Open Agenda

Southwark Council

# Health and Adult Social Care Scrutiny Sub-Committee

Monday 29 November 2010
7.00 pm
Town Hall, Peckham Road, London SE5 8UB

**Membership**

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

**Reserves**

Councillor Poddy Clark
Councillor Dan Garfield
Councillor Eliza Mann
Councillor Althea Smith

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**Contact** Peter Roberts on 020 7525 4350 or email: peter.roberts@southwark.gov.uk

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Members of the committee are summoned to attend this meeting

**Annie Shepperd**
Chief Executive
Date: 19 November 2010

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Southwark Council

# Health and Adult Social Care Scrutiny Sub-Committee

Monday 29 November 2010
7.00 pm
Town Hall, Peckham Road, London SE5 8UB

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| 3. | **DISCLOSURE OF INTERESTS AND DISPENSATIONS**<br>Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting. | |
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Date: Friday 19 November 2010

Agenda Item 4

# HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 6 October 2010 at 6.30 pm at Town Hall, Peckham Road, London SE5 8UB

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| **PRESENT:** | Councillor Neil Coyle (Chair)<br>Councillor David Noakes<br>Councillor Michael Bukola<br>Councillor Denise Capstick<br>Councillor Victoria Mills<br>Councillor the Right Revd Emmanuel Oyewole<br>Councillor Althea Smith (Reserve) |
| **OFFICER SUPPORT - NHS SOUTHWARK** | Susannah White, Chief Executive and Strategic Director Health & Community Services<br>Malcolm Hines, Deputy Chief Executive & Dir. Finance<br>Chris Griffiths, Specialist Health Commissioner<br>Jane Fryer, Medical Director<br>Ann Marie Connolly, Director of Public Health<br>Gwen Kennedy, Deputy Director of Nursing and Commissioning<br>Donna Kinnair, Director of Nursing & Commissioning<br>Tony Lawlor, Senior Commissioning Manager<br>Sarah McClinton, Deputy Director Adult Social Care<br>Sean Morgan, Director Performance & Corporate Affairs<br>Harjinder Bahra, Equalities and Human Rights |
| **OFFICER SUPPORT** | Patrick Gillespie, Southwark Service Director, SLaM<br>Jo Kent, Deputy Service Director, SLaM<br>Phil Boorman, Stakeholder Relations Manager, KCH<br>Rachael Knight, Scrutiny Project Manager |

## 1. APOLOGIES

1.1 Apologies for absence were received from Councillor Merrill. Councillor Althea Smith attended in his place. Apologies for lateness were received from Councillors Vikki Mills and Michael Bukola.

## 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 Capstick declared a personal non-prejudicial interest regarding her employment as a nurse at Brixton prison, where she works with staff from the South London and Maudsley Foundaton Trust (SLaM). Councillor Coyle explained that he had been asked to become a board member of CoolTan Arts, but that he had declined.

## 4. MINUTES

4. The minutes for the meeting held on 30 June 2010 were approved as a correct record.

## 5. RESTRUCTURE OF DRUG AND ALCOHOL SERVICES

5.1 The chair outlined the sequence of actions related to this issue taken since the 30 June meeting: that he had written on behalf of the sub-committee to Donna Kinnair, Director of Nursing and Commissioning, NHS Southwark to raise members' queries from 30 June; that an ad hoc meeting was held on July 29 to discuss the PCT response; that further queries were raised with the PCT following this meeting; and that the PCT's subsequent answers left two key concerns regarding the following:

- the additional (rather than routine) training provided to GPs as a result of service changes or where in Southwark GPs have received additional support; and
- how the restructure has met equality legalisation obligations (specifically those under the DDA).

5.2 The director of commissioning explained that the PCT was not providing specialist training for every GP: Under the move to the poly-system structures some GP practices were being aggregated; and currently 23 GPs covering 49 practices have been trained. Further training will follow the establishment of more poly-system hubs. The PCT cannot insist that every GP is trained, but is doing what it can to increase the take-up of training.

5.3 Regarding the consultation process, the director commented that it had not been initiated in a proper manner, but had since been carried out correctly. She added that the PCT had complied with the consultation conditions stipulated by the previous sub-committee and with the relevant health legislation.

5.4 The chair asked whether the PCT had complied with the relevant equalities legislation. The director responded that an Equalities Impact Assessment (EIA) had

not been carried out initially, but that the PCT had ensured specialist provision for service users with disabilities.

5.5 Tom White, Southwark Pensioners' Action Group, commented that the early consultation had made no mention of the offender management services; that a consultation event he had attended had only three service users present; and that the PCT had not reported why the changes should go ahead despite the dissent about the reduction of self-referral.

5.6 Tony Lawlor, Senior Commissioning Manager, Mental Health and Substance Misuse Commissioning, NHS Southwark explained that the PCT had consulted on the primary care strategy in 2008/09. The outcome was the move to primary care as the focus of patient care and as the gateway to secondary treatment. Consequently, self-referral at Marina House was planned to cease. This was put on hold however, during the subsequent consultation on Marina House services.

5.7 In response to member queries, the director confirmed that the GP training provided was level 1. Members then pointed to the volume of problems in Southwark related to drug and alcohol misuse and raised concerns about the adequacy of GP capacity to deal with patients needing related treatment. The director of commissioning responded that the PCT had developed a strategy to increase capacity, which was still being implemented. She confirmed that in line with the reduction of specialist services, additional training was being provided for health professionals in the GP and voluntary sectors.

5.8 Members sought further clarification about GP training and the arrangements for service users consulting GPs who have not been trained. The director of commissioning explained there are currently 25 GPs with the specialist training, but that every practice can access specialist advice by telephone when needed. The medical director added that some GPs have been providing specialist drug and alcohol services for the last 20 years; that the PCT is aware of where there are some small gaps in terms of coverage and is trying to get practices to work together. It was also reiterated that the training is not obligatory, and is therefore not measured against a fixed target.

5.9 Members commented that the establishment of satellite clinics seems delayed and requested an update. The director of commissioning responded that alterations to Marina House were still necessary in order to establish the offender services there; that the transferred services at Blackfriars were due to become operative in February; and that SLaM was undertaking a review which would identify suitable venues for more community drug services: currently a handful of satellite clinic venues had been identified.

5.10 Members raised queries regarding self-referral and whether this would now be an option for all service users. The director of commissioning confirmed that this had been agreed. Self-referral patients would be assessed to determine whether it would be appropriate for them to be passported to other services.

5.11 Members also highlighted two issues regarding the related consultation: i) that its duration was less than 12 weeks; and ii) that it did not appear to fulfil the EIA obligations. The director of commissioning stated that the 2009/10 scrutiny sub-

committee had explicitly agreed to the consultation lasting 8 weeks; and that the Equalities duty had not been addressed initially, but provision for patients with disabilities had since been made. Susanna White, NHS Southwark Chief Executive and Strategic Director of Southwark Health and Community Services, commented that the consultation process had not been perfect and that she had apologised to the previous sub-committee. She added that there was no requirement for all consultations to last 12 weeks, and that going forward it may be necessary for consultations to happen relatively swiftly and to be proportionate to the volume and scale of other changes.

5.12 The chair referred to a 2007 court case involving Harrow Council, in which part of the case was lost due to the decision-makers having not received full EIA information. He commented that it would be disturbing if the PCT were not having due regard to Equality law, and that reference had only been made to physical impairment disabilities. He queried what work had been done regarding people with mental health problems. The director of commissioning replied that the PCT had engaged with the most vulnerable service users, not within the formal consultation but as part of the pre-discussion. She offered to provide a timeline of how the consultation engaged with people and complied with DDA (Disability Discrimination Act) obligations.

