HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 14 March 2012 at 6.30 pm at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

PRESENT:	Councillor Mark Williams (Chair) Councillor David Noakes Councillor Denise Capstick Councillor Patrick Diamond Councillor Eliza Mann Councillor the Right Revd Emmanuel Oyewole
PARTNERS:	Dr Jonathan Bindman, Mood Anxiety and Personality CAG Zoë Reed Executive, Director of Strategy and Business Development SLaM David Norman, Mental Health of Older Adults, SlaM Tom White , Southwark Pensioners Action Group
OFFICER SUPPORT:	Jonathon Lillistone, Head of Commissioning Adult Social Care Adrian Ward, Head of Performance James Postgate, Principal Strategy Officer Stephen Gaskell, Business and Partnership Manager Julie Timbrell , Scrutiny project manager Sarah Feasey, Principal Lawyer, Social Services Shelley Burke , Head of scrutiny

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Norma Gibbes, and for lateness, due to work commitments, from Councillor Denise Capstick.

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

2.1 There were no urgent items.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the meeting held on 1 February 2012 were agreed as an accurate record.

5. SLAM CONSULTATION

5.1 The Chair explained that he would give senior SLaM managers, clinical staff and community representatives an opportunity to comment on the two consultations on service reorganisations under scrutiny tonight; Psychological Therapy Services and Mental Health for Older Adults and the possible impact on beds at Maudsely Hospital.

5.2 The chair invited senior mangers from SLaM to present on Psychological Therapy Services. Dr Jonathan Bindman from the Mood Anxiety and Personality CAG and Zoë Reed Executive; Director of Strategy and Business Development presented.

5.3 SLaM managers explained that they are proposing to develop a single integrated Psychological Therapy Service in Southwark to replace the existing three services; Maudsley Psychotherapy, Traumatic Stress Service and the Coordinated Psychological Therapy Service (CPTS). Officer said that this model creates confusion , but this is mainly with professionals rather than service users and SLaM wishes to develop a more cohesive service.

5.4 Managers reported that they did some early consultation with service users and took their advice in developing the model. Managers reported that they did not initially take the view that it was substantial variation; however they stated it is clear that the proposals have raised concerns. The Lambeth, Lewisham and Southwark Stakeholder Reference Group raised concerns and recommended greater consultation. Following this a meeting was held with Southwark LINks. As a result of this SLaM managers explained that rather than relying on the service user group they are creating a wider service user reference group. Managers stated that they are planning to have wider ongoing engagement on a three year cycle and have agreed quarterly meetings with LINks.

5.5 A staff proposal was issued recently and SLaM managers reported that they have started to interview staff. They went on to explain they that this regretful situation has caused destabilisation and resulted in the suspension of new treatments on a 9 month cycle , however they are hoping to restart these very soon.

5.6 The chair invited questions from members of the committee. A member commented that SLaM say that the service will be community based however it is not clear where it will be delivered from in trigger template, circulated with the papers. Managers responded that the service will be delivered form either Guys or Maudsley Hospital, however SLaM have not made a decision yet, but the location will need to accessible.

5.7 A member asked SLaM managers how confidant they are that the reorganisation would only result in a 10% cut to services. The managers responded that in their view it is not an efficient service and that currently people are referred many times or referred to the wrong service. Managers went on to explain that it will take time for the service to bed down and time to monitor the affects of the changes. The 10 % is more of an aspiration or target and if waiting lists do rise then SLaM will need to take mitigating action to remedy the situation. A member commented that the written evidence is more definitive. SLaM managers responded that specialist psychological therapies will take time to make efficiency changes.

5.8 A member noted that the clinical staff predict that the service changes will result in a reduction of between 40 to 45 per cent of service. SLaM managers responded that this is wrong and came from initial suggestions and discussions with Lambeth. Managers reported that this concern also came from band 8 cuts and they went on to explain that this has since been reviewed. Managers said that given the service reduction is going from 16 to 13 whole time staff they do not see how this could happen.

