



HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Monday 29 November 2010 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT: Councillor Neil Coyle (Chair)
Councillor David Noakes
Councillor Michael Bukola
Councillor Victoria Mills
Councillor Darren Merrill
Councillor the Right Revd Emmanuel Oyewole

OTHER MEMBERS PRESENT: Councillor Dora Dixon-Fyle, Cabinet Member, Health and Adult Social Care

OFFICER SUPPORT: Shelley Burke, Head of Overview & Scrutiny
Sarah Feasey, Legal Services
Doreen Forrester-Brown, Legal Services
Jane Fryer, Medical Director
Donna Kinnair, Director of Nursing & Commissioning
Sarah McClinton, Deputy Director, Adult Social Care
Annie Shepperd, Southwark Chief Executive
Susanna White, Chief Executive of NHS Southwark
Peter Roberts, Scrutiny Project Manager

ALSO PRESENT: Daniel Dickins, Southwark Circle

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Denise Capstick.

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

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 Councillor David Noakes declared an interest in item 8 as the cabinet member who had made the initial decision to fund Southwark Circle. He indicated that he would participate in discussion of the item but not in any consequent decisions taken by the sub-committee.

4. MINUTES

RESOLVED:

That the minutes of the meeting held on 6 October 2010 be approved as correct record of the meeting.

5. CABINET MEMBER INTERVIEW: COUNCILLOR DORA DIXON-FYLE, HEALTH AND ADULT SOCIAL CARE - AND SUSANNA WHITE, NHS SOUTHWARK CHIEF EXECUTIVE

- 5.1 Councillor Dora Dixon-Fyle introduced herself as the cabinet member for health & adult social care. She had been enjoying her first six months in post and was looking forward to this evening. Susanna White, chief executive of NHS Southwark, also introduced herself and referred to the significant changes imminent in the health and social care world.

Dulwich Hospital (Question 1)

- 5.2 Members asked what role the council had in ensuring continuing medical services at Dulwich Hospital. Councillor Dixon-Fyle stated that the council could influence but not control what happened at the hospital which was managed by the PCT and in the future would be managed by its successor body. Susanna White stressed that this was a long-standing and difficult issue. Some services run by Kings College Hospital had moved off the site. Emerging leaders of the new Southwark consortia of GPs had asked for a further option appraisal in respect of the hospital.
- 5.3 Members stressed that plans had gone from closing a third of the site for a polyclinic to the possibility that after over a hundred years of providing medical services the site could almost become vacant. Susanna White pointed out that the renal dialysis service was still located at Dulwich but did not take up the full footprint. The current strategic plan included a health centre of a modest size but this depended on funding. In response to questions she stated that she was unable to provide an implementation timetable. Councillor Dixon-Fyle commented that it would be important to first be clear what was happening with the GP consortia.
- 5.4 The chair reminded members that Councillor Noakes, the vice-chair, had offered to set up a site visit to Dulwich Hospital.

Health & Wellbeing Board and future of scrutiny (Questions 2, 3 & 4)

- 5.5 Members asked the cabinet member how she envisaged the composition and role of the Health & Wellbeing Board. Councillor Dixon-Fyle stated that she understood the board would include a range of people, including GPs, local councillors and representatives from the LINKs. She was keen that it was properly scrutinised. Members were unclear how the scrutiny function could be subsumed into the board and services continue to be properly held to account. Councillor Dixon-Fyle could not confirm the government's view but would support scrutiny remaining a separate function. The chair hoped that the sub-committee would be invited to comment on any proposals from government.

Social care (Questions 5, 6, 8, 12, 13, 15 & 16)

- 5.6 In respect of question 6, members highlighted the government's plan to remove disability living allowance from anyone living in a residential setting and asked whether there was any indication of the number of people this would affect in Southwark, the amount of allowance and any impact on the council's budget. Councillor Dixon-Fyle responded that it was the council's priority to keep people in their own homes for longer. Susanna White commented that there were no specific figures available. She was happy to take this away and circulate figures. There was a clear impact on the individual's budget but no assumption could be made about this being made up by any council funding.
- 5.7 Members asked whether there was any certainty about the figure of an extra £2 billion for social care referred to at question 8. Councillor Dixon-Fyle stated that these were headline figures of which it was thought that £1 billion would be going to the NHS and the other £1 billion to social care. Nothing had been received to confirm this. Susanna White was confident that at least £1 million would be set aside but did not know how this would be directed into Southwark. She was not sure if it would come to the PCT, whether it would be clearly labelled or ring-fenced and where accountability would be held.
- 5.8 In response to questions about the work of the re-ablement team (question 6), Councillor Dixon-Fyle explained that people were being assessed all the time. Members emphasised the importance of monitoring the services delivered by nursing homes in the borough and asked what action the cabinet member would advocate where homes were not performing to standard. Councillor Dixon-Fyle stated that the priority was to get the best homes for Southwark's residents and to commission high quality of service. If necessary the council would suspend referrals into a home. Susanna White commented that the council had been commended on its work in supporting at risk individuals in individual care homes.
- 5.9 Members queried the status of the cabinet's pledge to halve the price of meals on wheels (question 12) and asked for details of the timetable and whether consultation had begun. Councillor Dixon-Fyle indicated that work coincided with the budget process. Options had to be considered against the back-drop of the reduction in money from central government. There was no intention to reduce the quality of meals. In response to questions from the chair, Councillor Dixon-Fyle confirmed that when the price of meals had been increased there had been a drop in take-up and that an increase in take-up could have an impact on the health of