5.13 Jennifer Quinton-Chelly, a local resident, outlined some of her previous involvement with local SLaM services and noted that she had hoped to become a member of SLaM, but had received no response to her request over two years. She asked how interested individuals and local groups could be better informed about consultations and related meetings.

5.14 Tom White was of the view that wonderful services for drug and alcohol misuse had existed at Marina House a year ago and that some patients were still being referred by GPs to access services there on a daily basis.

5.15 In response to comments from members of the public, members clarified that no services were being lost, rather that particular services were being relocated from two sites to one. It was also noted that this issue had been considered for over 18 months and that in view of the number of anticipated future issues, there will be more proposed changes than the sub-committee will be able to review and that in this case a way forward would be to monitor that the satellite clinics are established and that the specialist training continues.

**RESOLVED:**

1. That the PCT forwards a copy of the Equality Impact Assessment (EIA) produced for the re-design of services at Marina House and outlines the trust's compliance with relevant DDA guidance.

2. That the PCT keeps the sub-committee informed about the arrangements for the relocation of services from Marina House to Blackfriars that are scheduled to become operative in February 2011, in particular:

- the number and location of the satellite clinics and when these will be available;
- the number of part-time and full-time GPs who have completed specialist training in the management of substance misuse.

3. That the PCT and scrutiny project manager take steps to help ensure that interested individuals and local groups are more informed of service re-design consultations and their respective related meetings; and

4. That the PCT discusses with SLaM the claim from local individuals that they had asked to be involved with the related consultation, but were not included.

## 6. RESTRUCTURE OF SLAM SERVICES

6.1 Gwen Kennedy, Deputy Director of Nursing and Commissioning, NHS Southwark, and Patrick Gillespie, SLaM Service Director of Lambeth and Southwark Adult Mental Health Services, briefed members about the proposed changes to SLaM services and the Systemwide Sustainability Programme (see Appendix A).

6.2 Jo Kent, SLaM Deputy Director of Southwark Adult Mental Health Services, related that a number of focus groups had been held over the last couple of months to discuss the changes and that approximately 60 to 70 people had attended. The questions and answers from these groups are being collated and will be presented at a stakeholder event on 19 October. The key issues evident to date from the focus group feedback include as follows:

- discharge planning and how patients will be able to re-access secondary services once in primary care;
- how SLaM is engaging with primary care;
- concerns whether peer networks will be available, if these are wanted.

6.3 Members queried whether some of the patients cared for under the Care Programme Approach (CPA) are incentivised to stay on this programme by the related benefits system. The SLaM deputy director explained that the CPA was introduced approximately 20 years ago and some people had been receiving services as they were long-term CPA patients, rather than having recently received a full needs-lead assessment. The SLaM service director added that the key benefit for CPA patients is their entitlement to a freedom pass. He noted however, that local authorities, who determine the eligibility criteria, are currently reviewing who receives these passes.

6.4 In response to member queries regarding the proportion of the PCT budget spent on mental health services, Malcolm Hines, NHS Southwark Finance Director, stated that between £60 to £70 million is used annually to fund mental health services, which is close to 15% of the total PCT budget.

6.5 Members commented that there is a perception that mental health is the poor relative of health services and asked whether the 3.7% savings required from mental health is the same percentage required from other health services. The

NHS Southwark chief executive remarked that this is an important point and one that the PCT has considered in detail. The Southwark PCT spend on mental health is comparable with Lambeth and generally is high.

6.6 Ann-Marie Connolly, Director of Public Health, added that Southwark's budget spend on mental health services was benchmarked with the spend on comparable populations. She confirmed that Southwark's allocation is both high on spend and spend per head.

6.7 Members queried why savings were necessary when the government had ring-fenced health funding. The chief executive responded that health spend increases every year due to the aging population and increasing opportunities to spend more on new medicines and advancing technology. She explained that a 4% budget increase would be needed to maintain the current service provision, and that while the government has signalled that there may be some level of budget growth, it will not be comparable to the curve in recent years and there will be a gap. The finance director added that Southwark has the highest population growth in south east London at approximately 2.5 to 3% annually.

6.8 Members questioned whether mental health services are particularly susceptible to population changes and inflation and therefore whether the level of cuts to SLaM's funding is fair. Jane Fryer, the medical director deemed the cuts to be proportionate to the population and inflation. She commented that inflation tends to have a greater impact on hospital services where the drugs and equipment used can be very expensive.

6.9 Members referred to comments from the director of public health, suggesting that there is a high level of spend in Southwark, but that the outcomes don't reflect these levels. It was queried whether this indicates that there are efficiencies to be made. The director of public health explained that over the last 20 years there has been considerable work and learning about new approaches for patients. Of the different approaches tried some were very good and some less effective, which demonstrated that the funding could be used in a better way.

6.10 Members queried why there are changes being made to the estate before the accommodation audit is carried out. The SLaM deputy director replied that as there would be staff reductions, SLaM would not need as much staff accommodation as present and that there has been a wish to move out of 27 Lambeth Road for many years. She added SLaM has signalled its interest for accommodation at Larcom St and is trying to obtain space in modern fit-for-purpose buildings. The Southwark SLaM service director added that the number of beds was not being reduced, but they are looking to see how beds can be used more efficiently.

6.11 Members referred to the tables outlining SLaM's current and future community structure and commissioned activity levels (pp. 64, 65) and noted that dual diagnosis no longer appeared as a future activity. The SLaM deputy director explained that SLaM had lost its contract with Southwark PCT to carry out dual diagnosis, but that the relevant staff would still be based within SLaM teams. She emphasised that SLaM currently provides key workers for 1600 patients in Southwark and is committed to sustaining that number.

6.12 In response to member queries regarding the Equality Impact Assessment (EIA) the medical director stated that this is a work in progress that will be revisited as the plans are progressed. Members asked whether a strategy had been devised on how to mitigate the higher impact on the BME community. The SLaM deputy director responded that early intervention approaches were used and have lead to some very good results. The 'Care for Life' project was also mentioned, which involves staff visiting faith groups and schools so that people in need can be directed into appropriate services.

6.13 Regarding consultation, the Southwark SLaM service director explained that SLaM is hosting stakeholder reference groups and is undertaking a consultation with its staff this autumn. It was clarified however, that the PCT is leading on the broader public consultation. Members therefore queried whether there would be a formal consultation. The director of nursing and commissioning replied that officers were intending to ask the sub-committee for its view before reaching this decision.

6.14 Michelle Baharier, CEO of CoolTan Arts, commented that people who are not cared for under the Care Programme Approach (CPA) miss out on a significant range of services and highlighted that Southwark has one of the highest levels of mental health needs in Western Europe. She noted that a consultation meeting had taken place in August but was attended by only 3 service users; that the next meeting will not take place until 19 October; and that the board will be considering related issues already on 14 October. The CoolTan Arts CEO added that her organisation does not have a representative on the service user council, despite requests for this over a long period of time.

6.15 The deputy director of nursing and commissioning responded that it is necessary to be mindful of the distinction between consultation and engagement. She confirmed that attendance at the summer event had been low but stated that many invitations were sent out and that SLaM is making considerable efforts to engage with service users.

6.16 Members queried what service changes had been achieved in response to service users' views. The Southwark SLaM service director cited an example of a consultant who is now working within a GP surgery. This followed feedback from patients that they would prefer services closer to home in view of the stigma sometimes associated with receiving SLaM services.

6.17 Chris Griffiths, Specialist Health Commissioner, commented that there are other factors to consider than the number of people attending an engagement event. He mentioned that regular meetings are held with Southwark Mind; that the partnership board meets monthly; and that further information is being circulated.

6.18 The chair referred to a letter received that day from Lynne Clayton on behalf of the Southwark LINk, and asked why the LINk would be raising concerns about involvement if there was an effective ongoing dialogue. The medical director commented that the PCT's intention was to brief the sub-committee early on this issue and that the plans for consultation were still to be finalised.

