Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

MINUTES of the OPEN section of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Monday 25 March 2013 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Mark Williams (Chair)
Councillor David Noakes
Councillor Norma Gibbes
Councillor Rebecca Lury
Councillor Eliza Mann
Councillor The Right Revd Emmanuel Oyewole
Councillor Mitchell

OTHER MEMBERS PRESENT:

OFFICER SUPPORT: Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Capstick; Councillor Mitchell attended as a substitute. Councillors Gibbes and Mitchell gave apologies for lateness.

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

2.1 The chair stated that although this item has not been deemed urgent, he has been alerted to reports in the media that King's College Hospital has performed liver transplants on 19 patents from the European Union and other countries, and concerns have been raised that patients might have been given organs that could have gone to British NHS recipients. The chair commented that it is very worrying if there has been queue jumping. The chair indicated that he would ask questions of delegates from King's later on in the meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The chair explained that the minutes of the meeting held on 6 March are not ready as there had been an unusually short gap between meetings; these will be circulated with the 1 May agenda pack.

4.2 An amendment to the minutes of the committee meeting held on 31 January was tabled. This was for the item on 'Health Services in Dulwich' discussion. A member of the public had requested that the record be corrected.

RESOLVED

It was agreed to amend the record by inserting in the second paragraph the following text:

'The chair asked whether other suggestions can be made beyond the two options outlined in the consultation document. Andrew Bland said that other options can be considered as long as they meet the case for change. He did not claim that the CCG has a monopoly on good ideas. '

5. HEALTH SERVICES IN DULWICH

5.1 The chair noted the consultation documents on Health Services in Dulwich, as well as the thorough list of organisations to be consulted with. Representatives from the Southwark Clinical Commissioning Group (CCG) introduced themselves : Rebecca Scott, Programme Director- Dulwich ; Andrew Bland , Managing Director CCG; Robert Park - non executive director, PCT, and shortly to be a lay member of the CCG, as from the 1st April. The team distributed printed colour versions of the brochure of the consultation plan(as in the agenda pack).

5.2 The Programme Director said that amendments to the consultation plan have been done following suggestions received at the January meeting, and the consultation plan is on the website, as agreed. She explained that a marketing company it targeting 300 outlets. In addition to this there has been a direct mail to 800 organisations, and many of these are being following up, if it is indicated that they serve particularly important groups, such as communities that are more excluded.

5.3 The programme is targeting three important groups: those that need short term interventions, women who are pregnant and families and people with long term health conditions. The consultation document provides a table of things the CCG want to see provided, but this will not be all in one place. The Programme Director explained that there are two main options: Option A is more centralized with back up from GP practices; Option B devolves more services to larger GP practices. She explained that if Option B is followed the CCG would want to increase equality of access. The Programme Director ended by saying the CCG think these options will work well, but if people have other ideas we want to hear them.

5.4 A member asked how people could suggest other options and the Programme Director explained that if people make suggestions at events this will be an opportunity to explore issues; for example transport. The Managing Director added that there is a case for change as the CCG is spending too much. He explained as long as people make suggestions that fit within the needs of spend, clinical safety then they can be considered. The commissioners emphasised that points made during the consultation need to reflect the needs of the whole population.

5.5 .A member complemented the consultation document by noting how easy and clear it was to read. He said it was one of the best he had seen. He queried if there was an existing bias, and noted that Option B has more ticked boxes. The Managing Director clarified that numerical detail does not add weighting and that both are deliverable ; there is no preferred view.

5.6 A member asked if the blood taking (phlebotomy) service was an efficient use of resources at Dulwich Hospital and the officer responded it was used at full capacity. The chair asked for detailed figures. The Managing Director commented that members are right to raise the issue of efficiency of services like this and that some practices supplying phlebotomy services struggled to break even. A member commented the aim is surely to lure people away from hospitals and queried if efficiency is the most important question? The commissioners agreed that they are trying to encourage people to use community settings, but efficient use of resources is a key issue. A member said in his view the Dulwich Hospital is the most viable site, however he though that we need to get community buy in.

5.7 A member asked if the site will be owned by the new the NHS Prop co [NHS Property Services Ltd]. The Managing Director confirmed they would in April.