5.9 The chair raised the issue of the situation of honorariums .He said that his understanding was that full time staff need to manage honorariums so these cuts could have big impact. He also questioned the impact on the new generation of psychotherapists emerging through this process. SLaM managers acknowledged that the system is very dependant on the honorariums. Managers said that they have now modified the grade 8 cuts to take on board this risk. They went on to explain that they have chosen to select by grade rather than clinical specialism. A member commented that honorariums have raised concerns about continuity and managers said that while they can't guarantee clinical continuity for individual placements they are keeping the system so still providing continuity of the model.

5.10 A member asked what are the risks and managers explained that bedding down may take time so waiting lists may rise .Managers also explained that community mental health practitioners will need to provide support in the community, people often have to wait if not acute. However if they have to wait longer than a few months then this could be a worry.

5.11 A member asked if this is about cost reductions or improving efficiencies. Managers explained that there will be efficiencies savings, but we do have cost pressures in the current climate. Managers went on to explain that they are always looking to improve, for example by expanding peer support and seeking more equity from GP referrals. Managers explained that this proposal is our best prediction of an improved service, but they intend to closely monitor it to see if we need to adjust.

5.12 A member asked if the service was being cut to the bone and managers responded that no, this is a small cut in a range of services.

5.13 Attention was drawn to the letter circulated with the papers from UKIP. SLaM managers responded that UKIP are raising the concerns in the context of national fears about cuts to psychoanalytical in favour of cognitive therapy. They reported that SLaM have drafted a letter in response to the UKIP statement issued. The chair requested that this was circulated to the committee.

5.14 There was a question about the extent of consultation with service users using Psychological Therapy Services and managers responded that they thought it was an odd idea to consult with people in treatment because of psychological treatment boundaries and because this they did not contact them about future service delivery. However, SLaM managers went on to explain, that following feedback that people in treatment might be affected, and feedback from LINks SLaM have now widened consultation where psychologically appropriate.

5.15 A member noted that the reports states that the new team will be closely linked to the Community Mental Health Teams allowing people who may not require therapy to be diverted to a range of other community services, including primary care therapy (IAPT) . SLaM managers were asked if this means there will be increased access to IAPT. Managers responded that IAPT is increasing its range generally, however the IAPT and psychological overlap is small.

5.16 Members drew SLaM manager's attention to the Equalities Impact Assessment and asked about the evidence base. SLaM managers said the Equalities Impact Assessment is a work in progress and said that different census information can be added once this is received. Managers went on to say there is an ongoing question if Psychological Therapy Services are accessible to BME and explained that BME clients are under represented in the service. Managers said that they hope these proposed changes and referral processes will make positive changes, however they said it is a complex situation.

5.17 A member noted that the papers say that you don't monitor for sexual orientation and managers responded that Lambeth colleagues had fed back this was a sensitive question. The member pointed out that services are required by law to monitor for sexual orientation and transgender and went on to say that he hoped this situation with Lambeth was resolved very soon and that SLaM worked with the council to improve data collection around transgender.

5.18 It was noted by a member that Equalities law around disability means that services have to ensure that they do not discriminate against people with different types of impairment, for example, he asked if this service discriminate against people with particular conditions such as depression or schizophrenia. Managers responded that this service is geared towards people with enduring problems and in particular people with personality disorders. Reduction to services could lead to people not getting service with post traumatic stress disorder (PTSD) or personality disorder. The question is what is the right treatment given the evidence. Sometimes people with PTSD could be better treated by community services.

5.19 The member elaborated that this is a question about consultation and that the duty required that this is not just a passive consultation but about engaging services users in developing services and furthermore fulfilling the duty to meet the requirements of equalities law. Managers responded that we have consulted with service users and went on to say that while they did not initially think this was a substantial variation , now SlaM think it is and as such stakeholder involvement should have taken place from the outset .SLaM managers said that they accepted this point.

5.20 A member commented that managers from SLaM are obviously seeking to reassure us that the reduction in service will be nearer to 10% than 40% , however what about the quality of service? Managers responded that a shorter length of therapy will not make it more efficient so they do not intend to change this. Waiting times are 6 months to a year and if this not maintainable then we will need to adjust as clients tend to get worse .There is shift in service design to peer support.

