



HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Tuesday 10 April 2012 at 7.00 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
Councillor Neil Coyle

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Adrian Ward, Head of Performance
Gwen Kennedy, Acting Director of Client Group
Commissioning & Partnerships
Julie Timbrell, Scrutiny project manager

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Norma Gibbes.

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 Neil Coyle declared a non prejudicial interest as he works for Disability Uk.

4. MINUTES

- 4.1 The minutes of the meeting held on 14 March 2012 were agreed as an accurate record.

5. REVIEW OF SOUTHERN CROSS CARE HOMES

- 5.1 The chair drew members attention to the questionnaire feedback received mainly from relatives. The chair noted that people are broadly pleased with the improvements since HC One and Four Seasons have taken over from Southern Cross. He went on to note that there were some comments about the need for improved communication from providers about the change in ownership.
- 5.2 The chair explained that the LINK had agreed work to work in partnership with the committee on this review. He invited Barry Silverman, LINK member, to give evidence about LINK's recent visits to homes and report back on discussions they had had with residents. Barry commented that he was very pleased to have this request to assist with this review and went on to explain that the LINK have special powers to do Enter and Views which are complementary to the scrutiny powers . He explained that LINK had visited all three homes; Camberwell Green, Burgess Park and Tower Bridge. He explained that prior to the visit preparation work had been done with LINK staff and council officers.
- 5.3 Barry explained that the homes were cooperative and they were able to interact with residents. However many of the residents lost interest quickly, particularly as there were many vulnerable people with dementia. Barry went on to comment that his impression was that people tend to say what they think you want to hear and it became apparent that sometimes residents were confused. A resident Barry spoke to about Southern Cross's demise said they would have liked to have been told before it came on TV.
- 5.4 Barry commented that one home had programme of entertainment on during the visit and that was very attractive. A member asked about his general impression and Barry commented that the refurbishment in all three homes was making a difference and that before the homes must have been quite shabby. They were clearly looking much brighter.
- 5.5 He went on to report that he had received comments that suggested that staff moral had improved, from the limited information the visits were able to gather he had formed the impression that the homes were not very happy places when they were being run by Southern Cross.
- 5.6 Barry commented that they had looked at food and it was mainly English, and while there were routes available to order takeaways these were not very clear or very

accessible. He commented that one home had a cat; Rosie, who was much loved by all the residents. He commented that residents had said that the cat could be relied to arrive if there was any dissension!

- 5.7 He reported that in each home he had asked about a space to pray and spiritual access. He explained that on each occasion they were pointed to a room, however anybody could access this. He reported that no homes had the means to deal adequately with spiritual welfare; although he reported that there was a catholic priest who saw residents in their room in one home.
- 5.8 A member asked the food and if this is an area that could be followed up by the Care Quality Commission. Barry explained that LINK went into these homes to look at the transition of ownership after the demise of Southern Cross. Barry explained that when LINK to an Enter and View they have to make clear what LINK want to look at .Barry went on to explain that if scrutiny had wanted the LINK to look at food in detail they would need to say this in advance. However, Barry commented, we may not have specific expertise in nutrition. He suggested that the views of residents and family may be the best way to consider this.
- 5.9 A member asked Barry if he thought the any of the homes are too large. Barry responded that many of the homes were not being used to capacity, so they often had lots of vacancies, however they were rearranged on floors with separated lounges.
- 5.10 A Member commented that there is good research that stimulation is good for preventing the further onset of dementia. Barry commented that there were activity programmes and some homes engaged outside entertainment. He reported that many of the residents were singing along to an activity in one of the homes. He reported some residents were actively participating, others were slumped in chairs. A member commented that this could be of concern that people were slumped in chairs and not engaged. Barry responded that some residents were half asleep, but he got the impression that staff was caring.
- 5.11 A member commented on the divergence of views in questionnaire filled out mainly by relatives. The member noted that some were very satisfied but some were talking about neglect. Overall the statistical average was good. He asked Barry if he received complaints and he responded no, on the contrary, they received positive comments, for example residents were pleased that they could access alcoholic drinks freely. Barry said he had one concern that in bathrooms that had not been refurbished the taps might have a risk of scalding.
- 5.12 A member commented that some of the feedback in the questionnaire talked about worries about basic care going wrong; for example teeth and clothes going missing. She asked if there any evidence of regular meetings with staff. Barry explained that they didn't ask that question. The members went on to enquire if he saw staff interacting with the residents. Barry reported that the staff were present for the entertainment but he didn't see any staff engaging with residents in particular. He went on to comment that questions about interaction are important but the LINK would need to visit longer to assess this. He explained that the LINK would be willing to go back and look at any issues you would like us to investigate.

- 5.13 Tom White explained that the Lay Visitors do regular visits and are able to have an open remit. He reported that Tower Bridge now have five activity officers, where they before had one. He went on to comment that all the staff members have training now in encouraging interaction. He said that residents are all able to use their room to pray. A member commented that a prayer room is very important and that there is a duty of care as many people want to keep their room private.
- 5.14 Tom said that the Lay Inspectors are hopeful from the comments made by the new care home owners.
- 5.15 Tom reported that the new criteria for entering care homes is so high that it means that you need to have a high support need such as dementia to become a resident now, and this means all the care homes now have a high percentage of residents with dementia. A member commented that we need to look at the evidence of good practice; highly trained staff and stimulation prevents the onset of more severe dementia.
- 5.16 The chair thanked Barry and the LINK for their visits and work to support the review. Barry said he was very pleased to be developing a closer working relationship with the scrutiny committee.
- 5.17 The chair commented that the report will focus on communication with residents, the financial stability and viability of care homes and the quality of care