5.8 A member commented that a majority of his constituents are very happy with devolved services, as the Acute Hospital can have very long waits. A member asked why the consultation document plays down Dulwich

Hospital's already central role, and asked why the CCG are not clearer about the services presently being delivered there. He noted page 43 mentions Dulwich Hospital, but the list does not mention Dulwich Hospital under 'Health Centre' on page 44. The Programme Director said the CCG do make clear that this is the only viable place for the Health Centre. A member asked if the CCG can make that clearer in the future? The Managing Director agreed, with the small caveat that if a site search later revealed another site then the CCG would consider that; but he said that this is very unlikely.

5.9 A member asked if there is a risk that the NHS Prop co could dispose of the site? The Managing Director responded that this is very unlikely as the CCG have existing services there, and in any event would this would be subject to consultation with scrutiny and others. A member raised the risk that a 'nasty capitalist controller organisation' could get hold of this data and see that there was no mention of Dulwich Hospital , and then use the efficiency argument to look at other sites . The Programme Director said given that Dulwich Hospital sits right in the middle of Dulwich a better location is very unlikely. The lay member added that he is local, with connections, and given the importance of the site to the community this would be resisted.

5.10 Members asked about the cost implications of investing in bricks and mortar. The Managing Director explained that a Health Centre would cost slightly more – but the CCG can do both options. A member asked if people will still need to go to King's, for test such as scans? The Managing Director responded that there will still be some things that are too expensive to be devolved at local level, such as complex procedures or expensive machines.

5.11 A member asked about the coordinating of services, for example older people are often being cared for by other older people. She voiced concerns about the level of coordination. The Managing Director commented that there is an integrated pathway for frail and elderly people. He acknowledged that it does need development, but emphasized its existence. Members asked if this can be monitored. The Managing Director noted that this consultation will not cover everything and that the CCG do need to think about skills and workforce redesign. The member responded that this is a new development and care in the community requires enormous time and resources from friends and families. She asked where the CCG would find additional resources and reported that people are feeling the impact of community care.

5.12 A member commented that her GP practice (Paxton Green) was one of the last to reorganize and now she now finds it very inaccessible. She reported that it used to be possible to easily get an early appointment. The Managing Director responded that this surgery is in Lambeth and GPs are

commissioned by NHS Commissioning, rather than the CCG. He said that the CCG do however collect comments and can influence the delivery of GP practices.

5.13 The chair commented that at the start of the New Year he does want to do a review of GPs. He reported that he too has received complaints from constituents, both of GPs and also the patient complaint process. Another member supported this and commented that he used to be able to get an appointment on the same day, and now you can wait 8 to 9 days.

5.14 A local resident, Elizabeth Rylance Watson, commented that there are no flyers about the Dulwich consultation on the ground. She reported that she did receive the consultation plan at a consultation event, but received no follow up information. She added that there is nothing on the notice board outside the Dulwich Hospital, or on the door of the closed library. She also reported that she went to the well attended Southwark Pensioners Forum and they raised concerns about the consultation period of three months.

5.15 Another resident, Kenneth Hoole, commented that he thought the plan was a propagandist document and not an outcome of an open consultation. He described the document as photographic and typographical bling: produced by Saatchi and Saatchi. He said that the proposals were hand me downs from the old PCT, and said that there is an existing pairing between a practice and the proposed option of a Health Centre at Dulwich. He mentioned a private meeting that he was concerned about. He said that the plan makes no mention of respite care, and there is little about mental health. He said that there were flaws and gaps in the consultation plan, and he viewed this as deliberate, and that the plan was following a managerial agenda. He ended by saying he considered the slot at the end for alternative views could not remedy the emphasis on monopoly views.

5.16 The Managing Director said he would provide a response in writing to the committee on these points and reported that the CCG have already responded to many of the points already. Chair asked Kenneth Hoole to provide a written copy of his presentation, which he agreed to do, after making any amendments that could lead to litigation.

RESOLVED

Southwark Clinical Commissioning Group agreed to provide an update on:

- The numbers of people using the Dulwich Hospital phlebotomy service, with a brief comment its capacity and efficiency.

- An update on the integrated pathway for frail and elderly people, with a

particular comment on coordination of care and support for carers.