5.21 The chair invited senior clinical staff from SlaM to present their evidence on the Psychological Therapy Service reorganisation. Senior clinical staff members began by stating that they are committed to the service. Clinical staff said that they support increasing referral efficiencies and accessibility. They stated that there principal concerns are that cuts are front loaded and that because of that service users will be seeing a bigger reduction in service and face cuts to a quarter of the service. Clinical staff explained that they are putting forward an alternative vision of 7 per cent as this would enable staff to make cuts in hours worked and take voluntary redundancies. Clinical staff complained that services users have not been asked if they would like slower cuts and they would like service users to have a say and be able to make choices. They also said that staff would like to be collaborated with.

5.22 A member asked clinical staff to clarify that this is not a problem with the model and staff responded that they like the model and that services are integrated. Staff went on to raise concerns about services being concentrated in the Maudsley. Clinical staff said that honorariums need to know rooms are available and they pointed out that this is a finely textured service and in danger of collapse.

5.23 Clinical staff were asked by a member if the frontloading is because of the way that government cuts are being made. Staff responded that some cuts may not be needed for two years. They also said that Lambeth residents are getting more of a service as Lambeth NHS are putting more in. Staff also pointed out that service users are not efficient as they often have chaotic lifestyles but clarified that the 9 month treatment cycles have not been postponed.

5.24 A member asked if there was any evidence that a particular group would be particularly disadvantaged and clinical staff responded that yes, there is a group of people who are very socially disadvantaged with complex needs and they may not fit easily into this new structure.

5.25 A member clarified that the clinical staff proposal was for slower change and for service users to be consulted and clinical staff agreed.

5.26 Clinical staff were asked for their thoughts on the impact on honorariums and staff were asked to clarify if the location is the main issue or the hours and posts. The response was that it is both; the clinical staff interviews are for generic interviews so there is concern that honorariums will be lost because of loss of specialism. Staff explained projections done twice by clinical staff both came up with a service loss of between 40 and 50 per cent. Clinicians explained that the projection would affect psychoanalytic and psychodynamic therapies in particular. An honorarium present said that he is very concerned about the impact and was not sure he will be able to continue.

5.27 The chair summed up the discussion by saying there are concerns over the equality impact assessment work done on sexual orientation and transgender, as well as the potential for this to adversely impact on people with different types of disability. The potential impact on honorariums and with the scale and speed of cuts is worrying. Concerns were also raised with the extent of engagement with service users.

5.28 The chair noted that the committee could escalate this to the secretary of state; however he cautioned this is a nuclear option and instead requested an immediate pause and recommended a longer time for consultation. The chair asked senior managers if they had done a twelve weeks consultation and senior managers said that they had done 5 weeks with staff and done cycles of consultation with service users earlier in the year with an iterative process to develop this model.

5.29 The chair said that the committee would like you to take 12 weeks so you can consider the honorariums issues and the other concerns raised. He advised staff that SLaM could find itself open to a legal challenge.

5.30 Senior manager said that one of the impacts of taking longer to consult would be that it would be hard to place people on the 9 month therapy cycles as SlaM will not know the future structure and who the permanent staff will be. Senior managers said there is an intention is to go forward with LINk do ongoing work on implementing this structure and monitoring impacts. The chair responded that while he realised SlaM have a duty of care to people it was important that the proposed new structure would work and protect services.

ACTION

Recommend an immediate pause for 12 weeks consultation with staff and users.

Request an Equality Impact Assessment.

A letter will be written to SlaM

SLaM UKIP response will be circulated to the committee.

5.31 The chair invited Tom White from Southwark Pensioners Action Group (SPAG) to speak about the Mental Health of Older Adults service reorganisation. Tom began by explaining that the major concern is loss of beds at Maudsley Hospital and SPAG held a demonstration about this recently. He went on to raise concerns about the consultation process and said that, in his view, SlaM do not do consultation. Tom said that this is a reoccurring problem, and mentioned Felix Post and Marina House as examples. Tom said that he had a letter from his MP which stated that SlaM position was that they were not going to make cuts to wards, however this is part of the proposal. Tom said that SlaM made a press statement saying there would be pause but his understanding is that the beds are going now.