6.19 Les Elliott, member of Southwark LINk; the Lambeth LINk steering council; and the SLaM member council, commented that he is very impressed by the work of the

Southwark SLaM service director and deputy director. He added however that the proposed changes introduce very serious issues and that when a patient is discharged to a GP it can be difficult to get the appropriate structure of services in place to create the new process.

6.20 Rosie Agnew, CoolTan Arts, stated that whether the consultation to date had been formal or informal it appeared that stakeholders had agreed on key strategic decisions, whereas this did not happen as they had not received the relevant data. She added that CoolTan Arts had requested an additional meeting as there had been insufficient advance notice for the summer event and as it had been difficult to obtain the related papers.

6.21 Members asked officers to outline the arguments for and against formal consultation. The specialist health commissioner stated that officers had worked on the objectives for the proposed changes since early this year and that a formal 12 week consultation would delay the achievement of the objectives and reduce savings. This would compel officers to find savings in other areas. The director of nursing and commissioning added that the PCT is not adverse to using a consultation process that is engaging, and remarked that in relation to psychology therapy services, 50 one hour interviews had been held to garner service user views. She reiterated however that it is necessary to take these proposals forward rather than put the brakes on. She agreed that there would be benefits to a formal consultation but that they would not outweigh the savings that would be lost as a result.

6.22 Members asked what more could be done to make the consultation and engagement productive if members were not to request a formal consultation due to the financial pressures. Officers replied that they would be happy to take on board specific suggestions.

6.23 Members suggested that a more effective plan for notifying members about proposed changes is necessary to ensure that the sub-committee can trigger a formal consultation in future without jeopardising savings. The director of nursing and commissioning commented that officers had wanted to submit the proposals to members some time ago, but had been waiting for the new sub-committee to be formed and that this meeting had been the first opportunity. The chair responded that officers could have initially submitted the papers via email.

6.24 Members emphasised the need for a comprehensive EIA and asked officers whether they were confident that by the 19 October they would have delivered on their equality and health obligations. The deputy director of nursing and commissioning confirmed that this would be the case. The deputy service director added that of the focus groups that she had taken part in, she had seen approximately 60 to 70 service users, many of whom had come up with very good suggestions that were being taken on board.

6.25 The PCT chief executive commented that the points raised about the EIA had been well made and taken on the chin. She said that the EIA is taken very seriously, albeit that not all evidence of this had been written down and presented to the sub-committee. She added that a full impact assessment should be carried out; and that an outline should be provided of all the ways in which stakeholder engagement

had had an impact on proposals. She also suggested that further discussion take place outside the meeting to agree how to deal with forthcoming issues, (which are likely to soon be stacking up) in a way that is both effective and expedient.

6.26 Members discussed what they might request in lieu of a formal consultation. It was suggested, for example, that feedback be sought from the engagement events; that details be requested of what has been done and is being done for the EIA; and that an earlier trigger process be agreed. It was emphasised that the sub-committee could not be effectively blackmailed to waive a request for formal consultation on the basis that it would exacerbate the financial situation.

**RESOLVED:**

1. That the sub-committee agrees not to request a formal consultation on the proposed re-structure of SLaM services, on provision of the following:

- that the PCT outlines what has been done and what is being done to carry out a comprehensive EIA (which the sub-committee would like to see as soon as complete);
- that the sub-committee receives feedback on the results of the engagement events, and that ways in which engagement has influenced the service re-design be itemised so that meaningful involvement can be demonstrated;
- that a plan is devised in liaison with the PCT to ensure that subsequent submissions on service changes are received sufficiently early for the sub-committee to request formal consultation where required; without the consultation period undermining savings objectives or incurring similar disadvantages.

2. That the PCT come back to the sub-committee with details of the benefits that service users are entitled to who are classified as CPA (Care Programme Approach) patients.

## 7. NEW POLICY BRIEFINGS

7.1 The chair welcomed Ann Marie Connolly, Director of Public Health, and Sarah McClinton, Deputy Director of Adult Social Care, who each briefly outlined their service areas. Key points raised and queries from members included as follows:

7.2 The director of public health highlighted that public health deals with populations rather than individuals and includes three elements: a) improvement; b) intelligence; and c) protection:

7.3 a) Improvement includes assessing needs, planning services and building strategic partnerships. It contributes considerably to the production of the Joint Strategic Needs Assessment and involves training PCT staff and staff in the voluntary sector. b) Intelligence includes the collation and analysis of health data; comparing this with other areas; and assessing the effect that specific care pathways have on people's health. It also examines the equity and quality of healthcare, and the quality of performance in GP practices. c) The protection of public health relates

primarily to the management of disease outbreaks and immunisation.

7.4 The deputy director of adult social care remarked that in general terms adult social care affects people who need personal care, but that there are specific criteria applied to assess service need and that people are not supported simply because they are old. She highlighted that these services account for approximately 30% of the council budget and pointed to the significance of issues such as safeguarding vulnerable adults: She commented that good progress was achieved in this area over the last year and clarified that the most common form of maltreatment is financial abuse.

7.5 The chair asked what impact would be foreseen on the NHS locally, should there be a 25% cut to the PCT budget. The NHS Southwark chief executive commented that although health had been billed as a service protected from cuts, it may need to stretch given that social care budgets are not protected.

**Briefing on the July 2010 Health White Paper**

7.6 Sean Morgan, Director of Performance and Corporate Affairs, outlined key changes proposed in the July Health White Paper (WP). He explained that the commissioning of services is to transfer from the PCTs to GP consortia: these are currently starting to organise themselves and consider what management support they will seek. There will be a Health and Wellbeing board different in form to that which exists in Southwark already, although it remains unclear whether this will also cover children’s or just adult care. This board would also take over the statutory functions of health and social care scrutiny committees.

7.7 The director of performance and corporate affairs also stated that the NHS will be compelled to reduce its management costs by approximately 50%. This was initially to be achieved over a three year period, but NHS London notified the PCT less than a week ago that this is now to be carried out by April 2011, so that the savings acquired can be used to help establish the GP consortia. As a consequence, some PCT functions are expected to dissolve and others may transfer early to local authorities.

7.8 Members referred to the re-formation of the Local Health Involvement Networks (LINks) into organisations called ‘Healthwatch’ and queried what funding had been identified to support these. The medical director responded that there would be money but that it would not be ring-fenced, and commented that there is also currently a debate about whether councils can properly host the Healthwatch, as there could be a conflict of interest if the council is both hosting the organisation and holding it to account.

7.9 The chair asked whether the PCT will be raising these questions in its response to the WP and requested on behalf of the sub-committee that members receive a copy of the draft response before it is submitted.

7.10 The medical director commented that GPs in Southwark are working together in a single borough group and are currently forming a board. She added that they are starting to consider what they are wanting to do and at what pace.

7.11 Members raised queries about the abolition of the Strategic Health Authorities, such as whether the training of midwives and nurses would consequently fall to GPs. The medical director stated that there would be National Commissioning Board, which will be accountable for example, for GPs and dentistry and that training is expected to be provided on a national level.

7.12 It was confirmed that the council leader had signed off the council response to the WP and that a copy would be made available.

7.13 The NHS Southwark chief executive offered to keep the sub-committee informed about the implementation of the changes as they are finalised and how this played out across London.

**RESOLVED:**

1. That a copy of the Council's response to the July 2010 Health White Paper be circulated to all sub-committee members and reserves.

2. That the PCT keep the sub-committee informed about how the implementation of the White Paper service re-design is taking shape in London.

## 8. KEY REVIEW: EQUALITY IMPACT ASSESSMENTS

8.1 The medical director highlighted some of the key changes proposed in the Equality Act 2010 consultation paper. These included increased transparency, - such as the increased availability of related data -; a focus on measuring results and demonstrating how changes will impact plans and outcomes; and the devolution of power away from a top-down approach.