6. TRUST SPECIAL ADMINISTRATOR (TSA) RECOMMENDATIONS

6.1 The chair welcomed King's Medical Director, Mike Marrinan and Director of Strategy, Jacob West. They opened their presentation by commenting that the TSA made the recommendation for King's College Hospital Trust to acquire the PRUH. The Medical Director explained that there are no major plans to change the delivery of services at King's College Hospital as a result of this, although they are hoping to decompress some activity. He emphasised that there are not any plans to bus patients around.

6.2 The Medical Director said that this is predicated on the restructure of South East London healthcare services, which was initiated by the bankruptcy of South London Healthcare Trust (SLHT) and subsequent appointment of the TSA, however restructuring is going on throughout the country of health care. He explained the new model emerging is for larger Acute Hospitals with Accident and Emergency wards, District General Hospitals and Local Hospitals. He said this will lead to a dramatic increase in consultant delivered care, and said that there is clear evidence that the earlier you see a consultant the better the outcome. He commented that the notion that everything can be done in a local hospital is just not true: however Southwark residents are lucky as they are close to two large Acute Hospitals He added that there may be some travelled involved for elective care, and reported this is still under negotiation with the Department of Health.

6.3 A member asked if the Department of Health had supplied enough money for the proposed changes. The Directors reported that this has not been agreed yet, which they said is frustrating and problematic. They added everything is on the assumption that King's receive enough money. The Medical Director commented that King's have made proposals, however the Department of Health think it should be much less.

6.4 The chair asked what King's would do if there is not enough money. The Directors said they can give the committee an assurance that the plans will not be taken forward without adequate funds. They explained that the financial risk rating for King's College Hospital Trust is three, and they do not want to be downgraded. He ended by saying that they have given the Department of Health a detailed apprised is what is needed, which is not greedy, but what they need. He ended by saying they will not do it unless it is doable, however King's think the gap is bridgeable.

6.5 A member commented on the quality of consultants and the extent of their treatment of private patients .The Medical Director explained that consultants have set contracts of time with the NHS. He added that Kings have the highest productivity of consultants, while South London Healthcare Trust had the lowest. He said this is predicated by the assumption of giving good care and high aspirations.

6.6 A member asked about the board and the Medical Director commented that there were many good people at SLHT, but an impossible structure. He added that he is sure medical care can be brought up in short space of time. He said that King's have great human capital in our consultants which gives strengths and depth. A member asked who would be lost and the Directors explained that because King's senior managers will be in charge this means some senior manager will go at the PRUH, however some may be integrated. He emphasised that most clinicians will remain, but some senior nurses and many senior administrators will be lost. The Medical Director said that staff reassurance is an important part of the process as this has been a difficult time.

6.7 A member asked about the decompression of King's College Hospital and the Medical Director said that Neurology will be decompressed - so we can increase neurosurgery.

6.8 A member noted that the Medical Director reported that there would be no travel for acute care out of the borough, however what about Elective Care? He responded that the model of elective care is not fully worked out. He said that King's do have anxieties about the profitably and Guys and St Thomas do too. He explained that Elective Care is the part that makes money and subsidises other care. A member commented a very cynical interpretation would be that this is an attempt to bankrupt of other parts of the health service.

6.9 A member asked about patient records at PRUH and the Medical Director said that this is a key issue, because delivering on these could cost around 20 million: PRUH have no WiFi, or existing electronic records. A member asked if all record would be converted he responded that the emphasis will be in new records being digitalised.

6.10 The Medial Director said that King's have a vision of two sites but the same Trust. He said that there will need to be an investment and it will take time. He commented that Kings' have good systems that will help; however these are also subject to improvement. He explained that it is never easy for a District General Hospital to compete with an Acute Hospital and he said that the bringing together of an Acute Hospital with a General Hospital in one Trust will be helpful.

6.11 A member asked what King's is doing to reassure staff and the community The Strategy Director emphasised strong communication, and noted that PRUH and King's College Hospital are both jammed from the long and unprecedented winter.

6.12 The chair then asked the Medical Director about the liver transplant service and how people were able to access NHS livers as private patients. He explained that this is mostly because the livers are marginal and of poor quality, but very occasionally of good quality but there is no NHS match.

