

Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 14 March 2012

6.30 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Patrick Diamond
Councillor Norma Gibbes
Councillor Eliza Mann
Councillor the Right Revd Emmanuel
Oyewole

Reserves

Councillor Poddy Clark
Councillor Neil Coyle
Councillor Mark Glover
Councillor Jonathan Mitchell
Councillor Helen Morrissey

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting
Acting Chief Executive Eleanor Kelly
Date : 6 March 2012



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6.30 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

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	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
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	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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	To approve as a correct record the Minutes of the open section of the meeting held on 1 February 2012	
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Item No.

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Page No.

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Date: 6 March 2012



HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 1 February 2012 at 6.30 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

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

**OTHER MEMBERS
PRESENT:**

OFFICER Vicky Stoppard Service Manager
SUPPORT: Alexander Laidler Head of adult disability
Terry Hutt, independent chair of the Safeguarding Adults
Partnership Board
Malcolm Hines, Chief Finance officer
Julie Timbrell Scrutiny Project manager

1. APOLOGIES

1.1 Apologies for lateness were received by Councillors Diamond and Oyewole.

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 Mitchell declared a personal but non prejudicial interest as part of a campaigning in Dulwich for a community hospital. Councillor Noakes declared a personal non prejudicial interest as the former executive member for adult social care, when the Care Quality Commission (CQC) report was released. This relates to the LINK care home report circulated with the papers under the Southern Cross item.

4. MINUTES

- 4.1 The Minutes of the meeting held on 7 December 2011 were agreed as an accurate record with the following amendments; Councillor Mitchell will be added to the attendance list, the spelling of "statins" will be corrected and there will be the addition of the word discretion at the end of paragraph 5.6.

5. REVIEW OF SOUTHERN CROSS

- 5.1 The chair opened the item by outlining the aims of the review; which are to understand the impact of the demise of Southern Cross on residents and their families and learn any lessons; consider the financial viability of present providers including any impact on care and lastly look at the procedures and contingency plans the council has in place to manage the risk of future financial collapse of care homes.
- 5.2 The chair noted that the in the Departments of Health evidence to the Public Accounts Committee (circulated) that it does not scrutinise the business models of large-scale care providers as a matter of course, and has limited powers to assess the financial health of these organisations. In the evidence to the select committee senior civil servants indicated that this responsibility lies with local authorities. The chair noted that this is a matter the Department of Health is consulting on given the collapse of Southern Cross. He went on the draw members attention to the reports findings which had raised concerns about the financial viability of Four Seasons, given it has carries nearly £1 billion of debt which it is now having to re-finance for the second time . He reminded members that Four Seasons took over Burgess Park care home from Southern Cross.
- 5.3 The chair went on to refer to the company accounts of NHP and explained that they are the ultimate owners of HC –One .HC-One now run Tower Bridge and Camberwell Green care homes. He read out the following passage from the accounts: ' there a material uncertainty that may cast significant doubt as to the group's ability to continue as a going concern'. The chair noted that the report stated that NHP is in breach of all its loan covenants and has a loan to value ratio of 165; this means that it has a mortgage of over 150% of its value and its assets are significantly less than its debt.

- 5.4 The Chair went on to note that all three of Southern Cross's care homes are now owned by two organisations, NHP/ HC –One and Four Season, that are themselves at risk of collapse . Both are in significant potential financial difficulties because of a past highly leveraged buyouts which have left them with large debts and a business that now has with flat or declining income, and a danger that interest rates could go up. The chair read out a quote from Jon Moulton, of Better Capital who said that: "Private care-home operators should instead be treated like a power or water company and regulated as such. I actually think the only thing you can do – and this is against my natural gut reaction – is to make sure this business is sensibly regulated in line with a sort of regulated utility."
- 5.5 A member of the committee suggested looking at the quality of the care given in homes and the financial viability and see if the two overlap. The chair agreed and noted that if the group is in difficulty then this could mean it will cut costs and that could impact on care and safeguarding. He indicated this would be a good line of enquiry. The chair noted that questionnaires have been developed to ask residents and families about their experiences; both how they were effected by Southern Cross's demise and also the present quality of care. There is also question for the Lay Inspectors to see if they can assist with this review.
- 5.6 A member commented that we cannot get away from making approaches to the government; including MPs, about the selling of assets. He went on to comment that Southwark Council should be approaching other London councils to make this case. The chair indicated his agreement. A member agreed that we need to make representations to government, but that he hopes as a council we are regularly checking the financial viability of parent companies. The chair indicated that officers would be asked to answer that.
- 5.7 A member noted that one contingency is accommodation in a hotel; however the council needs to do a cross borough assessment of availability. Both the council and care homes should have contingency funds. He went on to comment that the council must be alive to the risk facing care homes and have contingency plans in place. The chair noted that the review is seeking to look at lessons learned and agreed that the review would ask what contingency plans are in place now.
- 5.8 A member noted that we have no council run care homes; it is a market and we can't change this. He went on to say that from his experience as the cabinet member often families want residents to go to a home near them. When the council had concerns with care home many of the families wanted the council to keep them open and continue to work with the management. This is an interesting and difficult dilemma as families want homes to work because they are local. The member went on to comment that there were concerns about adequate or even poor care in homes which begs the question how long do we continue to work with a provider; when do we introduce an embargo and when do we start withdrawing . The chair agreed that we need to look at this dilemma.