8.2 The chair remarked that EIAs had been a recurrent theme throughout the meeting. He commented that the consultation paper seemed to emphasise a sense that public bodies do not always get EIAs and equality requirements right, but was of the view that losing some of the requirements could weaken the protection for vulnerable groups. He added that that the discussion of earlier items had demonstrated that the process is not always done well and that there should already be a focus on outcomes.

8.3 Harjinder Bhara, PCT lead on Equalities and Human Rights, agreed and commented that the boundaries to the current requirements and priorities are changing, partly in response to the poor use of process.

8.4 The medical director stated that with the current upheaval in the health service there are major risks that these things will not be tended to. The chair commented that he would like to hear that the PCT will continue to conduct EIAs. The medical director responded that in the very short term of the management savings to be achieved that there is a real concern regarding who will be available to carry out and oversee such work.

8.5 Members discussed how to take this review forward. In view of the November 10 deadline for the consultation responses, it was suggested that further meetings are arranged, and that Councillor Abdul Mohammed, Cabinet Member for Equalities and Community Engagement, be invited.

**RESOLVED:**

1. That the PCT share with the sub-committee a copy of its final response to the Equality Act 2010 consultation paper.

2. That the sub-committee prepares its own response to the Equality Act 2010 consultation paper; and arranges meetings to this end that are open to all sub-committee members, reserves and other council members (including the agreed meeting with the responsible cabinet member Abdul Mohamed).

## 9. CONSULTATIONS

9.1 The chair referred to the trigger template from Guy's and St Thomas' (GSTT) regarding the proposal for a new cancer treatment centre and said that members could still submit comments or queries.

9.2 In response to members' queries regarding the impact on patients treated at Kings College Hospital (KCH), the medical director responded that radiotherapy is not provided at Kings and that KCH and GSTT work together as a unit. She agreed to try to find out the percentage of the Southwark population that seek treatment out of the borough.

9.3 The chair explained that three further trigger templates would soon be sent to the sub-committee members and reserves and that the chair and vice-chair would first pre-screen these to identify any major concerns.

**RESOLVED:**

1. That members are still invited to submit questions they might have regarding the proposed changes to the cancer treatment centre at GSTT.

2. That the 3 further trigger templates received recently from KCH be circulated to all sub-committee members, following a brief assessment by the chair and vice-chair.

## 10. WORK PROGRAMME

10.1 In addition to items already scheduled, members agreed for the November meeting to include items on the Pharmacy Needs Assessment and an update on Southwark Circle. Concerns were raised however regarding the length of meetings and it was proposed that additional meetings be arranged to help ensure an earlier finish.

10.2 It was suggested that the review of Older Persons' Services be started at an additional January meeting.

**RESOLVED:**

1. That the 29 November 2010 meeting includes an item on the Pharmacy Needs Assessment, and an update on Southwark Circle.

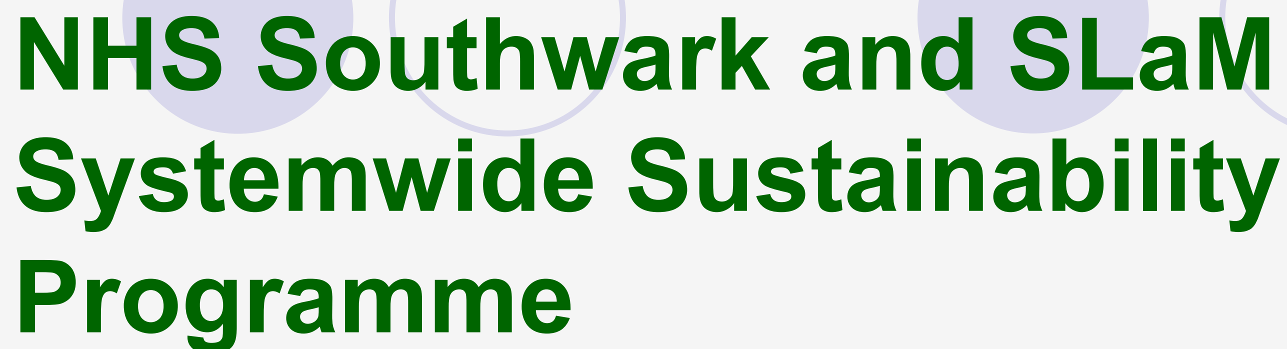
2. That the review of Older Peoples' services start early in the new year, possibly at an additional January meeting.

3. That the chair and vice-chair consider with scrutiny staff the feasibility of scheduling additional meetings; with the aim that meetings need not finish later than 10pm.

**Miscellaneous**

4. That the PCT provides data on the percentage of Southwark residents who travel outside of the borough to receive acute treatment.

The meeting finished at 10:40pm.



# NHS Southwark and SLaM Systemwide Sustainability Programme

- Presentation to Southwark Overview and Scrutiny Committee
- Wednesday 6th October 2010
- Gwen Kennedy, NHS Southwark
- Jo Kent and Patrick Gillespie, SLaM

# The Context - Mental Health Strategy

- There has been a continuing review of our Mental health Strategy for the last 2.5 years
- The Recession has had an impact on all Southwark Services and has been a part of our future planning
- Last Autumn the Labour Government launched “New Horizons”, its vision for MH and we incorporated many of its recommendations into our developing strategy
- NHS Southwark Stakeholder events were held in December 2009 and August 2010 to agree local priorities and service restructure.

# Strategic Priorities

Current NHS Southwark mental health priorities require that services:

- Are focussed on prevention and early intervention
- Are within clear pathways of care and support
- Are provided in the community with other community services
- Increase access to a range of therapies
- Promote personal independence and choice
- Reduce/decommission inappropriate secondary care

# Prioritisation Process

- The Prioritisation Policy and criteria were agreed at the November 2009 Board Meeting
- A public facing workshop informed the development of this prioritisation framework for 2010 -11 commissioning
- This included participants from LINk, the voluntary sector and the User Involvement and Patient Experience Committee.
- Agreed criteria were:
  - Health Gain
  - Clinical Effectiveness
  - National and Local Priority
  - Numbers of individuals participating
  - Accessibility

# The Service Context

- South London and Maudsley Foundation Trust provides around 90% of our Mental Health Services
- SLaM is restructuring the way in which it organises its services – Setting up Clinical Academic Groups to prepare for MH Payment by Results
- We have a new contract with SLaM
  - Developed jointly with Lambeth, Lewisham and Croydon
  - With a very strong performance framework
  - With incentives and penalties built in
- We have asked SLaM to make service changes that will result in more efficient and cost effective services

# The Financial Context

- The PCT Strategic Plan forecasts that by 2013/14 healthcare expenditure will increase to £653m with current services.
- Anticipated income in this period is £558m – a shortfall of £95m.
- As a part of its recovery plan, NHS Southwark has been working with SLaM to reduce the cost of services by £3.7m over the next two years (2010-12).
- It is also expected that further significant reductions to the SLAM contract will be needed in 2012 to 2014.
- Southwark Council social care savings of 25+% will also impact on Mental Health service provided by SLaM

# Restructuring Principles for Mental Health Services

NHS Southwark have advised SLaM of their commissioning intentions and requested that it restructures services so that:

1. Clinical evidence and national best-practice is adopted to develop and implement revised clinical care pathways.
2. The philosophy of evidenced based outcomes is embedded into the local treatment system.
3. The time that people stay within both ‘community’ and inpatient treatment is reduced.
4. Treatment is provided as ‘episodes of care’ that support GPs and other primary care services and that we move away from providing on-going, open ended support to individuals.
5. Individuals are encouraged take a more active role in managing their own care.

