HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 29 June 2011 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT: Councillor Mark Williams (Chair)
Councillor David Noakes
Councillor Patrick Diamond
Councillor Norma Gibbes
Councillor Eliza Mann
Councillor the Right Revd Emmanuel Oyewole
Councillor Poddy Clark (reserve)

OTHER MEMBERS PRESENT:

OFFICER & PARTNER SUPPORT: Susanna White: Strategic Director of Health and Community Services.
Andrew Bland: Managing Director of the Business Support Unit (BSU)
Dr Amr Zeineldine: Chair of the Clinical Commissioning consortia
Dr Ann Marie Connolly : Director of Public Health
Julie Timbrell: Scrutiny project manager
Shelly Burke: Head of Scrutiny
Faz Hakim: Senior strategy officer
Sarah Feasey: Senior legal officer

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Denise Capstick because she was in Germany on Territorial Army Camp. Cllr Poddy Clark attended as a reserve on her behalf.

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 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The chair requested that members from last administrative year's committee agree the minutes are an accurate record. They were agreed as an accurate record.

4.2 Cllr David Noakes asked if the follow up meeting about Equality Impact Assessments, referred to in the minutes, had taken place between last year's chair and officers. Shelly Burke, head of scrutiny, responded that it had not because of participants' availability.

5. PRESENTATION ON ADULT SOCIAL CARE

5.1 The Chair introduced Susanna White: Strategic Director of Health and Community Services. She went through the presentation tabled at the meeting.

5.2 The strategic director first outlined the national picture, and explained the budgetary pressures caused by the recent banking crisis. This has led to a large reduction in the council's overall budget and a hold on NHS spend. There is a national move to towards more choice and control. The U.K has an aging population and a rise dementia. This is an era of long term conditions and one of the challenges to redesigning the health and care system around this. Recently there have been to two big scandals in the care of older people and people with learning disabilities.

5.3 The strategic director than turned to the local context and explained that there are extreme pressures on the budget from young disabled people moving into adult services; there are about 40 people moving into the system each year adding about £2million to the budget. One way of providing better and cheaper care is to move towards more community care and less residential care but finding appropriate premises is a challenge in Southwark. Adult social care intends to put more emphasis on reenablement and this become a bigger service.

5.4 Southwark Council will need to make saving of around 25% of its budget, and is also set to lose significant grants. Adult social care is 30% of council spend. However NHS money is coming in to the council. There will be £4.5 million plus £900,000 for reenablement.

5.5 The strategic director commented that the overall reduction in spend will be mean it is impossible for this not to impact on care. The council will need to find savings of

£7.7 million this financial year (11/12). She reported that in the face of reduced budgets and increased demand the council need to provide more advice and support, rather than do so much. There will be cuts to day-care and lunch clubs. Delivering care within the council's budget, while maintaining quality, will be a challenge, and the strategic director welcomed advice from the committee.

5.6 The chair requested an update on Southwark's Southern Cross care homes, which are part of failing national chain own by private equity. The strategic director reported that Southern Cross operate three care homes in Southwark, and all have lease back arrangements with their respective landlords; which Southern Cross reports they can no longer afford. NHP, also a private equity vehicle, owns two of the homes. They are trying to renegotiate their arrangements with this landlord.

5.7 The strategic director explained that the council have contingencies if these care homes fail, however Southern Cross have an effective monopoly on nursing homes. The emphasis will be on people staying where they are and finding a way to run these homes. The other alternative is hospital. If the landlord was to ask them to go then we would work with health colleagues; however we hope it does not come to this.

5.8 A member of the committee asked if there had been a precedent to the £7.7 million reduction in the adult care budget. The strategic director responded that there had not been in her memory.

5.9 A member asked if the council had made a submission to the Dilnot Commission review. The strategic director undertook to find out and report back to the committee. Cllr Noakes reported that a submission had been made on the Big Care debate. [Following the meeting the Strategic Director reported that no submission to the Dilnot commission had been made by the council].

5.10 The strategic director was asked about progress on personalisation and the introduction of personal budgets. It was reported that the council is on target; a special project has been set up and all voluntary day centre users, who are eligible for care, will receive a budget. Some people are choosing self directed budgets rather than personal budgets as many older people prefer this arrangement.

5.11 A member asked about preserving quality and the strategic director commented that it is very difficult situation, sometimes there will be a decrease in quantity but they are aiming to not to reduce quality. A member voiced concerns about the impact on staff and that many people comment on the importance of the social aspect of care provision.