residents.

- 5.10 In respect of question 15, members asked whether the cabinet member would continue to campaign against the flawed adult and children's social care funding formula. Councillor Dixon-Fyle stated that she would be seeking to ensure that Southwark received all the funding it was entitled to.
- 5.11 Councillor Dixon-Fyle updated the sub-committee on the situation with regard to the premises of the Southwark Pensioners Centre (question 16). The centre had signed a twelve month lease at its present premises and hopefully would move to Walworth Road Town Hall in due course.

Childhood obesity rates (Question 7)

- 5.12 In response to further questions about the impact of free school meals on health, Councillor Dixon-Fyle made clear the benefits of helping children to stop eating fast food and reducing their salt intake. This would enable children to perform better at school and the council would be able to review this when considering the outcome of the pilots. Councillor Dixon-Fyle indicated that she would liaise with Councillor Catherine McDonald, cabinet member for children's services, in reviewing the impact of healthy free school meals.
- 5.13 Some members were not convinced of the impact on childhood obesity and asked whether any evidence could be circulated to demonstrate the positive outcome, particularly as this was an expensive policy at a time of cuts in funding.

Changes in provision of health care (Questions 9, 11 & 14)

- 5.14 Councillor Dixon-Fyle stated that the cabinet report of 23 February looked at the transfer of responsibilities between NHS Southwark and the council. The Public Health White Paper was due imminently. Some members asked why the cabinet was supporting proposals for Southwark to become a GP Consortia Pathfinder. In Councillor Dixon-Fyle's view it was important to begin working with the consortia in order to ensure that services continued in the borough. Southwark had offered to become a pathfinder in response to the government's agenda.
- 5.15 Susanna White commented that the government agenda was developing rapidly and that Southwark's GPs had already formed a consortium. She explained that it was possible for funding to be accessed more quickly if a consortia was a pathfinder. From the GPs' perspective it was important to do the best possible within the changes. Most places would try to be pathfinders because of the money allocated and because working closely with councils would assist GPs. NHS London expected to set aside £50 million to support GP development. Susanna White added that being a pathfinder did not mean having to do every aspect of commissioning straight away. Practice based commissioning had already been in existence for a couple of years and the leads had formed a single consortia.
- 5.16 Councillor Dixon-Fyle emphasised that the council did not want a reduction in the quality of services. Susanna White stated that huge changes were not expected immediately and that GPs were taking more interest in how services were designed. Members raised the issue of disadvantaged groups who in some

instances have felt that GPs are not best able to meet their health needs and asked what additional support might be provided to GPs to meet such demands. Susanna White responded that NHS Southwark was keen to support GPs locally to help them understand more about the needs of different patient populations.

- 5.17 A member cited the examples of mental health and alcohol related issues and was concerned that individual GP practices would be able to meet the associated needs, for instance to make available the same level of care to people who had in the past been referred to Marina House. Susanna White commented that the first point of call for patients was primary care and that many of the GP practices had received specialist training. Jane Fryer responded to a particular point of view quoted in Southwark News. The majority of GP practices in Southwark would provide a service for drug and alcohol abusers with a quick route to specialist services if necessary. Practices worked closely with street agencies and the voluntary sector. Members were interested in the number of GPs who had undergone training and in the turnover of GPs in Southwark.
- 5.18 In respect of question 14, members asked for an indication as to the number of voluntary organisations providing preventative services who were part-funded by the council or NHS Southwark, the total amount of funding and where it came from in the budget. Councillor Dixon-Fyle replied that the figures could be provided at a later date. She explained that cabinet members had been contacting voluntary groups and community councils and explaining the budget principles. The chair commented on the council's requirement that groups conform to the current equality obligations and that the committee was looking at the equality impact. He questioned whether the council and NHS Southwark were ensuring they were consulting those groups most affected. Councillor Dixon-Fyle confirmed the council's intention to work with the groups over the next few months and beyond. Jane Fryer reported that a number of voluntary groups were already beginning to engage with the emerging GP consortia.