# Service user engagement

- In addition to the PCT's prioritisation exercise which engaged service users and carers, the stakeholder events in December 2009 and August 2010 invited responses on strategic priorities and proposed changes to services.
- The PCT has been present at MIND Service User Council Meetings during this time and has responded as needed on the proposed changes.
- More recently NHS Southwark has responded in detail to a LINk Mental Health Task Group enquiry and has invited further discussions with the Group.
- A Service User and Carer event around the service changes is planned for 19th October 2010

# Future Structure of AMH Services in Southwark

SLAM has identified five main areas of redesign to address both the need to reorganise and disinvest. These are:

In 2010 / 2011 to undertake:

- The reintegration of the assertive outreach services into the support and recovery teams.
- The redesign of community services and introduction of Liaison and Assessment teams to support the reduction in secondary care and increase in primary care and third sector provision.
- Introducing episodes of care and shortening lengths of stay in secondary care by introducing the Staying Well team.

In 2011 / 2012 to undertake:

- The reorganisation of psychological therapies in the borough.
- The reduction in the community estate.

# Changing Structure for AMH Services in Southwark

The following services will not be affected by proposed changes:

- In Patient Services
- Crisis Services
- High Support Services
- Early Intervention Services
- Staying Well Services

# Changing Structure for AMH Services in Southwark

The following services will be affected by current proposed changes:

- Support and Recovery Services
- Assessment and Brief Treatment Services
- Assertive Outreach Services
- Psychological Therapies
- Social Inclusion Services

# Changing Structure for AMH Services in Southwark

Current Teams Affected by Proposed Changes

Caseload 2,800

- 5 Support and Recovery Teams
- 5 Assessment and Brief Treatment Teams
- 2 START Teams
- 1 SCOT Team
- 1 HTU Team

Future Team Structure

Caseload 2,000

- 4 Support and Recovery Teams for Psychosis
- 2 Assessment and Liaison Teams for Mood Disorders
- 2 Support and Recovery Teams for Mood Disorders
- 1 START Team
- 1 Supporting People Team

# Changing Structure for AMH Services in Southwark

- There will be a restructure of all psychological therapies across the Trust
- There will also be a review of BME services and vocational services across the Trust

# Changing Structure for AMH Services in Southwark

Support and Recovery for Psychosis
Caseload 840

- 4 x Team Leaders
- 3 x Consultant Psychiatrists
- 1 x Staff Grade Psychiatrist

- 8 x Social Workers
- 16 x Qualified Band 6
- 8 x Qualified Band 5

- 1 Lead Psychologist
- 2 x Senior Psychologists
- 2 x Psychologists
- 1 x Qualified FI worker
- 1 x Senior STR Worker

- 2 x Business Managers
- 5 x Administrators
- 3 x Receptionists

**Changing Structure for AMH Services in Southwark**
Assessment and Liaison and Support and Recovery for Mood Disorders
Caseload 840

- 4 x Team Leaders
- 3 x Consultant Psychiatrists

- 8 x Social Workers
- 18 x Qualified Band 6
- 8 x Qualified Band 5

- 1.2 x Lead Psychologist
- 1 x Sen Psychologists
- 1.5 x Psychologists

- 2 x Business Managers
- 6 x Administrators
- 2 x Receptionists

**Changing Structure for AMH Services in Southwark**
START and Supporting People Teams
Caseload 320

- 2 x Team Leaders
- 2 x Consultant Psychiatrists
- 1 x Trainer

- 5 x Social Workers
- 6 x Qualified Band 6
- 5 x Un / Qualified Band 5

- 0.5 x Lead Psychologist
- 1 x Psychologists

- 1 x Business Managers
- 3 x Administrators
- 1 x Receptionists

**Changing Structure for AMH Services in Southwark**
Rationalisation of the Estate

By April 2011:

- Disposal of 27 Camberwell Road
- Move West Support and Recovery Team to St Giles House
- Move West ABT Team to the north of the borough
- Move St Giles ABT 1&2 to 22 Lordship Lane
- Undertake an accommodation audit

## Changing Structure for AMH Services in Southwark
What's Next?

- Develop clear information on timescales and procedures for all stakeholders
- Pre consult with all staff teams in August
- Arrange user led focus groups for service users and carers, Southwark Mind etc in September and October
- Discuss with Overview and Scrutiny
- Discuss with Local Medical Committee
- Attend Staffside meetings
- Go to formal consultation on an agreed date in the Autumn 2010

**Cabinet Member Interview –**
**Councillor Dora Dixon-Fyle, Health & Adult Social Care and Susanna White, Chief Executive of NHS Southwark**

**To Councillor Dixon-Fyle:**

1. At the Council Assembly on Wednesday 14th July, in answer to a question about progress on the redevelopment of Dulwich Hospital, the cabinet member answered that she, Tessa Jowell and NHS Southwark were "dealing with this matter proactively". She also said, "I intend to hold a series of meetings over the coming months….to see what leverage we can bring to bear….to ensure the site is developed to serve the local community's health interests".

   At the Council Assembly on 20th October 2010, in answer to a detailed question asking the cabinet member to explain why essential services continue to be stripped away from Dulwich Hospital despite a promise in November 2009 that this was only temporary, she persisted in the mantra that she was, "working with the PCT to ensure the Dulwich Hospital site (and the lift) is brought back into use to assist in the medical well-being of local people". There is nothing to show for all the cabinet member has stated.

   Would the cabinet member please now set out in detail the outcome of all her proactive work, and the successful outcomes she has achieved to bring Dulwich Hospital back into full use, and to secure its development for the well-being of local people and the people of Southwark?

2. Does the cabinet member agree that the scrutiny and referral function of the current health scrutiny sub-committee should be subsumed within the health and wellbeing board (if boards are created)?

3. How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?

4. What arrangements should Southwark Council put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

5. Since the cabinet member's appointment, can she outline what specific changes and actions she has taken to continue to improve adult social care in Southwark, particularly around safeguarding and personalisation?

6. Given that most residential and nursing care is provided by external providers and at a time of budget savings, what strategy does the cabinet member have through commissioning to ensure the ongoing provision of local high quality safe residential and nursing homes, to minimise disruption to vulnerable adults and ensure excellent care?

7. The cabinet member for children's services is currently leading on universal free school meals for every primary school child. What advice have the cabinet member for health & adult social care and her officers provided her with regarding the effect of free school meals on childhood obesity rates?

8. What is the cabinet member intending to do with Southwark's share of the extra £2 billion for social care as a result of the Comprehensive Spending Review and has she received any details about this money?'

9. What planning is taking place for the absorption of certain PCT functions within LBS, and are consultants being used to advise on this and if so at what cost?

10. Can the cabinet member outline what intermediate care is available in the borough, since the closure of the beds in Dulwich Community Hospital, and what she is doing to ensure this crucial service is re-provided?

11. What level of provision will those GPs who are taking on substance misuse clients be providing for education and vaccination for BBVs (blood bourne viruses e.g. hep B)?

12. Can the cabinet member confirm how much Labour's pledge to half the price of meals on wheels will cost?

13. Can the cabinet member confirm whether she is considering raising eligibility criteria from substantial to critical?

14. Can the cabinet member explain how she intends to protect the services that are provided by the voluntary sector around health and adult care, particularly when many of these organisations provide preventative services that bring in additional match funding?

15. Can the cabinet member confirm what representations she has made to the new Coalition Government in regards to the flawed adult and children's social care funding formula that was introduced by the previous government, which fails to recognise the level of need in Southwark?

16. Can the cabinet member detail her involvement in helping Southwark Pensioners Centre secure a new premises in Southwark and what progress has been made?

**To Susanna White:**

1. How can the Chief Executive of NHS Southwark justify the certainty of making decisions about health care for the people of East Dulwich and Dulwich even more remote, and less responsive, and less transparent, by the irresponsible creation of the supra-galactic health bureaucracy called the "NHS South East London Sector"?