5.12 The strategic director was asked about her particular concerns and she responded that she is concerned about care in people's homes. The council has moved to having equity in payment to providers, and we now have only two providers. Recipients of care packages were given a choice of using their personal budgets to stay with their current providers. Quality of services in peoples' homes is a national issue. Southwark is trying to be fair and have equal relationships across providers, while monitoring care regularly. However there is not always a clear relationship between price and quality; substantial sums were spent on Winterbourne View.

5.13 A member asked about contracts and any steps that the council takes to ensue that care workers are not hard done by. The strategic director reported that the council does not take a role between the providers and their employees, as long as they are lawful. A further question was asked about contracting criteria that the council sets and the strategic director stated that the council looks at quality, but not the relationship with employees.

5.14 The strategic director was asked about day-care services for mental health service users and she explained that Southwark has 6 centres, while other boroughs have far fewer providers. This situation is being looked at as an opportunity to release money that can then go into personal budgets. The council has been working with SlaM to see how resources can be better shared.

5.15 A member asked if sheltered housing was being used by normal, younger people. The strategic director undertook to find out more and report back to the committee. [This paper is circulated with the minutes]

5.16 The chair spoke about the growing number of people with complex needs and asked the strategic director to elaborate on some of the challenges. She responded that her presentation had touched on the younger cohort of disabled people with complex needs entering the adult care system each year. This is a caused by a number of factors including the fact that more children are surviving as premature babies, and so is linked to improvements to in medical care. Alongside this many people with learning difficulties are living longer, fuller lives and need care as they grow older. Other conditions are also on the rise, including autism, and there has also been an increase in challenging behaviour. The adult care team has started a new programme working with 14 – 23 years, to prevent the adverse effects of what can be a funding fall off, and also in recognition that maturity can come at a later stage.

5.17 A member asked about performance of the Care Quality Commission (CQC). The strategic director commented that the committee needs to be aware that it is facing major cuts. There is an issue of risk management that the council needs to manage. Alongside that we are looking at a changing relationship between the council and citizen; people will need to take more control of their own lives. The council role is moving more towards providing advice and enabling.

5.18 A member asked about the role of the council in monitoring providers and the role of training. The strategic director responded that they are not monitoring training directly but they are involved in monitoring quality.

5.19 The strategic director ended by saying that there will be a change in what the council can deliver, given its reduced resources, and therefore the type of support the council gives will be altering. For example rather than day services the council is looking to release money for personal budgets. However the strategic director emphasised that this can't be an abrupt change of culture. The council is facilitating conversations with services users, staff and providers, but there are no simple answers.

RESOLVED

- Provide an update on any Southwark Council submission to the Dilnot Commission
- Provide information on the number of sheltered housing units for older people which are being used by able, younger people.
- The Chair informed the Strategic Director that he is recommending that the committee do a review on ageing of adults with complex needs, both at entry into Adult Social Care and emerging complex needs in later life.

6. PRESENTATION ON SOUTHWARK HEALTH COMMISSIONING CONSORTIUM

6.1 The Chair introduced Andrew Bland; Managing Director of the Business Support Unit (BSU) & Dr Amr Zeineldine, Chair of the Clinical Commissioning consortia.

6.2 The managing director commented that since they last came to the committee the essential elements remain; clinical commissioning and the savings that need to be made. As a result of the 'pause' it is likely that it will move to 'clinical commissioning' rather than 'G.P' commissioning.

6.3 The managing director went through the presentation tabled at the meeting. The current arrangements involve all 47 practices and the area is co terminus with the London Borough of Southwark.

6.4 Southwark is a pathfinder. Dr Amir Zeineldine chair's the consortia committee; however the accountable body remains Southwark NHS. There will be increasing levels of delegated responsibility as accountability moves to the consortia.

6.5 The national commissioning body will be looking at the authorization process. As a result of the pause we will not be held to the April 2013 date, this is now more of a target than a deadline.

6.6 Dr Amr Zeineldine reported that they have clear views about how conflicts of interest are managed. If you look at the clinical leads (on the slide) it details the corporate governance role. He reported that patient and public involvement is a key area and they will be building on the existing patient groups.

6.7 It was reported that working on the 'integration' agenda is hugely important. They are working closely with the local authority and the Kings health partners; the three acute trusts. It is very important that they are co terminus with Southwark; but also very important that they work in partnership with Lambeth and Lewisham.