5.32 The chair asked Tom to clarify his statement about consultation and asked if there

was a pattern of poor or no consultation. Tom said that was his view and the Trigger Template focused on staff rather than service user consultation.

5.33 The chair asked Tom what he saw as the risk and Tom responded that he saw this in the context of ongoing cuts to services to older adults with mental health needs. Tom mentioned that the former Felix Post unit was good at rehabilitation, but this was closed. Managers said that services users could go to Holmhust, however this was then closed. Tom went on to talk about Greenhithe Care Home Becket Unit and said this was recently closed and a service user made a choice to go on home leave, but sadly she lit some matches and died of smoke inhalation. Tom said he knows of someone else who went on home leave and also died. He ended by saying he is very concerned with the risks of community care.

5.34 The chair mentioned that the committee is due to visit SlaM and will visit the ward and indicated that the committee would want a public consultation before this ward is closed.

5.35 The chair invited SlaM senior managers to present and David Norman and Zoe Reed were invited to talk about the proposal and their consultation process. Managers explained that SlaM have been thinking for sometime about making better links between community and hospital acute care. Managers explained that feedback from users is that the service is not available over the weekend and there are more admissions at the end of the week.

5.36 Mangers referred to Tom's comments and said that SlaM believes if we can provide support over the weekend we can make reductions to beds and this can help with providing the funds to expand the community team. Managers explained that there are no cuts to the wards at the moment and that the occupancy rates varies. Managers went on to explain that they are planning to set up a new team which will take referrals from people experiencing crisis. The proposal is to take money from beds to pay staff so the service can offer support in homes. Mangers clarified that this new service will be 7 days a week not 24 hours a day.

5.37 Managers said that they have listened to the risks associated with people going home and acknowledge this , however managers said that in patient provision is often not the best and that the service would like to encourage support at home and independence .

5.38 The chair asked SlaM managers if they consider this a substantial variation of service. The managers responded that when we model it out we think a community model is better. The chair commented that SlaM seem to be less good at recognising what is a substantial variation than other Foundation Trusts.

5.39 The chair asked for clarity on the proposed bed reduction and managers explained that there is a total of 81 beds and the plan is to reduce this by 19; however managers said that this is what we are looking at but the service is not set on figures.

5.40 A member commented that the proposal dose not mention costs or the scale of the cuts and there is a need to understand this to carry out a meaningful consultation. .

Mangers said they appreciated the points and that SlaM need to get better at this.

5.41 A member said he had concerns about risks. He went on to comment that while he could see that community health care literature recommends community care, he had concerns about bed capacity if there are spikes in demand . He noted that the loss of the ward is a significant loss of capacity and admissions maybe hard to manage. Managers said that SlaM can see if the service as a whole can flex better to make use of our overall capacity.

5.42 Members asked what can the service do to monitor the risks and in particular the one Tom has raised about people at risk at harm at home. Managers explained that this is not about eradication of acute and impatient care but trying to find a better balance between hospital and home and community care.

ACTION

The committee recommended that SlaM:

- Come back to the committee with more developed and budgeted proposals on the scale of the changes and how the service will manage the risks associated with the potential loss of ward capacity.

- Undertake a full 12 week public consultation.

6. REVIEW OF SOUTHERN CROSS

6.1 Jonathon Lillistone, Head of Commissioning Adult Social Care, presented the report on managing financial risks to care homes and contingency planning. He began by setting out the background to the exposure to Southern Cross. Heath Care One and Four Seasons took over these homes and care is purchased by spot contract. Southwark Council also have Anchor Trust and Abbey Health Care providing care on block contracts.

6.2 The Head of Commissioning explained that financial checks on contracts managed by spot contracting are focused on those the council have greatest exposure to and this is 5 out of 400 spot contractors.