2. Where in the Establishment Agreement is there any reassurance for constituents, especially the elderly and the vulnerable, that their critical and

immediate clinical needs and concerns will be better dealt with by this ludicrous empire of health mismanagement?

3. Can the Chief Executive confirm what plans are in place to increase GP provision and other primary services in the north of the borough to meet the demands of new residents and future residents?

4. Can the Chief Executive confirm why none of the section 106 money that is ring fenced for health has been spent to date and what plans if any she has to spend this money in the future?

5. With the pending reorganisation of substance misuse services at Marina House and CDAT, what additions and changes to the service are planned, to ensure the reorganisation does not have a disproportionate effect on those with mental health issues?

Agenda Item 6

| Item No. | Classification:<br>Open | Date:<br>23 November 2010 | Meeting Name:<br>Cabinet |
|---|---|---|---|
| **Report title:** | | Changes in the NHS and Implications for Southwark Council | |
| **Ward(s) or groups affected:** | | All wards | |
| **Cabinet Member:** | | Councillor Dora Dixon-Fyle, Health and Adult Care | |

**FOREWORD - COUNCILLOR DORA DIXON-FYLE, CABINET MEMBER FOR HEALTH AND ADULT CARE**

1. The changes currently mooted for the NHS by central government are amongst the largest and most significant for a decade. In addition, the decision to abolish NHS Southwark from April 2013 means that how primary healthcare is delivered and commissioned locally will change. What we don't know is how these changes will finally manifest itself as we are still keenly anticipating further White Papers and legislation from the Government.

2. What we do know is that the local authority will gain important new powers and that its role in health and health scrutiny will change, and that those changes will impact upon the residents of Southwark, one of the most diverse and poorest boroughs.

3. As one of the few local authorities in the country to have an integrated health and adult social care system how we react to those changes is critical. This report outlines how we will begin to prepare the council for its new role, it outlines some of the challenges that we face and how we propose to address them. This is the beginning of that journey.

**RECOMMENDATION(S)**

**Recommendations for the Cabinet**

That the Cabinet:

4. notes the changes being planned and taking place in the NHS at national, regional and borough level and the continuing degree of uncertainty surrounding these developments.

5. notes the implications for the Council's arrangements for partnership working with the health sector in Southwark in both the shorter term transition period prior to the abolition of Southwark PCT in April 2013 and in the longer term.

6. welcomes the proposal from Southwark GPs to be considered as a GP consortium pathfinder and agrees to support them in this project.

7. agrees that the Council will undertake a due diligence exercise with the PCT to clarify all current joint and shared arrangements between the two organisations

through which their accountabilities are currently delivered, in consideration of the changes that are taking place in the health system.

8. notes that a team in the Council is leading work on considering all of the implications that are taking place in the health system.

**Recommendations for the Leader of the Council**

That the Leader:

9. agrees that the Cabinet Member for Health and Adult Care will oversee a programme of work to implement the legislation that will follow the NHS White Paper and respond to the future government publications anticipated on public health and adult social care.

   In particular it is noted:

   - the abolition of all PCTs by April 2013
   - the establishment of consortia of GPs to commission local NHS services
   - the role of the Council at a local level, with new Health and Wellbeing Boards, to join up public health, GP consortia, childrens and adults social care

**BACKGROUND INFORMATION**

10. The Government published the NHS White Paper *Equity and Excellence: Liberating the NHS* on the 21st July. The paper includes proposals to transfer public health functions to local authorities by April 2012, to abolish NHS Primary Care Trusts (PCTs) by April 2013 and, in their place, to establish consortia of GPs, and to set up new Health and Wellbeing Boards that will join up the commissioning of local NHS services, social care and health improvement. Since the publication of the NHS White Paper there have been two significant further developments in the health system for Southwark:

    - The Strategic Health Authority, NHS London, have brought forward the requirement for London Primary Care Trusts (PCTs) to reduce their management costs by 54% by one year so that the whole reduction needs to be in place for April 2011.

    - The chair of Southwark's Clinical Commissioning Board (CCB), Doctor Amr Zeineldine, has written to NHS London expressing the wish of Southwark GPs to be considered for Early Adopter status for GP commissioning. This proposal has been welcomed by King's Health Partners.

11. These developments in the health system do not change Southwark Council's statutory duties and powers regarding: the provision of information regarding non-residential care services, the assessment of people who may need social care services, and the provision of support to people whose assessed needs meet local eligibility criteria. In Southwark services are provided to those whose assessed needs are critical or substantial. The Council is also required to co-ordinate multi-agency adult safeguarding arrangements.

12. The Council takes its statutory duties very seriously and it is partly for this reason

that the Council has placed considerable focus on adult social care at this time. Adult social care in Southwark is currently being transformed.

13. The implementation of the personalisation agenda, the work towards meeting the Putting People First (PPF) milestones, and a new focus on both preventing people from needing to go into long term care, but also reabling people who have been in care to return to living independently in their own homes, is changing the role of clients, families, carers and social workers in this service. A new team has been set up in Older Person's South (OPS) to assess clients for personal care budgets which means that a greater number of individuals in Southwark, the majority for the first time, will be able to create and choose their own care packages rather than have these set by the Council. A new dedicated telephone line for all queries about help for older and vulnerable people is also being set up. These changes take place against a background of budget cuts as set out in the Comprehensive Spending Review (CSR), and the need to find considerable savings in this, as in other areas, of the Council's budget.

14. The Council is also considering Sir Ian Kennedy's review *Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs* which was carried out in response to widespread concerns about services provided to children and young people by the NHS and other organisations following a series of high profile tragic deaths including the death of Peter Connelly (Baby P) in 2007. This report sets out how services are not always meeting the needs of children and young people, and outlines the barriers that exist which prevent this. In particular the report looks at the culture of the NHS and how this contributes to the current system. The report is an opportunity for the Council to improve joint working between childrens and adults services and to develop improved services that support people's needs throughout life, and not on the basis of how old they are.

**KEY ISSUES FOR CONSIDERATION**

<u>Adult social care context</u>

15. The changes that are taking place in the NHS are occurring in a context in which the Council continues to have statutory duties in adult social care. Through the coming period of transition, the Council will need to continue to deliver health and wellbeing outcomes, and to ensure that adults in Southwark are safe from financial, physical and other forms of abuse.

16. In addition to these duties, and in order to implement the People First (PPF) milestones and personalisation agenda, and to undertake other work to improve the customer journey in this area, the Council has established a transformational programme in adult social care.

17. The implications of personalisation on adult social care commissioning are considerable. At present, the joint Council-PCT adult commissioning service is the largest spend area of the Council. The service is accountable for some of the largest contracts let by the Council including Homecare, residential care (including the commissioning of care homes), assisted technology, mental health services, Supporting People (SP) and welfare catering. In line with a shift to a more preventative model, the division has undergone a review to develop an increased focus on preventative services. However a model in which the Council largely commissions and provides and individuals largely take up and use

services will become increasingly out-of-place at a time when more clients are utilising personal care budgets. The Council recognises that, increasingly, individuals will be taking up the opportunity to choose their own care packages, and, in light of this, that the Council will need to start taking a different role in this area.

18. The Council also aims to shift the balance of care in Southwark, that is, to move away from a system where there is more intensive nursing and residential care and towards one where people are supported to remain living in their own homes. Currently 72% of the department's total health and social care budget is spent on residential placements including nursing and care homes. However, through the transformation programme, the Council is taking action to prioritise services that help to prevent people needing to go into long-term care in the first place, but also to improve services that help those people leaving hospital or care return to living independently in their own homes.