- 5.9 A member commented that there can be difficulties if we have a large provider; while that sometimes that allows an economy of scale, if they do get into trouble is can have a big adverse impact. That was one of the issues of Southern Cross collapse and the difficulties faces by the council when considering where the residents would go. The chair noted that the review will be looking at the diversity of care and provision borough wide.
- 5.10 A member commented that he would like the review to consider what the right kind of Care Home is. Maybe we need to get off the standardised accommodation offered and the financial anchor that these care homes pose He posed the question that maybe care could be better offered in a small village type of environment. He suggested that this might be both cheaper and better because there will be more community.

ACTION

Officers will be asked to provide a report on the following

What procedures are in place to measure the financial health and risk of care home providers?

Does the council regularly check the financial viability of parent companies?

How are these procedures applied to places purchased by under block contract and spot purchase?

What, if any, contingency plans does the council have in place to manage the risk of future financial collapse of care homes.

6. LAY INSPECTORS

- 6.1 The Chair welcomed the Lay Inspectors. Tom White, Les Alden, Norma Lawrence and Pat Duke introduced themselves. The chair invited them to give evidence on their role generally and visits to the ex Southern Cross homes in particular.
- 6.2 A Lay Inspector commented that right from the very beginning of their inspection work Anchor Homes stood out as better than Southern Cross homes because they were lacking in some of the qualities that are appreciated by residents. There were different standards. Anchor homes are really good. One of the Anchor homes got manager of the year award.
- 6.3 The Lay Inspectors reflected that in retrospect perhaps they should have raised the bar of what is a good enough care home. They went on to explain

that they do not look at technical aspects. One said that he has a couple of questions he asks himself when visiting :

- Would I like my mother to live here?
- Is this a place to live or die?

- 6.4 A Lay Inspector commented that what we have to avoid is 'factory care', which the Lay Inspectors often see. She went on to say that 'Personalisation' has not really come to care homes and the quality of life issues and methodologies that emphasise wellbeing should be adopted. She recommended that at the point it is deemed that going into care home is the right choice there should be a book about what the person's likes are; bedtime, food, colours etc.
- 6.5 A Lay Inspector said that he agreed with previous comments that Anchor Homes were better. He went on to comment that Burgess Park has always been the home that has struggled, and that the other two homes did improve. The chair agreed and said he had received some anecdotal good feedback.
- 6.6 One of the Lay Inspectors commented that the embargoes mean that vacancies are increasing which impacts on the occupancy and therefore the financial viability and thus the quality of care. It was noted that some care homes are making offers of deals to private clients. A Lay Inspector commented that there appears to be negotiations between Care Homes and the council on costs and that prices are being screwed down.
- 6.7 A question was raised about Lay Inspectors and how they work with the monitoring officers. The Lay Inspectors explained that initially they did their visits with monitoring officers, but sometimes they were left waiting. Now Lay Inspectors visit on their own. A Lay Inspector queried how often monitoring officers visited care homes.
- 6.8 A lay Inspector commented that she honestly did not think that residents were getting £700 worth of care. Residents are often getting meals and beds, but this could be got in a hotel. Often residents are not getting the social provision; instead they are put in wheelchairs and often left in rooms.
- 6.9 Two of the Lay Inspectors commented that they had visited Tower Bridge homes and raised concerns about shower and wash rooms not working or not being used.
- 6.10 Lay Inspectors commented that some of the care homes have very good managers and that they should be sharing good practice. There was a comment about staff and the importance of looking after them because if

they are unhappy it will impact on care. Lay Inspectors commented that in Burgess Park care home the staff have a tiny little room with tables to eat. This is also where staff have to change and the lockers were broken when they visited.