Section 106 Money and Larcom Street (Questions 3 & 4 to Susanna White)

- 5.19 Members asked why so little section 106 money had been spent by the PCT. Susanna White referred to the written answer and stressed that the PCT had every intention of spending the money but that it had to be spent in the right way. There was not always an appropriate scheme in the relevant area. In response to further questions Susanna White offered to confirm that there were no allocations in respect of Dulwich. She also clarified the situation in respect of Larcom Street where the partner was currently unable to make a full capital commitment.

Future interviews

- 5.20 The sub-committee agreed to recommend the 2011/12 Health Scrutiny Sub-Committee to invite back the cabinet member and chief executive to a meeting early in the new municipal year.

6. CHANGES TO THE NHS AND IMPLICATIONS FOR SOUTHWARK COUNCIL

- 6.1 Annie Shepperd, Southwark Chief Executive, introduced the cabinet report of 23 November – Changes in the NHS and Implications for Southwark Council.
- 6.2 Members queried the reference in paragraph 22 of the report to the possibility of transferring some functions to the council to manage. Annie Shepperd clarified that there might be areas, most likely back office functions, where it would make sense to create a joint service but that no detailed discussions had taken place. In response to further questions she confirmed that nothing would be transferred which would put the council at a disadvantage.
- 6.3 Members were concerned about how decisions would be made about the transfer of functions to the GP consortia and the need to ensure that no services were put at risk. Annie Shepperd stated that a clear business plan was essential in the transfer of services and that it would be more prudent to have interim arrangements which were subsequently transferred to the consortium. It was important to continue discussions with GPs as to how they saw the new arrangements working, particularly in respect of commissioning. Annie Shepperd commented that taking such a large amount of money out of the system would unavoidably and radically change the type of service available and it was her duty to protect the most vulnerable of Southwark's citizens.
- 6.4 Members asked who would be represented on the team leading work on considering all the implications of changes taking place in the health system (recommendation 8 of the cabinet report). Annie Shepperd explained that it was her job to protect and promote the interests of the council solely and that the council's representatives would be officers without any conflict of interest. Members asked about the level of staff morale in the council and the PCT. Annie Shepperd replied that people were uncertain about the future but still focussing on their duty to serve the public.
- 6.5 Members asked the chief executive how she was going to protect and limit the risk to citizens. Annie Shepperd stressed the importance of providing accurate information and involving citizens in decision making. Her aim was to ensure that those people who were more dependent were prioritised. She believed that people were looking for transparency and debate about choices.
- 6.6 Members asked whether any staff would transfer into the council from NHS London or NHS Southwark. Annie Shepperd clarified that there was no automatic provision for this. At the same time there was a possibility that, taking account of due diligence, some staff might be employed by the council. In response to further questions she stated that currently there was no additional cost to the council in undertaking the due diligence exercise. Officers were being moved from less urgent duties to take part in the exercise.
- 6.7 Members were concerned about any risks that would arise out of the proposals to link the safeguarding of adults and children. Annie Shepperd believed that issues for adults were different to those for children. Careful consideration needed to be

given to the frameworks under which safeguarding operated. The state had a responsibility to ensure protection and to ensure it continued to play the right role. Members referred to paragraph 24, page 39 and asked what arrangements would be in place to safeguard vulnerable adults. Annie Shepperd commented that the new legislative framework would lay down requirements for GPs and consortia to undertake certain duties. GPs were already involved in the safeguarding system and discussions were taking place as to how they would become involved in commissioning to support the system. Jane Fryer confirmed that GP consortia would be statutory NHS bodies with statutory responsibilities around commissioning and, as leaders of the commissioning body, a duty for safeguarding.

- 6.8 Members were also concerned that, as structures and processes changed, the council would continue to honour its commitment to involve citizens. Annie Shepperd said that, as far as possible, this would continue but emphasised that the changes were being led by a system which the council did not directly manage or have accountability for. Members asked whether the council was making any representations at a national level as to the future direction of services. Annie Shepperd stated that representations had been made about some managerial arrangements and that the council had drawn NHS London's attention to the local agreement in Southwark.
- 6.9 The sub-committee agreed to invite the chief executive back to a meeting in January 2011 to provide an update, particularly on the transfer of any functions from the PCT to the council.