6. SLAM CONSULTATIONS

- 6.1 The chair introduced the item by drawing members attention to the correspondence received on both the Psychological Therapy Service and the Mental Health of Older Adults (MHOA). The chair commented that he was not completely satisfied with the response and evidence received so far.
- 6.2 It was noted that the committee will be visiting the SlaM shortly and these two services will be looked at on site. Members will go to a MHOA ward and discuss the Psychological Therapy Service.
- 6.3 The Psychological Therapy Service will be discussed in a joint meeting with Lambeth Health scrutiny meeting on 16 May. The MHAO service consultation will either be discussed then or it will be recommended that the new Health scrutiny committee pick this up again at the first meeting of the next administrative year.
- 6.4 There was a question from Tom White about the status of SlaM as a Foundation Trust and if this means that scrutiny cannot refer the hospital to the Secretary of State. The legal officer advised the committee that she had looked at this in more detail. The change of the hospital to Foundation Trust status does indeed mean that scrutiny cannot refer the matter formally to

the Secretary of State for failure to consult on a substantial variation. She reported that the position is that when an NHS Foundation Trust proposes to vary the terms of its authorisation it must make an application to the Independent Regulator of NHS Foundation Trusts, known as Monitor. If this application, if successful, would then result in a substantial variation of the services provided then the Trust should then consult with scrutiny. Scrutiny can then refer the Monitor if they are unsatisfied as to the quality of the consultation or if the proposal is not in the interests of the health services in the area.

- 6.5 A member commented that the Secretary of State has over ruled Monitor in a couple of cases. The legal adviser responded that there is the question whether either of the changes under discussion should have been referred to Monitor by SLaM.
- 6.6 The chair noted that SLaM is still bound by legislation to consult and involve the community on changes to services. The hospital also has duties under the Equalities Act to ensure that appropriate information is collected and that there are no disproportionate outcomes for disadvantaged groups. A member commented that the Equalities Impact Assessment is still inadequate; particularly around collecting information around sexual orientation and transgender.
- 6.7 Members noted that it is still possible for the committee to raise their concerns with local Members of Parliament, the Secretary of State and Monitor if they remain unsatisfied with the consultation.

7. REVIEW OF SOUTHWARK CLINICAL COMMISSIONING COMMITTEE - CONFLICTS OF INTEREST

- 7.1 The chair reported that Southwark Clinical Commissioning Committee (SCCC) had broadly accepted all the recommendations contained in the interim report but had wanted discussion on some of the details. The chair reported that he had gone to the last SCCC meeting with the vice chair and the subsequently met with Managing Director of the Business Support Unit (BSU). The chair reported that as a result of these discussions the final report and recommendations have now been drafted
- 7.2 Gwen Kennedy, Acting Director of client group commissioning and partnerships, said that the SCCC viewed this report positively that the vast majority of the recommendations have now been addressed. The Acting Director gave the example of the recommendation to hold all meetings in public and explained that the SCCC have been doing this since September 2011. She reported that the SCCC accepted all the recommendations and had provided a plan to implement

these.

- 7.3 The chair explained that the next step is to take the report to OSC and then on to the Cabinet. The committee agreed the report unanimously.
- 7.4 Tom White, Southwark Pensioners Action Group representative, reported that he had called an ambulance recently for an older relative. The ambulance had arrived and made him comfortable, but he reported that he was still concerned about his relative's mental wellbeing. Tom requested mental health assistance and the ambulance staff suggested he called the relative's Community Psychiatric Nurse (CPN). However it was 7:30am in the morning and CPNs are not available then as the service only runs from 9 – 5pm. The ambulance staff then suggested he went to Accident and Emergency, however Tom said that was very unsuitable. Tom went on to explain that he discussed this with health commissioners and asked for a telephone number for community support. The commissioners suggested then suggested that Tom contact his relative's GP. Tom reported that when he did this he was referred by the GPs out of hours services (SELDOC) to the Accident and Emergency Department. A member supported Tom's comment that there is a need for a number to offer support and that she had been asking for this for some time. Another member commented that perhaps SELDOC should have doctors with mental health specialisms so that they have the ability to respond.

ACTION

The final report was agreed and will now be taken to the Overview and Scrutiny Committee and then to Cabinet

8. REVIEW OF AGEING ADULTS WITH COMPLEX NEEDS

- 8.1 The chair invited Adrian Ward, Head of Performance, to comment on the impact of the welfare reform on ageing adults with complex needs. The Head of Performance reported that at the last meeting the committee received evidence on the impact of the welfare reform. He went on to say that there is a corporate work stream looking at the totality of these changes and its impact on social care.

ACTION

It is recommended that next year's scrutiny committee receives a report back on this in September.

9. WORK PROGRAMME

9.1.1 The chair outlined plans for an extra meeting on 16 May to jointly meet with Lambeth health scrutiny committee to look at SLaM consultations, HIV and plans for Kings Health Partners to form one healthcare organisation. The chair also recommended that there be a short meeting prior to this to finalise the Southern Cross report.

ACTION

There will be a meeting joint meeting with Lambeth health scrutiny on 16 May 2012 to look at SLaM Psychological Therapy Services. The proposed reorganisation for Mental Health for Older Adults will either be taken then or it will be recommended that the new administrative committee cover this item at their first meeting. HIV and King Health Partners will be taken at this joint meeting.

There will be a short meeting prior to this to agree the Southern Cross report.