6.3 The Head of Commissioning explained that some of the financial information that comes back is very complex and I and other colleagues struggle to understand it. He explained there has been some organisational learning since the demise of Southern Cross and a learning disability provider that faced insolvency. The council worked with a special legal company and officers did some specialist training.

6.4 A member asked how regularly financial checks are done and the Head of Commissioning responded that these were done at least annually and also if there are alerts.

6.5 A member referred to the role of central government and national co-ordination from organisations such ADASS if a provider was to fail. The member asked about local providers such as Anchor Trust and asked if these would be large enough to warrant national intervention. The Head of Commissioning responded that and Four Seasons and Home Care One are big enough to trigger a national response. Abbey is probably at the scale that there might be a London wide regional intervention.

6.6 The Head of Commissioning said that Anchor are a housing association and as such are better regulated and are obliged to have greater financial liquidity. Organisations such as these do not have the financial liabilities of bigger commercial providers. The Head of Commissioning added that they also provide line by line financial transparency in their statements. The Chair reported that NHP are the legal owners of Home Care One homes and their loan to value ration is 165, therefore the council is going back to a high level of risk.

6.7 The Head of Commissioning was asked if there are contingency plans for alternative beds and he responded that the council does have these plans but the focus is on continuity as the consequence of moving is not good. He explained that there is a high mortality rate if older people have to move from their homes.

6.8 A member asked if we still have an embargo on Tower Bridge. The Head of Commissioning confirmed that they did and with Camberwell Green. He reported that there has been some positive progress on both these homes but the council wants to be cautious. The officer added that the council have visited Burgess Park since the transfer of ownership and there have been some positive improvements. He reported that the number of people who eat communally has increased to double figures.

6.9 The Head of Commissioning was asked about the Lay Inspector reports and if they went back to the home owners. The officer responded that they did not, however the council do find them useful. He added that some extra training is being delivered to Lay Inspectors on recognising the importance of dignity in care delivery.

7. REVIEW OF ADULTS WITH COMPLEX NEEDS

7.1 Adrian Ward, Head of Performance, introduced the paper on the 'Impact of welfare reform on ageing adults with complex needs'. He reported that this is a complex position as some disabled people could be impacted on in a number of ways. He explained this is an initial look at some of the issues.

7.2 The Head of Performance explained that the modelling suggested a major impact on workless families, but less so on single people. He reported that those on disability living allowance are exempt from many of the changes, but tests for this

benefit will become more stringent so those with a lower level of needs could drop out and then become more in need of other services.

7.3 The Head of Performance said that another issue is that many of the people under occupying are disabled. The Carers Allowance is not exempt from cap. Council tax benefits are being devolved and reduced. He reported that this could lead to an overall impact of raising demand for more health and social care as people in need lose benefits. It is likely that more people claiming benefit will leave Southwark than move in.

7.4 The chair remarked that the 2,400 predicted disabled residents who could be forced to move out of their homes because of under occupancy is horrifying. He added that the more stringent test on disability benefits and the risk that this could leave people in genuine need without sufficient funds is also concerning.

7.5 A member commented that the impact of these changes will probably mean an increase in the need for advice and guidance to mount appeals, however there are also changes to legal aid which will restrict people's access to legal advice and support.

7.6 The Head of Performance said that there is a corporate work stream reporting on this in September.

ACTION

It was recommended this comes back to the new Health and Adult Social Care scrutiny committee next municipal year given the scale and impact of the welfare changes on disabled people.

8. ESTABLISHMENT OF A SHADOW HEALTH AND WELL BEING BOARD

8.1 James Postgate, Principal Strategy Officer and Stephen Gaskell, Business and Partnership Manager went through a presentation on the establishment of a shadow Health and Wellbeing Board (appended to the minutes).

8.2 Officers explained that the move of public health to the council is partly because of the 2010 *Marmot Review which* set out the limitations in tackling health inequalities in the current system in which "the perception among agencies is that responsibility for the delivery of health improvement lies with the NHS". The *Marmot Review* highlighted that local government and other public sector partners hold many of the levers that shape and can have an impact on health inequalities.

8.3 Officers reported that health outcomes in Southwark are improving, however there are significant health inequalities. Officers reported that as you move around Southwark you lose a couple of years life expectancy for every two miles shift in location.