7. CARE QUALITY COMMISSION - REPORT ON SOUTHWARK ADULT SOCIAL CARE SERVICES

- 7.1 Susanna White reported that an action plan had been developed to implement the recommendations of the Care Quality Commission (CQC). She explained that the commission would have been moving away from the current way of assessing and, following government announcements, that there would not be any assessment of adult care this year.
- 7.2 Sarah McClinton, Deputy Director Adult Social Care, stated that the focus would be on improving services in safeguarding and on preventing people coming into the care system. In response to questions she explained that Southwark had started on the personalisation journey relatively late. Designing new systems had required a lot of work but a good foundation was now in place which needed to be implemented and rolled out at a faster pace. Annie Shepperd clarified that the reason behind the late start was that Southwark was one of only a few authorities with a system which provided for people who had lower care needs. As a consequence this demanded a review of the criteria for services together with appropriate consultation.
- 7.3 Annie Shepperd stressed the importance of Southwark's own self-assessment. Very high ratings had been given by service users and she took the view that Southwark was in a stronger position than that described by the CQC. Sarah McClinton added that, in terms of bench-marking, Southwark was not at the bottom

when compared with other London authorities and was now focussing on the personalisation approach. She commented that Southwark Circle was an example of Southwark leading the way in terms of more personalised services.

- 7.4 Members queried whether there remained areas where officers felt that the CQC had marked Southwark lower than it should have been. Annie Shepperd stated that officers had come to the conclusion that it was not worth making any further challenge. The focus should be on what service users were saying. In response to further questions she assured the sub-committee that no time had been wasted in challenging the previous year's CQC report. Susanna White added that the CQC's report had been very stringent and did not necessarily coincide with some areas where officers knew results were outstanding.
- 7.5 Members highlighted the disappointing results in Outcome 5, Freedom from discrimination and harassment. Annie Shepperd emphasised that Southwark had been awarded beacon status for its work on equality and diversity and was one of the leading authorities in this area. The CQC did not agree but could find few complaints or provide examples of better practice. Annie Shepperd could not find any activities in other authorities which Southwark was not already doing.
- 7.6 Members asked for an explanation of the areas for improvement identified by the CGC, Equality Impact Assessments in key areas and embedding equalities considerations in all service developments. Annie Shepperd's opinion was that the CQC was applying a set process and that Southwark did not waste resources doing Assessments when these were not necessary. The evidence put before the CQC had been robust and strong and officers did not believe that it could be matched anywhere else. Officers had taken the decision that, rather than put energy into challenging the CQC report, it was more important to move forward on all the recommendations and concentrate on how to make improvements for the future.
- 7.7 The sub-committee took the view that it was important for the areas of improvement to be fully embraced and for a dialogue to take place on any difference of opinion over performance and actions necessary for improvements. Sarah McClinton confirmed that an action plan had been devised and that all recommendations would be implemented. She agreed to circulate this to members of the sub-committee.

RESOLVED:

1. That areas of improvement identified by the Care Quality Commission (CQC) be embraced.
2. That a dialogue be engaged in with the CQC to determine particular failings, what specific actions are needed to address these and any sources of best practice.
3. That the NHS Southwark action plan in response to the CQC report be circulated to members.

8. SOUTHWARK CIRCLE: AN UPDATE

- 8.1 Sarah McClinton updated the sub-committee on the work of Southwark Circle.
- 8.2 Members queried the figures at paragraph 10 of the report and asked whether the project would be sustainable once the start-up funding dried up. Sarah McClinton referred the sub-committee to paragraph 19. Southwark Circle was on track to reach a projected membership of 1785 and would be self-sustaining at this level.
- 8.3 Members expressed the view that the council should not be asked to put in any further financial support and commented that any increase in fees to meet a shortfall in membership numbers would be hitting the elderly and people on benefits. Daniel Dickins from Southwark Circle stressed that the best way to remain sustainable was to listen to customers and customer demand.
- 8.4 In response to further questions, Sarah McClinton also clarified paragraph 18 on tests of the level of homecare that Southwark Circle could provide. There was no suggestion that Southwark Circle become a registered care agency. The intention was to explore the sort of help it could provide in line with the personalisation agenda.
- 8.5 Members were concerned as to whether Southwark Circle was duplicating the services provided by Southwark's handy person scheme and that any cross-over should be beneficial. Sarah McClinton stated that discussions were taking place to investigate this. The sub-committee asked for a further report back to ensure that no duplication existed across Southwark Circle and council services

9. WORK PROGRAMME

RESOLVED:

1. That members feed back to the Chair/Vice-Chair any follow-up questions arising from information circulated after the previous meeting.
2. That an additional meeting be held in January (a public session with local organisations representing disadvantaged groups).
3. That two representatives from Community Action Southwark be co-opted onto the sub-committee for the duration of the review of old people's services.

The meeting ended at 10.20pm.