- 6.11 Actor noted that in some care homes the parlour is for visitors, when it should be for users. There should also only be one type of toilet; not one for visitors and residents. These are quality of life issues.
- 6.12 A Lay Inspector commented that sometimes a move to a care homes works out well. One woman was very angry that she was in a care home but the son was struggling to take care of her needs and becoming exhausted from cooking and working. Now she has a choice of food in the home and the son is able to visit regularly and spend more quality time with her, and she is much happier.
- 6.13 The chair thanked the Lay Inspectors for their evidence and invited members to comment and ask questions. A member asked the Lay Inspectors about visits to the care homes and the relationship with monitoring officers. They responded that the arrangement whereby they can go in independently has been an improvement, and now a Lay Inspector can go in with 20 minutes notice which gives lots of flexibility.
- 6.14 A member raised concerns about staff being badly paid and that this may link to the profit aspiration of care homes. The member went on to raise the possibility of volunteers going into care homes, even though staff should be paid properly to do the work. A Lay Inspector commented that there is a need to be careful as these are people's homes. Some people do not have the skills; Lay Inspectors have all received training.
- 6.15 Members commented that it is good that Southwark has this initiative, but not all boroughs have a Lay Inspectors scheme. A member asked what the method for feeding back your findings is. A Lay Inspector reported that when they make a visit they always feedback verbally to the most senior member of care home staff on site. A report then goes to Age Concern then onwards to council staff, then to staff at the care homes. He said however, he had concerns and was unsure if the final written report does eventually go back to the care home.
- 6.16 The chair commented that it would be useful for the review to have sight of the reports you have done and that have gone to Age Concern.
- 6.17 A Lay Inspector commented that it might be useful to grade homes on both medical and social criteria. She commented that many people do want to do more and to have more social interaction.
- 6.18 A member thanked the Lay Inspectors for their work and asked if they got

expenses for their volunteer work and get invited to the Age Concern's AGM. The Lay Inspectors responded that the funding received for the initiative goes towards their training and they are happy with this. They also confirmed that they did receive an invitation to the AGM.

- 6.19 The chair thanked the Lay Inspectors for their work and said he hoped they would consider lending their skills to an initiative being discussed with LINKs to visit the homes in partnership with scrutiny and ask the residents how they feel the change of ownership was handled and how they feel about the new ownership of the homes.

ACTION

The Lay Inspectors will provide recent reports on the three care homes; Tower Bridge, Camberwell Green and Burges Park.

7. ANNUAL REPORT ON ADULT SAFEGUARDING

- 7.1 The chair welcomed Terry Hutt, independent chair of the Safeguarding Adults Partnership Board, to present the report. The independent chair drew member's attention to the Executive Summary and noted the statistical trend outlined in the report that detailed the year on year increase in the number of Safeguarding alerts. He went on to explain that Southwark is no different than other local authorities; all boroughs are experiencing increasing alerts. He commented that the general feeling is that this is because people are getting better at reporting.
- 7.2 The trend in Southwark is that more women than men are likely to be the subject of a safeguarding alert. The majority of allegations relate to abuse in people's homes (63%). Over 43% relates to financial abuse and this is the most common type. He explained that the abuse that takes place in people's homes is often by people's relatives and sometimes care workers. He reported that financial abuse is a growing trend and this needs a different form of investigation as often the investigators have to talk to banks. He explained the next most common form of abuse is physical, and then it is neglect.
- 7.3 The independent chair explained that he wanted to talk about the mental capacity act. This is about people's ability to make choices, about the presumption that you can make the choice and about correctly assessing that people have the ability to do that. He explained that the partnership is investing in training. The training takes about 30 minutes and he recommended the committee undertake this.