19. A fundamental action that is being taken is the mainstreaming of the reablement service, which provides earlier, targeted interventions for older people within their own homes and communities. Of those people completing the reablement service, 71% required no further support from the Council or NHS. These changes are the beginning in a change in the Council's role, away from being a provider of care for older and vulnerable people, and towards one that enables people to live more independently for longer.

20. Whilst undertaking this significant transformation, the Council is also considering the implications of Sir Ian Kennedy's review *Getting it right for children and young people*. This review highlights a national challenge in which, on turning 16 or 18, young adults in care are moved from a children's service provider to an adult's service provider, regardless of the individual's needs.

Southwark PCT

21. The Strategic Health Authority (SHA) in London, NHS London, has set out a requirement for a reduction of PCT management costs by 54% by one year so that the whole reduction needs to be in place for the financial year commencing in April 2011. This action is being undertaken in light of a deteriorating financial situation in the NHS in London. The definition of management costs in the NHS is complex, but includes the cost of the PCT Board (Executive and Non-Executive Members), all managers who report to Executive Directors, all corporate support, including finance, but also the Provider Services arm of the PCT (that is, health visitors, district nurses and school nurses). In Southwark this reduction is around 42% as management costs have been lower generally than in London. This would require a reduction for Southwark PCT from a baseline of £8.9million to £3.6million by April 2011.

22. A number of possibilities are being considered in order for the PCT to manage this reduction. One possibility is for the Southwark PCT management team to be merged with neighbouring PCTs in order to establish one management team in the South East London sector (or possibly in two clusters). Another possibility, which does not necessarily preclude the first, is for the transfer of some PCT functions to Southwark Council to manage. A further possibility is for the transfer of some PCT functions to other parts of the NHS including the acute trusts. The timescales to realise savings mean that there is a significant urgency in the undertaking of this work.

23. These significant changes are occurring prior to new health legislation being passed. The NHS White Paper sets out a timetable for the abolition of PCTs by April 2013 and the establishment, in their place, of consortia of GPs who will commission the majority of NHS services. It is recognised that, even without the current uncertainties that exist with the reduction in management costs in Southwark PCT, that the forthcoming changes being introduced by the Government will impact on the current health arrangements in Southwark.

24. This level of unprecedented change in the NHS contains risks for the Council. The Council will continue to prioritise the delivery of its transformation programme in adult social care, while still being required to meet its statutory accountabilities. These responsibilities will best be delivered through close working with partners in health. Southwark Council currently has joint management and commissioning arrangements with the PCT, and these arrangements are the vehicle for the Council in the carrying out of its adult social care responsibilities, that is, in the safeguarding of vulnerable adults, and in the provision of health and wellbeing outcomes in the borough.

25. In order to respond to the level of change in the health system, it is recommended that the Council commences discussions with the PCT regarding all arrangements that exist between the two organisations. This work will consider all arrangements, which will be subjected to due diligence on an "open book" basis, in order to provide clarity to the system at a time of uncertainty. The Chief Executive of the PCT is providing the Council with a "letter of comfort" which will set out the PCT's support for this exercise.

26. A team in the Council, comprising officers with expertise in adult social care, finance and corporate governance, is leading this work and will be undertaking a risk analysis of all arrangements.

GP Consortium

27. The NHS White Paper sets out proposals for the abolition of PCTs from April 2013. Local NHS commissioning will instead become the accountability of GP commissioning consortia, which it is envisaged will be placed on a statutory basis with powers and duties set out in primary and secondary legislation. The NHS White Paper sets out how GP consortia will be responsible for the commissioning of the great majority of NHS services.

28. Every GP practice will be a member of a GP consortium, and practices will have flexibility within the new legislative framework to form consortia in ways that they think will secure the best healthcare and health outcomes for their patients and locality.

29. On 21st October the Secretary of State for Health set out a programme to develop GP consortia pathfinders in order to support those GPs who wanted to develop consortia at the earliest possible stage. Even prior to this announcement, Doctor Amr Zeineldine, the chair of Southwark's GP Commissioning Board wrote to NHS London expressing the wish of Southwark GPs to be considered for the early adoption of GP consortia in Southwark. Doctor Zeineldine's proposal was welcomed by King's Health Partners.

30. There is a strong expectation that Southwark GPs will be accepted as an early

adopter of GP consortia. NHS London have set out that any GP practices that wish to join the programme will be able to, should they be able to demonstrate:

- Evidence of strong GP leadership and support
- Evidence of Local Authority engagement or
- An ability to contribute to the delivery of the QIPP (Quality and Productivity) agenda in their locality

31. The development of a strategic relationship between the Council and GP Practices will be a new arrangement. There are a number of opportunities with this, not least the local knowledge and understanding that GP Practices will bring in the development of health and wellbeing strategies and the delivery of excellent health outcomes in the borough.

32. The Cabinet Member for Health and Adult Care met with Doctor Amr Zeineldine in October to commence a discussion on how the Council and GPs could better work together.

NHS White Paper, Equity and Excellence: Liberating the NHS

33. The NHS White Paper sets out the new coalition Government's strategy for creating a National Health Service which "achieves results that are amongst the best in the world" and, following the recent consultation on this, the Government plans to introduce a Health Bill in Parliament in late 2010.

34. The proposals outlined in the NHS White Paper are the commencement of a timetable of reform in the NHS and social care. Whilst these changes are significant, and the Council will have to undertake work to implement these, it is also important to set these proposals within the context of a number of additional publications and reforms which the Department of Health will announce over the course of this Parliament.

35. The following announcements and key dates are likely to be of particular relevance:

| Department of Health Commitment | Date |
|---|---|
| Public Health White Paper published | December 2010 |
| Health Bill introduced in Parliament | December 2010 |
| Vision for Adult Social Care published | Spring 2011 |
| Patient Strategy published | Spring 2011 |
| Review of data returns published | Spring 2011 |
| White Paper on Social Care Reform | 2011 |

36. At present it would be speculative to comment on what the proposals in these publications might be. The White Paper on social care reform is likely to have particular impact, however, as it aims to set out a new funding framework for social care in the United Kingdom.

37. At a time when legislation has not yet been introduced, and in anticipation of these further Government publications, it would be premature for the Council to take action in implementing the proposals in the NHS White Paper. However there is an expectation that many of the changes will be implemented, and the Council is therefore taking action to consider these and how these may be implemented in Southwark.

38. There are five key areas in the NHS White Paper for consideration by Southwark Council:

- The development of a new public health function
- The development of GP consortia
- The development of local HealthWatch
- The future role and functions of Monitor and the CQC
- Proposals relating to the health and wellbeing board

39. The following section summarises the proposals in the NHS White Paper for each of the five key areas. The Council has designated appropriate officers to consider each area and to, at the appropriate time, bring forward proposals and work to implement changes.

*Public Health*

40. The NHS White Paper sets out proposals for the establishment of a new National Public Health Service (PHS) with, at a local level, a Director of Public Health who will be jointly appointed and jointly accountable to both the PHS and to the local authority. It is proposed that the Director of Public Health will have a ring-fenced budget which would be set by the PHS. The allocation formula for these funds will include a "health premium" designed to promote action to improve population-wide health and reduce health inequalities.

41. The public health role of the London Mayor and Greater London Authority (GLA) will be a consideration in the development of a public health function in Southwark. At present there is a joint role in London of the Regional Director of Public Health (NHS London) and the Health Advisor to the Greater London Authority (GLA). One option for a newly defined Public Health Service in London would be to base this within the GLA. One possibility is that the public health budget and function in London will be split three ways, that is, between the PHS, the Mayor of London and the boroughs.

*The development of GP consortia*

42. The NHS White Paper sets out proposals for the abolition of PCTs. Local NHS commissioning will instead be the accountability of GP commissioning consortia, which it is envisaged will be placed on a statutory basis with powers and duties set out in primary and secondary legislation. The NHS White Paper sets out how GP consortia will be responsible for the commissioning of the great majority of NHS services.

