either the sub-committee, service users or local residents, etc. It should, however, inform the health scrutiny committee of its decision and actions, - and of its plans for replacement services.
- 6.17 Officers have recently discussed how the trusts inform the sub-committee about proposed changes and have looked at using a template format that could help members identify if they want further information, or to discuss with the trust its plans for consultation. The template included in the agenda papers for item 7 was flagged as an example.
- 6.18 Tom White, Southwark Pensioners Action Group, spoke to the sub-committee about the proposed changes to drug and alcohol treatment services at Marina

House. [The 2009/10 sub-committee had responded to formal consultation on the changes in January 2010.] Mr White was concerned that there are outstanding issues about the changes and about the adequacy of the consultation. In particular, he raised queries about the provision for self-referral. He proposed that the sub-committee hold a meeting specifically about the changes, as he believed that the concerns warranted referral to the Secretary of State. He suggested that the additional meeting be used for members to consider all the relevant information from officers and his related correspondence.

- 6.19 Members opted to discuss this issue further when considering the sub-committee's work programme under item 8.

**RESOLVED:**

1. That members are invited to suggest improvements to the 'trigger template' for substantial variations on an on-going, ad-hoc basis;
2. That the 'trigger template' could be amended to request more information about the service user perspective of proposed changes; for example that the trust be requested to list the groups/individuals to be consulted if this is still to take place; or to outline the response to date from people needing support;
3. That regarding service variations outlined on future trigger templates that are circulated via email between meetings, members are invited to forward related questions or requests for more information to the scrutiny officer ([rachael.knight@southwark.gov.uk](mailto:rachael.knight@southwark.gov.uk)), for these to be submitted to the relevant trust before meetings occur. This will help ensure more detailed answers are available prior to and when the sub-committee meets.
4. That should members raise several questions on a future issue, the chair and vice-chair would decide in consultation with other members whether a trust representative be requested to attend either the next scheduled meeting or a special meeting to provide a fuller briefing.

**7. PROPOSED SERVICE VARIATIONS**

- 7.1 The NHS Southwark medical director referred to the trigger template on proposed changes to vascular surgery services at King's Health Partners (KHP). She commented that this is an example of the type of service change notification that the sub-committee is likely to receive more of. She explained that currently both Guy's and St Thomas' hospitals (GSTT) and King's College Hospital (KCH) provide vascular surgery services and that the proposal is to concentrate these on one site. This would achieve savings and patient benefits, as the combined volume of treatments would increase associated learning for the consultants. She clarified that the template provides a broad outline of the proposed changes and that the sub-committee was being asked whether it agrees.

- 7.2 Members discussed the proposals and whether to request further information. It was felt that the changes do not amount to a substantial variation, partly due to the numbers of patients involved, and as this type of surgery is not similar to ongoing treatments that require patients to attend regular appointments.
- 7.3 Members also commented that there seemed no specific reason to challenge the proposals, but that it would be of interest to know whether doctors with the necessary expertise would still be based at the King's site, should emergency surgery be necessary. It was agreed that this query be raised with KCH.

**RESOLVED:**

1. That a response be sent to KHP stating that the sub-committee is broadly in agreement with the proposed process, including the plan not to undertake formal consultation; and
2. That KHP be requested to clarify, however, whether staff with the requisite expertise will still be based at the King's site, in order to carry out emergency vascular surgery.

**8. WORK PROGRAMMING AND SCOPING**

- 8.1 The chair proposed, and members agreed, that the sub-committee interview the cabinet member for Health and Adult Social Care at its 29 November meeting.
- 8.2 The scrutiny project manager outlined the process for health scrutiny committees to provide feedback on Quality Accounts (QAs). These are performance reports that NHS providers are required to publish annually. She commented that Southwark and a number of other local authorities are raising queries with the Department of Health regarding the provision for Health OSCs to assess QAs for national NHS providers: Southwark had been requested in 2009/10 to provide the national scrutiny response (in effect on behalf of health OSCs across the country) to the QA for NHS Direct, as their head office is located in the borough. The sub-committee would be informed of the DoH response.
- 8.3 Regarding the proposal from Tom White for an additional meeting regarding services at Marina House, members suggested that clarification first be sought from NHS Southwark, in particular about the provision for self-referral. It was agreed that the reply be shared with all members and an informal meeting held to decide whether to arrange a separate formal meeting.
- 8.4 Members discussed the issues that they would request PCT officers to clarify. These included, for example, the adequacy of the related consultation and the viability of co-locating across both sites the services that were to be moved to Blackfriars centre.
- 8.5 Members considered again the issues raised earlier in the meeting by the Albany Action Group. It was highlighted that the women who had used the Albany