6.13 The chair said he had concerns about the tariff not being released under FOI. The Medical Director explained that the only fee is to the surgeon, anaesthetist, and a payment to use the hospital. The Medical Director commented that this is a highly regulated service and indicated that he would like to come back to the next meeting with a fuller report.

RESOLVED

The committee requested that King's College Hospital keep the committee apprised of its negotiations with the Department of Health.

7. HOSPITAL LOCAL ACCOUNTS

7.1 Zoe Reed, SLaM Strategic Director, presented the draft quality account and explained that the top priorities were paying attention to physical health and reducing violence. She said that the Quality Accounts will be finalised in May, and that they are narrowing down priorities. A member referred to the information on complaints and noted the high level of the Psychosis CAG complaints and enquired what 'local resolution' meant. The Strategic Director said that this CAG has a very high level of activity so the level of complaints may well be proportionate and offered to provide some vignettes on how complaints were resolved locally.

7.2 Debbie Parker, Deputy Chief Nurse and Elizabeth Palmer, Acting Director of Assurance presented the papers from Guys and St Thomas's on the Quality Account, complaints and pressure ulcers. It was noted that the final Quality Account with data will be completed in May. A member asked about the 19 pressure ulcers acquired in the community and asked who looks after these patients, and if this would be the CCG. The Deputy Chief Nurse explained that when community acquired sores are picked up the hospital liaises with the organisations and may make a Safeguarding alert. Dr Zeineldine, Chair of the CCG, agreed that these were looked at to ensure that have the CCG have data and non attributable cases are highlighted. He said that the CCG have community teams looking at tissue viability and prevention. The chair

requested some follow up action on this by all concerned, particularly focussing on action taken following the identification of a pressure sore and what would lead to a safeguarding alert.

7.3 The chair noted that one of the complaints was about a fracture that had been missed on an x-ray. He asked how that this would be dealt with, of if a tumour was missed on a scan. The Director of Assurance said if there is reason to think there is a competence issue then this would be followed up, however she explained that sometimes these are to do with A & E fractures in children , which can very difficult to observe. She added that the hospital constantly look for patterns and trends.

7.4 The King's Medical Director presented the Quality Accounts report for King's College Hospital. He referred to the report and noted the Trusts achievements last year. He explained that King's did not achieve a target on diabetes; however action on this has now been mandated as a patient safety issue.

7.5 A member asked the Medical Director to explain 'ward ware'. He responded that this is part of the national early warning system. The nurse at the bed enters data into an iPod like device and which then gets electronically recorded. In an ideal world any untoward patent data would initiate an alert that would trigger a clinical response that would change the physiology of the patient. He explained that King's are developing the software. A member asked if the Trust will retain the intellectual software. He said in this case the project is being done with an outside private developer: but with lots of testing inside the hospital. He was then asked if the Trust keep software propriety in the NHS, and he said that is the general principle, but in this case the software is privately developed.

7.6 A member noted that there is an upward trend in complaints. The Medical Director agreed that there is an upward trend, and explained this is because King's are seeing an increase in activity. He explained that several years ago complaints were in the 1000's; much higher than now. He added that the Trust do look at hospital complaints data , which inpatients tend to use, and intelligence from PALs , which gets more information from outpatients. He commented that the Trust looks at complaints for trends and problems and noted that the Frances report is focusing our minds on this.

7.7 The chair noted that the recent Southwark Vulnerable Adult Safeguarding report indicated that there had been no Safeguarding alerts from any of the local Trusts and asked why this was so. Hospital Trust representatives commented that this might indicate a lack of a comprehensive link up and promised to look into this.

RESOLVED

SLaM will provide:

- Clarity on if the level of complaints received by the Psychosis CAG is proportionate to the level of activity.

- Some vignettes on how complaints were resolved through 'local resolution'.

Guys and St Thomas's and Kings College Hospital

Will provide more information on the community acquired pressure sores and explain the follow up action taken; including any referral to Safeguarding, and/or Clinical Commissioning Group and work done to liaise with community providers & organisations.

Guys and St Thomas, Kings College Hospital and SlaM

Hospital Foundation Trusts were asked to comment on why no safeguarding alerts were recorded being made to Southwark's Vulnerable Adult Safeguarding partnership board report 2011-12

8. SOUTHWARK CLINICAL COMMISSIONING GROUP

8.1 The chair invited the Managing Director of the Southwark CCG, Andrew Bland, and chair of the CCG, Dr Amr Zeineldine, to update on the move to delegated authority. The CCG representatives explained that in October of this year the CCG completed an authorization test. There were119 tests, that covered a range of areas including governance, audits, and the ability to commission health care effectively.