- 7.4 The independent chair referred to the committee's earlier discussions on care homes and noted that the safeguarding report talks about commissioning embargoes. He explained that 30 % of times this is because of safeguarding. This can be because of neglect or poor medicine practice and occasionally physical abuse. He said that good practice in care homes is often about leadership and the role of managers and communication. He commented that his experience is that there is good practice by monitoring officers. He said that this is not all about money and in his view you get good practice when there is good communication between monitoring officers; Lay Inspectors and home care managers. He explained that Southwark will be increasing its safeguarding monitoring of care homes in Southwark.
- 7.5 The independent chair drew members attention to the pie charts in the report that show the group most at risk of abuse are older people; this is often financial and mostly in peoples homes. He said that the partnership have to be concrete about where and who is being abused. He went on to note that abuse is rarely by strangers and is generally by relatives and sometimes professional care workers. He said the partnerships work is about developing a strategy to tackle these trends.
- 7.6 The chair invited questions and comments and a member asked who is on the board and how often they attend. The independent chair responded that they will add members of the board to the report. He reported that board meetings are generally well attended, however he reported that he does have a concern about one partner which is being dealt with.
- 7.7 A member asked about the level of criminal prosecutions and if this is the right proportion. The independent chair responded that in terms of proportion Southwark is a little below average. He commented that this is a very difficult issue; often the main witness is the victim and sometimes there are communication difficulties, for example learning difficulties. It is about evidence that will hold up in court. He said that criminal action is pursued where we can do it.
- 7.8 A member asked about the safeguarding and Personalisation and the independent chair responded that the Personalisation agenda is a cultural shift agenda; from a dependency culture to enablement and support. He said for it to work it is about a public shift and developing models and examples that actually work. Personalisation raises safeguarding issues for some of the more unregulated activities that can occur.
- 7.9 A member asked the independent chair to comment on safeguards in place for a care worker who might have a criminal record or previous employment issues of abuse. The independent chair was asked what systems we have in place. He responded we have very good policy systems and these are

used by our contactors. However there have been some instances whereby these policies have not been implemented by outside contractors. Personalization also raises risks as people can employ people have had no checks. We do advise people about risks, but it is a personal choice for people.

- 7.10 The independent chair went on to say we also need to bear in mind that many people are self funding from care homes. These people do not have many of the protections that the council funded placements have. A member asked how can we ensure that people can buy in that protection, is it a role for Care Quality Commission? The independent chair pointed out that their budget has been cut so their capacity is reduced. He commented that another way is through public information.
- 7.11 A member asked about more invidious practices such as the over prescription of drugs leading to “chemical coshes”, and asked how this can be picked up on. The independent chair commented that there is more awareness that some groups of people, such as older people with dementia or learning disabilities with challenging behaviour are more at risk. The independent chair explained that formally there was a more rigorous process of regulation but now homes use self assessment. A member commented that this is what got us into the financial mess!

8. REVIEW : AGEING ADULTS WITH COMPLEX NEEDS

- 8.1 The chair explained the committees review on the aging of adults with complex needs had been initiated by the committee partly in recognition of the extra costs of around 2 million a year to the council because of demographic pressures. He introduced Vicky Stoppard and Alexander Laidler. The officers introduced the paper by talking about the role of the transitioning team in making a cultural shift towards Personalisation. The team will be working with younger people as a new cohort going into Personalisation rather than more expensive services that also encourage a dependency cultural. The officers said that that the paper discusses the need for universal services to become more accessible so Personalisation can work.
- 8.2 The officers went through the demographic pressure and noted that there is a trend for significant increase in numbers. They noted that there are also people with mixed needs. Officers explained that Autism is on the rise with around 10 percent increase. Challenging behaviour can arise because the service is not meeting peoples needs. Officers explained that residential placements are expensive and the council need to make it more attractive and get better at enabling people so more people can live in own homes .

- 8.3 Officers stated that the budget is shrinking so the council need to be more transparent about what is available and really listen to what people want. Officers said that we need to look at day provision; so that it is more about skills development. We have created a dependency culture so we have to get it right for people entering the system.
- 8.4 Officers explained that the council have a new transition team working from childhood to adulthood. This team is looking at creative ways of delivering services and working with service users. The council is looking at starting a budget from an early age. People will have one point of contact; this has come about because of feedback from service users. Officers reported that the council are looking at whole life planning for adults which will evaluate outcomes. This means the council will look if to see if we can support people to get a job or sustain a tenancy, for example, and then measure the council's success.
- 8.5 Officers went on to talk about older people with disabilities and explained that social care staff have good partnership working with clinical staff. Officers explained that dementia is much more likely for people with down syndrome. They also explained that people with long term health conditions are also much more likely to develop additional health needs at an earlier age so the council have often developed the capacity to be able to respond.
- 8.6 Officers reported that one key issue that the council needs to focus on is ensuring that people can access mainstream services. For example accessing swimming pools, libraries and employment. They reported that there is quite a long way to go in order to meet this complimentary need if Personalisation is to be effective.
- 8.7 Members asked why Southwark has such high levels of learning difficulties and officers explained there are a range of factors, including deprivation.
- 8.8 A member commented on the view that Day Centres do not work and commented that there seems to be a bias away from this provision. Officer responded that this is about choice and that Southwark needs to offer a range of provision. Officers commented that people can get very attached because they have no other options. Day Centres are effective at social support. Officers said that there is a need for more diversity; not just day care or home care. They explained that with Transition and there are now other options; so service users could spend one day at a day centre and another getting employment support.
- 8.9 A member asked about the council's role when things go wrong and about