8.4 Officers drew members attention to the diagramme in the power point which outlines the board's role and its relationships to other bodies. The Health and Adult Social Care scrutiny committee has a role in holding the Health and Wellbeing Board to account.

8.5 In developing the board officers reported that they had been referring to the Health and Social Care Bill passage through parliament and the 'Operating principles for health and wellbeing board'. These sets out what a board and strategy must do. Officers reported that there are some 'musts' but quite a lot of local flexibility. They explained that the membership is set by cabinet. Officers reported that the Board is an odd mix of officers and members and this is a new governance arrangement for the council to manage.

8.6 Officers explained that there was a cabinet decision in November 2010 that the Cabinet Member for Health and Adult Care would oversee a programme of work. In order to start work to establish a new Health and Wellbeing Board in September 2011 the Cabinet Member formed a Planning Group.

8.7 The planning group has been looking at parameters, the focus of the board and what should be its priorities. The Planning Group set out a number of initial areas to explore to help to understand the health and wellbeing challenges in Southwark. Focus groups and workshops with key stakeholders, including with community groups, have taken place in order to listen to other people's views on these and other areas.

8.8 Officers reported that these are the areas identified so far :

- Older People
- Early Intervention and Families
- Physical Activity/Healthy Weight and Exercise
- Alcohol
- Smoking
- Coping skills, resilience and mental wellbeing
- Housing and home
- Economy and jobs

8.9 The chair invited questions from the committee and a member asked if a lay person could be appointed, for example, a patient representative or someone such as Tom White from SPAG who will have a community perspective. A member said a youth representative might be useful. Officers responded that Healthwatch will get a place and there is local choice on the membership. A member expressed the view that there should be more than one councillor on the board or indeed a majority of councillors reflecting the political balance in order to tackle the health democratic deficit. A member reflected that we need to think about the balance of power and how we put the communities' voice in place.

8.10 Members asked officers if it was possible to be on the health and wellbeing board and on Health scrutiny. Officers said they would take advice on this.

8.11 A member commented that the board would need to think about how do you mitigate the power of clinicians. She went on to comment that General Practitioners can be very medical model and the council need to think about the Social Model's place and emphasise prevention. Another member agreed and referenced the success of the veterans model of public health.

8.12 Officers asked members for suggestions on topic and alcohol was strongly recommended by a member because of its overall impact on health and social wellbeing. Another member recommended obesity and went on to highlight the need to tackle the environmental cues and causes, such as the proliferation of chicken shops, and the need to work on prevention so that we create an environment that promotes health. Members asked officers for more information on the topics identified so far.

ACTION

The chair will write to the Leader with the scrutiny committee's recommendations

Officers will provide more information on the topics.

Clarification will be obtained on if a member can sit on the Health and Wellbeing Board and the Health and Adult Social Care scrutiny committee

9. SCCC CONFLICTS OF INTEREST REVIEW

9.1 The chair reported that the interim review report was presented to the last Southwark Clinical Commissioning Committee (SCCC) and the recommendations debated. He reported that there was a discussion about providers commissioned by the GP's, and it was noted that GPs are also providers, but they are commissioned though different arrangements.

9.2 The chair passed over to Andrew Bland, Managing Director of the Business Support Unit that supports the SCCC. The Managing Director thanked the committee and said that all the recommendations are accepted. He went on to explain that the ones the SCCC have highlighted are about wording and not material differences. The Managing Director said that the SCCC have now received national advice on managing conflicts of interest, however the review report recommendations went further.

9.3 The Managing Director assured the committee that there was an intention to stick to the timetable given and he reported that planning was in place now on carrying out an election ballot. He reported that Recommendation 22 to appoint external auditors was being carried out by the PCT but once it becomes SCCC's duty then we will do this. A member asked about the status of the SCCC and the Managing

Director explained that they are now accountable but will become the responsible body in 2013.

ACTION

A final meeting will be held between the chair and the Managing Director about the wording of some of the recommendations and then the final review report will come back to the committee.