8.2 The Managing Director explained that this involved a process working with an external advisor. The CCG have been advised to do further work on the safeguarding plan, which is still draft, and the budget plans. He explained the budget had been delayed because of the impact of the TSA. He reported that the Safeguarding policy is now complete and the authorizing body is happy with financial plans.

8.3 The CCG representative explained that the CCG will be graded form 1 to 7. He said that 7 is the poorest grade and they expect to get around a grade 3, which will mean that the CCG is authorized with conditions.

8.4 Member asked if the TSA had also impacted on Lewisham and Lambeth

CCG budget plans, however the Managing Director said that Lambeth and Lewisham not deemed to have the same ambiguities around the TSA. He commented that the CCGs do not have the same team assessing us, but said the Southwark CCG is not seeking to dispute this as do consider this a not a good use of time, but we do think we have been treated fairly. He explained that there are stages and moderation to the assessment

8.5 The Chair commented that he understood that Lewisham have anxieties to the extent that they are wondering what is the point of having a CCG. The chair of the CCG said this is a result of being a membership organisation. The Managing Director said that the Southward CCG have a council of members that allows a layer of accountability with an independent chair. He added that the CCG is an active member of the Health and Wellbeing Board and in terms of going forward the CCGs are similar in many ways, but also different in some ways.

8.6 A member asked about the minutes and the Managing Director said that the CCG have been moving to produce these in two weeks, taking these with increased diligence, and they have also been taking amendments, just as this committee agreed tonight.

8.7 The Managing Director reported that they are will be publishing the register of interests on an annual basis and the chair requested to received this every May.

8.8 The Managing Director explained about third of decisions, around four a month, is going to a conflicts of interest panel.

8.9 There was a discussion about the recommendation that a clause is added to all contracts stipulating that providers will be subject to scrutiny and the Managing Director explained that national standard contacts come with are set with clauses , which are only subject to minor variation, however the CCG can add to local contacts.

8.10 The Managing Director referred to the recommendation for financial penalties and explained that the national contracts come with a variety of rewards and a plethora of penalties, but may not meet the area we or you want, and can vary. He then offered to provide a written summary.

8.11 The CCG were then asked about governance managing conflicts of interest. Managing Director said that there is guidance, but this is not compulsory. He explained that the CCG have to have a policy about this but there is no national standard. A member commented that this part of the Localism agenda. The chair of the CCG report that there is an assurance process, which the CCG have passed, and that there were some stipulations. He added that they would expect more uniformity among CCGs as clinical

commissioning develops. The Managing Director added that Southwark CCG did paid for advice from the Good Governance Institute, and the CCG chair said that the Southwark policy has influence the south east London cluster of CCGs.

RESOLVED

The CCG will provide the committee with members' 'Register of Interests' on an annual basis, at the May meeting.

Southwark Council's overview & scrutiny and legal team will provide the CCG with the specimen clause currently used by the council in contracts to ensue that all providers are subject to scrutiny, where possible.

9. WORK PLAN

9.1 The chair reported that he recently attended an initial meeting with Zoe Reed about the health inequalities / public health review on the prevalence of Psychosis among the BME population.

9.2 The chair indicated his intention to hold a review of access into GPS services. A resident asked if it would be possible to look at the 'out of hours services' and the chair responded positively. Another resident reported that she understands that SELDOC will continue as a cooperative, according to Southwark Pensioners Forum, and she intends to clarify this. A member noted that there will be a roll out of the 111 service and suggested that this be reviewed by the committee.

RESOLVED

Kings Health Partners will be asked for an update on the development of the full business case for the proposed merger.

CCG will be asked to present on the integrated pathway for frail and elderly people, and to provide their members' 'Register of Interests'.

It was proposed the new committee undertake the following in the next municipal year:

- A review of General Practitioners, which will consider access to appointments at surgeries, the Out of Hours service and the new 111 service.

- Receive reports at the inaugural meeting from the CCG, the Health & Well-being Board and the new Healthwatch.