midwifery seemed very happy with the service, however, that KCH seems to be consulting widely about the replacement service. Members also queried what aspect of this issue the sub-committee would scrutinise, in order to help ensure that people in Peckham have high quality services, as the mothers have openly admitted that they accept that the practice has been dissolved and are not expecting it to be re-instated. There was also discussion on whether to review the KCH decision, and so assess whether the trust should change its website statement regarding the cause for the closure.

- 8.6 Members suggested that the sub-committee write to KCH raising some of the concerns that the Albany group had highlighted and asking whether the trust would consider altering its website statement.
- 8.7 The chair invited members to propose review topics for the 2010/11 year. Three key suggestions were made as follows:
- an assessment of the use of Equality Impact Assessments (EIAs) – to focus on examples from health and/or social care services;
  - NHS Southwark services for older people, - in particular personalisation and how Southwark will respond to a significantly reduced income;
  - how to improve integrated services.
- 8.8 The members who had suggested these topics agreed to develop a scoping document to share with the sub-committee, in order to clarify their review suggestion and outline how it could be approached.

#### **RESOLVED:**

1. That Cllr Dixon-Fyle, Cabinet Member for Health & Adult Social Care, be invited to be interviewed at the sub-committee's 29 November 2010 meeting.

#### **Quality Accounts**

2. That a paper be prepared for the 6 October meeting that outlines:
  - the sub-committee's role and options in relation to Quality Accounts;
  - the related timeframe;
  - a list of the service providers from whom the sub-committee expects to receive a QA in early 2011; and
  - the response from the DoH regarding the role of local scrutiny committees in reviewing regional or national service providers, such as NHS Direct.

#### **Changes to drug and alcohol treatment services at Marina House**

3. That NHS Southwark be requested to provide the following information within two weeks:
  - Whether officers have looked further into the viability of co-locating the

provision of the original services for drug and alcohol treatment based at Marina House, and those provided by the criminal justice system, at both the Marina House and Blackfriars sites (as requested at the previous sub-committee's 17 March 2010 meeting), and if so, what has been the outcome;

- whether NHS Southwark believes that it carried out the consultation on this service change according to the relevant statutory requirements and good practice guidance;
  - whether the issue regarding the reduction of self-referral has been properly consulted on and resolved.
4. That Tom White, Southwark Pensioners' Action Group, be invited to submit related documents regarding the quality of the consultation and the issue of self-referral.
  5. That members be invited to an informal meeting in July, to consider NHS Southwark's response to the above request and the papers from Tom White, with the view to decide whether to schedule an additional formal meeting to further explore this issue.

#### **Albany Midwifery Practice**

6. That a letter be sent to King's College Hospital (KCH) requesting the following:
  - that KCH review the statement on their website that the Albany Midwifery Practice was closed due to safety concerns, and considers whether it would amend this to statement to refer to management rather than safety reasons;
  - that KCH provide appropriate details about whether it responded formally to the AIMS and NCT critique of the CMACE report; and if it didn't whether it will do so now;
7. That KCH be encouraged to include as many of the positive elements of the Albany Midwifery Practice in the replacement service as possible.

#### **Reviews**

8. That the 3 members who offered to each scope a proposed review topic, submit their proposal to all members within two weeks of the meeting - i.e. by Wednesday 14 July (Cllr Coyle on Equality Impact Assessments; Cllr Noakes on Older People's Services and Personalisation; Cllr Bukola on Improving integrated services);
9. That all sub-committee members be invited to comment on and suggest amendments to the proposals within a week;
10. And that all members then be requested to rank the 3 proposals according



to their preferred priority – with the highest ranked suggestion forming the basis for the next HASC sub-committee scrutiny work.