43. Every GP practice will be a member of a GP consortium, and practices will have flexibility within the new legislative framework to form consortia in ways that they think will secure the best healthcare and health outcomes for their patients and locality. GP consortia will include an accountable officer and the NHS Commissioning Board will be responsible for holding consortia to account. GP consortia will be established in shadow form in 2011/12, and will be fully established in 2012. With the successful establishment of GP consortia, PCTs will be abolished from April 2013.

*HealthWatch*

44. The NHS White Paper sets out proposals which aim to strengthen the collective voice of patients with the development of HealthWatch England, a new independent body which will be located within the Care Quality Commission (CQC).

45. At a local level, Local Involvement Networks (LINks) will become local HealthWatch. The new organisations will provide advocacy and support, but will also undertake functions which are similar to that of the Patient Advice and Liaison Service (PALs) currently, with proposals, for instance, for local HealthWatch to consider complaints about GPs and NHS services and to support patients to choose their GP practices

*Care Quality Commission (CQC) and Monitor*

46. The NHS White Paper proposals set out a national inspectorate and economic regulatory framework for health and adult social care providers in the form of a refreshed mandate for the Care Quality Commission (CQC) and a new enhanced role for the Monitor organisation. As now, the CQC will act as a quality inspectorate across health and social care. It will operate a joint licensing regime with Monitor, and it will inspect providers against these standards to ensure compliance. The CQC will receive information to inform its inspection programme from a number of sources including HealthWatch (and HealthWatch England will be located in the CQC). Monitor will be transformed into the economic regulator for health and social care, and will promote competition, regulate prices and support the continuity of services.

*Health and Wellbeing Board*

47. The NHS White Paper sets out an aim to strengthen local democratic legitimacy in the NHS. One of the ways that it is envisaged that this will be achieved will be through the establishment of health and wellbeing boards, which it will be the responsibility of local authorities to coordinate. Health and wellbeing boards will take on the function of joining up the commissioning of local NHS services, adults and childrens social care, and health improvement.

48. The development of health and wellbeing boards, as set out in the NHS White Paper, will be a significant opportunity in Southwark. The boards are intended to provide a focus for strategic health decision-making. There are opportunities with this work to bring together a number of health organisations in Southwark that have not previously had an ongoing relationship, including GPs and the acute NHS trusts, in order to develop improved joined up health and social care services for the borough.

49. An additional opportunity with the development of a new Health and Wellbeing Board will be to ensure that a strong multi-agency approach exists within safeguarding. The Safeguarding Adults Partnership Board (SAPB) has recently been reviewed and an independent chair appointed. With the development of GP consortia there will be a particular opportunity to involve GPs in work to ensure that adults in Southwark are safe from financial, physical and other forms of abuse.

**Community impact statement**

50. There is a degree of uncertainty about how the level of change in the health system will impact on the population in Southwark. In the NHS White Paper, the Government sets out an aim “to empower professionals and providers, giving them more autonomy and, in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at a local level.”

51. There are opportunities with these changes, for instance, with the greater involvement of GPs in strategic health planning, and the local knowledge and expertise that GPs will bring in working with the Council and other organisations, including public health, to help improve the health and wellbeing of the people of Southwark.

52. With these changes, and in consideration of future legislation and other government publications, the Council will need to work with partners in order to ensure that, both during the coming transition period, and in the development of a new health and adult social care system in Southwark, that equalities and a respect for human rights is at the heart of the new health and adult social care system and that people who use services and their carers have fair access to services and are free from discrimination or harassment in their living environments or neighbourhoods .

**SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

**Strategic Director of Communities, Law & Governance**

53. The cabinet is being asked to:

    i) note the key issues arising from White Paper entitled “Liberating the NHS” and the likely implications of this change in the health and social care agenda and

    ii) welcome the proposal from Southwark GPs to be considered as a GP consortium pathfinder and agrees to support them in this project.

    iii) agree that the Council will undertake a due diligence exercise with the PCT to clarify all current joint and shared arrangements between the two organisations through which their accountabilities are currently delivered.

54. The Leader is being asked to agree that the Cabinet Member for Health and Adult Care will oversee a programme of work to implement the legislation that will follow the NHS White Paper and respond to the future government publications anticipated on public health and adult social care.

55. The White Paper proposes sweeping changes in the way that health services are delivered. As highlighted in the report already the White Paper it is proposed that PCTs are abolished and that GPs will take over commissioning. As an authority that has developed close ties with the PCT the decoupling of the Health & Social Care from the PCT will have significant implications for Southwark and the full extent of what this involves will need to be understood. The proposals therefore for a due diligence exercise to be pursued will be critical in informing the way forward.

56. The Health Bill is not yet before parliament but the White Paper expects it will be introduced this autumn.

**Finance Director**

57. The abolition of NHS Southwark has significant financial implications for the council; this is due to a number of Section 75 agreements between the council and the PCT. These arrangements set up pooled budgets – with different purposes, including joint commissioning, purchasing equipment and employing staff. The 3 biggest agreements accounted for a combined gross cost of approximately £88m in 2009/10. Another consideration is that PCT currently occupies council buildings.

58. In noting suggested ways forward, finance strongly supports a process of due diligence – whereby clarity of accountabilities is established and any transfer of accountabilities to the council is subject to appropriate checks. A stringent due diligence process is paramount to ensuring a proper evaluation of the financial risks resulting from the changes in Public Health and Adult Social Care.

**BACKGROUND DOCUMENTS**

| Background Papers | Held At | Contact |
|---|---|---|
| None | | |

**APPENDICES**

| No. | Title |
|---|---|
| None | |

**AUDIT TRAIL**

| | | | |
|---|---|---|---|
| **Cabinet Member** | Councillor Dora Dixon-Fyle, Cabinet Member for Health and Adult Care | | |
| **Lead Officer** | Annie Shepperd, Chief Executive | | |
| **Report Author** | Graeme Gordon, Head of Corporate Strategy | | |
| **Version** | Final | | |
| **Dated** | 12 November 2010 | | |
| **Key Decision?** | Yes | | |
| **CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER** | | | |
| **Officer Title** | | **Comments Sought** | **Comments included** |
| Strategic Director of Communities, Law & Governance | | Yes | Yes |
| Finance Director | | Yes | Yes |
| **Cabinet Member** | | Yes | Yes |
| **Date final report sent to Constitutional Team** | | | 12 November 2010 |

**Health and Adult Social Care Scrutiny Sub-Committee:**
**Work Programme Outline 2010/11 – working draft**

| Meeting date | Agenda item |
|---|---|
| **Wednesday 30 June 2010** | - Introductory briefings<br>- Proposed variation: vascular surgery services (KHP)<br>- Albany Midwives deputation<br>- Restructure of drug and alcohol services - Marina House<br>- Work programme |
| **Wednesday 6 October 2010** | 1. Restructure of drug and alcohol services - Marina House<br>2. SLAM disinvestment<br>3. Policy summaries: i) Health White Paper, ii) Public sector equality duty consultation<br>4. Key review - EIAs<br>5. Proposed service variations: Cancer treatment centre (GSTT) |
| **Monday 29 November 2010** | 1. Cabinet member interview<br>2. Changes to Southwark PCT<br>3. Adult Social Care CQC report<br>4. Southwark Circle Update |
| | **PROPOSED JANUARY MEETING – DATE TBC** |
| **Wednesday 2 February 2011** | - Continue key review(s)<br>- Proposed service variations |
| **Wednesday 23 March 2011** | - Quality Accounts?<br>- Continue key review(s)<br>- Proposed service variations |
| **Wednesday 4 May 2011** | - Final report(s) |

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