the council's regulatory role. Officers explained a big part of our work is safeguarding and carrying out investigations these tells us a lot about the services are not working. Listening to people with learning difficulties is important. There are regular individual reviews. The council's emphasis has moved to more outcomes based assessment and listening to people .Safeguarding is also related to homes, staff and strategic issues. It also often comes back to relationships and community so that those people with significant others can act as alerters.

- 8.10 A member asked how officers deal with situations where the support plan does not work. They responded that sometimes it's about ongoing process: having plan and keep going back to it and talking to people. Officers explained that they have contingency plans and we work with circles of support. The council have a statutory duty to undertake an annual review; but it varies and some people are seen once a week.
- 8.11 A member commented that he has received feedback that older people with downs syndrome who are more sheltered can be more adversely impacted on as they grow older. Officers agreed that some people can present at a later age when parents die and there is a need to develop some mapping of needs.
- 8.12 A member asked if there was a fund to attract new providers and officers explained that there is a small fund for new initiatives such as cooking clubs and evening social evenings. Officers explained that they want to stimulate change.
- 8.13 A member commented that you talk about transition up to 25 years of age and went on to question if this was flexible. Officers commented that there is some flexibility, but unlikely to be late twenties. They reported the council are starting soon so we will have to see how it works.
- 8.14 A Member enquired abuts the impact of rising rents, cuts to housing benefit and the welfare cap. Officers were asked how they thought this would impact on disabled people and any knock on effect from other boroughs. Officers said that they would get back to the committee with this information.

**9. REVIEW: SOUTHWARK CLINICAL COMMISSIONING COMMITTEE (SCCC)
CONFLICTS OF INTEREST**

- 9.1 The chair asked the committee to note the interim report on SCCC conflicts of interest. The chair reported that he and the vice chair will be attending the next SCCC meeting to discuss the report, where they will be looking at implementation where agreed, and discussing further where there are issues to be resolved.

10. HIV

- 10.1 The vice chair reported that he will be circulating the HIV letter via email for the committee to comment.

11. WORK PROGRAMME

- 11.1 The chair reported that the last meeting of the administrative year falls on 2 May and requested that this be changed because it coincides with the GLA elections. The committee agreed and asked for two options to be circulated. The project manager reported that she would do her best but it may be only possible to find one.
- 11.2 The visit to SLaM was raised and members requested a general overview and a visit in the daytime.
- 11.3 The chair reported that a number of concerns had been raised about Changes to Psychological Therapy Services and cuts to Maudsley Hospital's adult mental health beds. A number of stakeholders and partners including Southwark LINKs, Lambeth Health Scrutiny and Southwark Pensioners Action Group have queried whether the consultation process followed, for these service changes, have been adequate. It was agreed that SLaM will be invited to prepare trigger templates and attend the next meeting.

12. DULWICH

- 12.1 Malcolm Hines, Chief Finance officer, presented on the paper circulated with the agenda. He started by explaining that this project is moving on from discussing a hospital site. He explained rather than being about Dulwich Hospital, this process is talking about the best range of services for that area.
- 12.2 The chief finance officer referred to the slides explaining the engagement

process and reported that by the summer we would expect a vision. He said that then formal consultation will be developed; once we know what the needs are we will develop a physical vision. He went on to say that one option is that it could be on the present hospital site; but it could be on other sites or a combination.