## **9. DEPUTATION FROM ALBANY MIDWIFERY PRACTICE**

- 9.1 Note: the sub-committee agreed to a change of sequence so that this deputation followed item 5.
- 9.2 Emma Beamish, a founder of the Albany Action Group of parents who had used the Albany Midwifery Practice, was invited to address the sub-committee as the deputation's key speaker. She outlined the reasons for the deputation and explained features of the practice that had been particularly valued: when an expectant mother booked in, for example, she was appointed a midwife to care for her throughout her pregnancy, as well as throughout labour and for 30 days after the child's birth. Regarding the closure of the practice, she commented that when King's College Hospital (KCH) had terminated the practice's contract it was stated that this was necessary for safety reasons. She added that the KCH risk assessors had not raised problems with the midwifery and that to date the Action Group felt that the hospital had not sufficiently explained what the problems were.
- 9.3 Ms Beamish further stated that KCH had commissioned a report from the Centre for Maternal and Child Enquiries (CMACE) with recommendations, but that the report did not recommend that the practice be closed. She added that because safety reasons were used, this meant that there was no need to consult with local parents; that the practice was therefore terminated very quickly; and that parents have not in the meantime had access to any service comparable to that provided by the Albany midwifery. She requested that the sub-committee look at the process used by KCH to reach their decisions about closing the practice.
- 9.4 Ann Fox from the National Childbirth Trust (NCT) explained that the NCT would not normally become involved in local decisions, but was doing so in this case as the Albany Practice had received national and international awards and had used a model that was about to be copied across the country. She added that representatives of the NCT had met with KCH and had requested that the statement on the KCH website regarding the safety reasoning for the closure be changed to issues regarding management.
- 9.5 It was clarified again that the deputation was requesting the sub-committee to scrutinise the process by which KCH had reached their decision to close the practice, including the evidence on which the decision was based.
- 9.6 Members responded to the deputation with comments and queries. Key points raised included as follows:
- 9.7 Members referred to the notes from a meeting on 28 April 2010 between members of the Action Group and officers from NHS Southwark and KCH. It was asked whether KCH has recruited new midwives and whether there is currently a gap in the service. Ms Beamish responded that the gap had been covered but not with the same service.

- 9.8 Members queried whether the next steps by KCH as outlined in the minutes had taken place, - such as the involvement of local mothers in the recruitment of maternity staff. Ms Beamish confirmed that those steps had been taken. She emphasised, however, that the more significant issue was the KCH allegation that the Albany practice model had been unsafe. She commented that the Albany model saves money and that it is important that the reputation of the Albany practice remains clean, so that the model can be contracted elsewhere.
- 9.9 Members asked whether mothers were satisfied with the process going forward for replacing the service and suggested that if the sub-committee were to scrutinise the decision process members would be interested to see what replacement had been established and to consider the transition. Ms Beamish stated that there had been an immense vacuum in the service when the Albany practice was first closed and that mothers in Peckham who used the service had waited a long time for a replacement. She added that there were currently two midwives at the Lister practice (where the Albany midwifery had been located) who will provide booking appointments, but should a mother request a homebirth, she would be referred to another of the community maternity teams, which are understaffed.
- 9.10 Sally Lingard, associate director of communications and marketing, KCH, explained that an aspect of the Albany service that mothers had wanted to retain was that a named midwife be on call 24/7. She said that this was problematic due to the EU working directive regarding working hours, but that new recruitment for the replacement practice would be started at the end of the summer and would include the provision for 24/7 on-call cover. She added that regarding homebirths, if a mother were to request this option she would be given that choice.
- 9.11 Members queried why KCH had offered to employ the Albany practice midwives when the service had been withdrawn due to safety concerns. Ms Beamish referred to the 28 April meeting notes which state that KCH would be happy to employ any of the Albany midwives and that parents had hoped that KCH would be able hire the midwives and then allocate them back to the mothers they had been working with through the Albany service. It was confirmed however, that none of the seven midwives wanted to take up the recruitment offer from KCH. She commented that the safety allegation therefore remains vague – as to whether the model or the midwives were deemed unsafe. Sally Lingard responded that the formal statement on the KCH website refers to patient safety.
- 9.12 Members asked whether KCH had responded to the NCT's and the Association for Improvement in Maternity Services' (AIMS) critique of the CMACE report. Ann Fox noted that CMACE had responded to the critique on its website and that the NCT had had an email exchange with KCH, but neither NCT nor AIMS had received a formal response to date.
- 9.13 The chair thanked the members of the Action group and the KCH officers for their contributions and said that they would be notified of the sub-committee's decision.

The meeting closed at 10.20pm.