6.8 The chair asked if the enormous number of parliamentary amendment to the bill would fundamentally change the original plans. The managing director responded

that we have some constants; clinical commissioning and 0 % growth. We have been asked to make a further cut of £56 per head to bureaucracy – also known as administration and planning. Cuts will need to be made, however clinical commissioning will be leading. While there will be a change in the details, the fundamentals will remain.

6.9 A member asked what you the clinical commissioning consortia will be doing to preserve skills. Dr Amr Zeineldine responded that there is a corporate memory of setting up practice based commissioning and constant communication with the local authority; G.P.s would like to see this as a move forward.

6.10 A member asked if there have been cases where managers have been paid redundancy by Southwark NHS and then been reappointed by the BSU. The managing director responded that while there had been internal challenges about appointments, this had not happened here.

6.11 A member asked for the reason behind Southwark's decision to be a pathfinder. Dr Amr Zeineldine explained that as a first wave you get extra resources, this is the carrot. The stick is that you have to perform and do some real work, however there are toolkits. Also we considered that there was tremendous value in clinical led commissioning. The managing director commented that NHS London give 4 ½ months of extra resources and also it gave Southwark a chance to shape the process from the outset.

6.12 A member asked if clinical commissioning could lead to a more preventative agenda; keeping people well rather than rather than treating ill people. Dr Amr Zeineldine responded that they are looking to get to European levels in prevention, early detection and treatment of cancer.

6.13 A member commented that one of the issues of the old PCTs was the democratic deficit. He asked how the clinical commissioning consortia intend to ensure that you are will be accountable and transparent to the public and locally elected representatives. The managing director responded that meetings will held in public and papers published on the internet. They also have a strong engagement team who are concentrating on bottom up engagement and now 80% of practices have patient groups. Engagement is a priority for the pathfinder, but a good start has been made.

6.14 A question was asked about the size of patient practices; which can vary from 1,000 to 25,000 registered patients. The managing director commented that each practice has one of two patient representatives. Local issues are discussed, however they also want to promote discussion on the wider issues, for example the acute trusts.

6.15 A member asked if Southwark's monitory advantages in becoming a pathfinder could result in a two tier system. The managing director responded that the extra money was for pathfinders to lead the way, however while you do get extra resources there is an additional responsibility to share your practice as a pilot. Dr Amr Zeineldine emphasized that it was not a political decision to become a pathfinder; but based on a view that it would improve clinical decisions. A member commented that there is a shift in power, and Dr Amr Zeineldine agreed that there

is an increase influence; however he saw this as part of a modernization agenda that has been going on for sometime and delivering good outcomes.

6.16 A question was asked about contracting with private providers and conflicts of interest as some members of the consortia will have commercial interests. Clinical commissioning colleagues suggested that the committee review their conflicts of interest policy.

6.17 A member commented that there have been cases where health services have been commissioned from private providers; however this has led to a loss of control to the detriment of patients. For example cleaning contracts have driven down costs but lead to a poor standard of hygiene. The member went on to comment that the consortia will need to draw up robust contracts and many commercial companies have very good lawyers; he asked how will the clinical commissioning team how they will ensue they have the contractual skills.

6.18 Dr Amr Zeineldine commented that the G.Ps are clinical leaders, not bureaucrats. They will be procuring along clinical pathways, that is the principle and they will be avoiding commercial cherry picking. The robustness of the contracting process is for the BSU to ensure. The managing director commented that he and Southwark NHS strategic director of health service had cause to look at the out of hour doctors' service, due to concerns, but they are pleased with the progress. Their will be no relaxing of the procurement team. The managing director commented that he finds the lawyers of large acute trust are just as robust as commercial organizations. However he reported that we do recognize the need to ensure we have the right expertise, and commented that he was confident in the consortia's ability to contract with providers. The managing director went on to explain that GPs services are commissioned centrally.

6.19 A member asked about GP training around Drug and Alcohol services. Dr Amr Zeineldine commented that Southwark is a Beacon service. He said he did not think the picture was as bleak as it had been a few months back. The challenge we have is to look at incentives to encourage G.Ps to take up the training as they frequently have little time in the day.

6.20 The chair set out his intention to undertake a review of clinical commissioning and thanked the team for their presentation.

RESOLVED

The chair proposed a review of Clinical Commissioning including:

- impact of savings on patient care;
- transition arrangements
- conflicts of interest
- contract management

The commissioning consortia's 'conflicts of interest' policy will be considered

A short report on the impact of recent NHS savings on patient services will be requested.