- 12.3 A member asked for confirmation on the timings and asked if all the advertising in place. The chief finance officer responded that the start date is April and the end date is 8 May. He said that the initial consultation is about the service model and once that is done then there will be a consultation on the physical model.
- 12.4 A member asked who develops the models. The chief finance officer explained that this is the SCCC with support of the Business Support Unit (BSU) and this then goes to the joint board of the PCT. He reported that it does depend on the scale of the change.
- 12.5 A member commented that in the presentation it was said that we are not starting from scratch. He asked what preplanning has occurred and what might be the constraints. The chief finance officer responded that we have a number of sites and a range of existing provision. The document is being published soon, in next few days.
- 12.6 A member asked if local people are going to find one of the constraints could be the PCT becoming a private enterprise, for example, or a hospital. The chief finance officer said that we don't see those constraints; and that we want to hear what people want.
- 12.7 A member commented that the NHS is facing 4 % cuts year on year, the most since 1940, and that this is liberal conservative government. A member commented that he did not want to be drawn into a political discussion at the moment and preferred to focus on the plans being presented.

TRIGGERS TEMPLATE*

NHS Trust & lead officer contacts:	South London and Maudsley NHS Foundation Trust Steve Davidson Service Director 113 Denmark Hill, Maudsley Hospital Steve.davidson@slam.nhs.uk 0203 228 2466

Trigger	Please comment as applicable
Reasons for the change; Reconfiguration of adult community psychological therapy services.	
What change is being proposed?	<p>We propose 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)</p> <p>This model is also proposed to be implemented in Lambeth and Lewisham.</p> <p>The new team will have a single point of referral and a single assessment. This will replace a confusing range of services that have developed historically rather than for clear clinical care reasons. It will also replace the need for service users to attend repeated assessments.</p> <p>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)</p> <p>A peer support / group coordinator will be developed to provide care to people who do not require therapy or who may be required to wait.</p> <p>The restructure, agreed with commissioners, will deliver a 22% reduction in the cost of the service in line with Quality, Innovation, Productivity (QIPP) Requirements.</p> <p>The efficiencies of the new model allow the reduction in activity to be minimised to 10%</p>
Why is this being proposed?	The proposal will improve the therapy services we are able to offer to residents of

	<p>Southwark and will allow greater clarity about how to access services.</p> <p>The service will be more efficient through the development of a single point of entry, reduction in duplicate assessments and closer working with local community mental health teams.</p> <p>We are proposing a full restructure to avoid the need to make annual revisions to services which would not lead to improvements and would be disruptive to service users, partners and staff.</p>
What stage is the proposal at and what is the planned timescale for the change(s)?	<p>A revised proposal has been developed taking account of the feedback we have received so far. This proposal will be further reviewed following our user public involvement session on 8th March.</p> <p>Staff interviews will take place 12th – 20th March 2012. Appointments will not be confirmed until the model has been agreed.</p> <p>We would like to implement the changes as soon as possible to minimise disruption to service users and staff.</p>
Are you planning to consult on this?	<p>Care pathway development and planning events were held with staff and service users as part of developing the proposal; 28th February, 28th March, 23rd May 2011</p> <p>Service user discussion / briefing session 21st November 2011</p> <p>Staff briefing session (attended by 70 staff) 14th November 2011</p> <p>Staff consultation 9th December – 16th January 2012</p> <p>Service User and Public involvement session planned in partnership with Southwark LiNKS 8th March 2012</p>
Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	The service will continue to operate to core hours of 09.00 – 17.00 Monday to Friday. Some evening appointments will also continue to be offered.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	The single team will initially be based on the Maudsley site pending further review of

	available buildings.
Changing methods of accessing a service such as the appointment system etc.	The service will continue to be accessed via referral from GPs or from other mental health services. Routes for new referrals will be simplified through having a central point of referral rather than three, as currently configured.
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.	<p>An equality impact screening assessment has not indicated any differential impact on vulnerable groups. Indeed, while people from Black and Minority Ethnic (BME) communities have historically been under represented in their use of secondary psychological therapy services, it is expected that by bringing the process of referral to all psychological therapies into a single pathway, the more representative levels of access currently achieved by CMHTs and by IAPT (primary care psychological therapy) services will be delivered throughout the secondary care service.</p> <p>We are aware of the potential impact on residents in each borough of the current economic down turn which may lead to a greater need for mental health support. We do not expect this to increase demand for the psychological therapies delivered by these teams to a significant degree as most people treated in these services have long standing difficulties with mood and relationships, commonly related to early traumatic experiences, rather than triggered by recent or short term social stressors. Demand for treatments related to short term anxiety and depression in response to stressors is provided largely by the Increased Access to Psychological Therapy teams (IAPT), which are well developed in the borough.</p>
What patients will be affected?	Briefly describe:
Changes that affect a local or the whole population, or a particular area in the borough.	There will be a 10% reduction in service provided. This will equate an approximate reduction in assessments from 498 to 448 per year.
Changes that affect a group of patients accessing a specialised service	We aim to continue providing a full range of different psychological therapies in line with assessed need.
Changes that affect particular communities or groups	The service will remain available to all groups and communities requiring psychological therapy.

Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	The service will remain community based and will be closely integrated with the community mental health teams.
Delivering care using new technology	The service will continue to provide psychological therapy in line with National Institute of Clinical Evidence (NICE) guidance
Reorganising services at a strategic level	
What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	We do not envisage any impact on other services.

* Revised by Lambeth and Southwark scrutiny officers from the West Sussex Health Overview and Scrutiny original.

TRIGGERS TEMPLATE*

NHS Trust & lead officer contacts:	South London & Maudsley NHS Foundation Trust David Norman Service Director 115 Denmark Hill Maudsley Hospital Email: david.norman@slam.nhs.uk Tel: 020 3228 1630

Trigger	Please comment as applicable
Reasons for the change	
What change is being proposed?	We have started a discussion with our Health and Social Care Commissioners about a proposal for Mental Health of Older Adults Service to reorganise our services to provide crisis support in community settings across 7 days a week and during evenings. This will entail developing a Home Treatment Team for older people with mental health needs. Our current modelling projects that this will reduce the need for some admissions to inpatient beds which are happening at present.
Why is this being proposed?	We believe we can improve the quality of care that we deliver as part of continual service improvement. Our patients have told us that the current community services are not responsive enough and if they are improved this will help them and those they care for avoid being admitted to hospital.
What stage is the proposal at and what is the planned timescale for the change(s)?	This proposal is at an early stage and as outlined above, we are starting to review the evidence base and feasibility of the model with NHS and Social Care Commissioners. Together we will ensure a full impact assessment is made to assure ourselves, that this is the correct way forward for the service. Should it be agreed to proceed with this proposal and redesign the current service, then detailed information on the proposal, along with rationale, evidence base, risk and equality impact assessments as well as anticipated timescales will be made available.
Are you planning to consult on this?	We have undertaken early engagement with patients and carers and will continue to engage with patients, service users and

	those who care for them as part of the meetings with NHS and Social Care Commissioners.
Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	We believe that the proposal, if implemented, will result in an improvement in community services. Service will be available 7 days a week. Currently the Community Mental Health teams operate Monday to Friday only.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	We believe that this model indicates that as a result of better home care, hospital admissions will be avoided. It is anticipated therefore that with a 7 day week service, people will not need to stay in hospital as long, thereby less hospital beds will be needed.
Relocating an existing service	Not applicable
Changing methods of accessing a service such as the appointment system etc.	This will not change as patients in crisis will access the service through direct referral or via primary care and social care. The response will however improve as the service will be available 7 days a week
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.	The proposal, if agreed, will increase access for vulnerable older people out of hours and at weekends. This type of service is already provided for younger vulnerable adults and there is an issue of age equality that this process will address.
What patients will be affected? Briefly describe:	
Changes that affect a local or the whole population, or a particular area in the borough.	We do not believe that there will be any changes. The new team will be accessible to all Southwark residents.
Changes that affect a group of patients accessing a specialised service	We do not believe that there are any changes to the group of patients being served.
Changes that affect particular communities or groups	Not applicable
Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	The proposal suggests moving some resources allocated for inpatient services to focus on management of patients requiring crisis support in their homes
Delivering care using new technology	Not applicable
Reorganising services at a strategic level	If this proposal is effective and demonstrates better targeting of resources it can be extended to remaining SLaM boroughs. Similar services have been developed in Merton, Sutton and

	Westminster and we expect that the experience of these services will inform the discussion with our commissioners.
What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	It is not envisaged that this service will impact on social care. However modelling is currently being undertaken to assure all stakeholders that this is the case. At this stage, our information does indicate that the model may result in less demand for hospital beds and potentially less demand for continuing care placement because 25% of all admissions to MHOA wards result in patients being referred for continuing care as their independence has been compromised by prolonged hospital stay. This information is also being reviewed by NHS and Social Care Commissioners as part of the ongoing discussion.

* Revised by Lambeth and Southwark scrutiny officers from the West Sussex Health Overview and Scrutiny original.

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