7. PRESENTATION ON PUBLIC HEALTH

7.1 The Chair introduced Dr Ann Marie Connolly : Director of Public Health. She ran through a presentation on the 'Health of Southwark's Population' tabled at the meeting.

7.2 The director stated that there is still much uncertainty around Public Health and this is an area that the select committee is looking at during the 'pause'. However clarity may take some time. A new body is due to be set up but this could be delayed until 2013.

7.3 A member asked if Public Health responsibilities lie with the Southwark NHS. The director explained that at the moment Southwark NHS is responsible for delivering on health targets around mortality, obesity etc. However the other agency with responsibilities is the Health Protection Agency and this deals with disease outbreaks such as E.coli and toxins. In the future there is likely to be one national body and very local provision. There is London wide body overseeing the transition and attempting to design the future.

7.4 Many of the Public Health duties will transfer to local authorities; however there is uncertainty on how much money will come and with what responsibilities.

7.5 A member asked if there was uncertainty over sums that would be transferred from Southwark NHS to the council to deliver Public Health. The director reported that all Directors of Public Health had been asked to undertake a due diligence exercise this year to identify what is spent on a host of areas. When central government received these results there was a wide disparity across the country on spend, so local authorities have been asked to repeat this exercise and this time to get sign off by the local authorities' chief executive.

7.6 The director explained that Public Health spend covers a range of areas including smoking cessation, school nurses, substance misuse, sexual health etc. A range of providers are paid including G.Ps and pharmacies. There is an ongoing process to refine the financial data, and Public Health will need to do a few more rounds on this.

7.7 A question was asked about the 'health premium' and how this could affect the amount of money Southwark gets. The director was asked if the notion of payment on results could conflict with accessing money according to need. He said he understood that there was concern that better off areas might get more money. The director reported that significant concerns were raised over the health premium during the consultation. Many colleagues said that allocating money according to results can create distortions and that funding should be relate to need and deprivation.

7.8 A member asked how Southwark managed to have such high life expectancy for females. The director said this is partly because Southwark is becoming less deprived. Women are a good news story for Southwark, but we can still do better.

There are some wards that still have a high mortality, but women are doing better throughout all stages of their lives. This may be because women are better at taking up advice and healthy living. Smoking and alcohol abuse is more prevalent among men.

7.9 A member commented on the high mortality rates for cancer & cardio vascular disease and asked if we allocate resources according to need. The director explained that while we do spend our resources in relation to mortality , there are not always clear links . She reported that sometime the amounts spent on prevention are relatively low; the vast majority of our spend is on treatment. The chair requested a report on this and thanked the director for her presentation.

RESOLVED

A report was requested that identified the amount spent on preventative actions and the amount spent on treatment of different public health concerns, in order to see if there was a relationship in terms of the amount of resource allocated.

8. WORK PROGRAMME

8.1 The chair proposed reviews looking at clinical commissioning and the aging of adults with complex needs. He commented that there are national concerns over conflicts of interest and a recent Independent article had noted that three members of the local clinical commissioning board had commercial interests in secondary providers. These that could potentially create a conflict of interest. The chair went on to say that adults with complex needs, both entering the Adult care system and those growing older, were a growing group that the care system needs to provide for.

8.2 A member requested time to feedback on these proposals and it was agreed that the chair would email proposals around for comment. A member stated that clinical commissioning is a major change and he considered that it should be a major focus of the committees work.

8.3 A member commented that she is very interested in contracted providers and noted that earlier the committee was told the council could not do anything about employee terms as the contracts were already in place. She went on to say that in her view when contracts are drawn up by lawyers the council needs to ensure that there is protection for employees who look after our old and vulnerable. There was a request for more information about the amount of contracts in place.

8.4 It was noted that Southwark Town Hall will no longer be used for committee meetings in the future and the next committee meeting will be in a different venue. 160 Tooley Street is being fitted out to ensure that it is fit for the purpose of holding public meetings. Other potential venues were briefly discussed.

RESOLVED

The Chair asked members to comment by email on the following proposed reviews:

- Review A :Commissioning (impact of savings on patient care, transition arrangements, conflicts of interest & contract management)

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

The committee requested that officers provide details of contracts that are up for renewal in the next 12-18 months.

The committee requested that options for future meeting venues are circulated to members.