

HEALTH, ADULT SOCIAL CARE, COMMUNITIES AND CITIZENSHIP SCRUTINY SUB-COMMITTEE

MINUTES of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Monday 15 July 2013 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Neil Coyle
Councillor Rowenna Davis
Councillor Jonathan Mitchell
Councillor Michael Situ

OTHER MEMBERS Councillor Peter John

PRESENT:
OFFICERS & Dr. Ruth Wallis , Public Health Director

PRESENTERS

SUPPORT:

David Sturgeon, Head of Primary care, South London, NHS
Commissioning Board

Andrew Bland; Chief Officer , Business Support Unit (BSU)
Southwark Clinical Commissioning Group (CCG)

Malcolm Hines, Chief Financial Officer, Southwark BSU/CCG

Gwen Kennedy, Director of Client Group Commissioning
BSU/CCG

Tanya Barrow, Community Safety Manager

Emily Finch, Clinical Director, Addictions, SLaM

Rebecca Walker, DAAT and Interim Commissioning Manager

Rebecca Scott Dulwich Programme Manager , Southwark CCG

Alvin Kinch, Healthwatch Southwark Manager

Fiona Subotsky, Healthwatch Interim Board member

Julie Timbrell; Scrutiny Project manager

1. APOLOGIES

- 1.1 Apologies for absence were received from Councillor Capstick and apologies for lateness from Councillor Mitchell.

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

- 2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 There were no disclosures of interests or dispensations.

4. MINUTES

- 4.1 The minutes of the last administrative year's committee meeting, held on 1 May 2013, were circulated to note.

5. HEALTH & WELLBEING BOARD

- 5.1 The Leader, Cllr Peter John, ran through the presentation circulated: 'Building a healthier future together - Developing Southwark's Health and Wellbeing Board and Strategy'. This was followed by a presentation by the Public Health Director, Dr. Ruth Wallis, on the 'Joint Strategic Needs Assessment'. The chair then invited questions.
- 5.2 A member commented that he had not seen measurable targets and outcomes for the shadow board, and asked if these will come. The Leader responded that all the departments do have targets and measurable outcomes and it is anticipated that these will link this up with the strategy. The member asked when this would happen and if this would apply to the shadow strategy or the one being developed. The Leader replied it would most likely apply to the current strategy but it would take some time to align different parts of system - for example a tranche of targets and measures would be provided by the Children's Trust. The member went on to comment that the LSP always found it difficult to demonstrate its

achievements and the Leader assured the committee that he was very keen to get measurable outcomes.

- 5.3 A member commented that the committee asked a number of public health professionals and clinicians to say their top priority and Professor Moxham said his was smoking. He added that his top priority was Sexual Health and noted the high levels of Gonorrhea, Syphilis and HIV in the Southwark. The Leader responded that smoking is there as a priority and recently money has been committed for Sexual Health.
- 5.4 The Public Health Director agreed that sexual health is a big issue in Southwark. She went on to observe that part of the reason that rates went up recently is that statistics are now based on where tested people are tested, rather than residence, and Southwark has invested in improved testing. She also noted the good work on early detection of HIV - the proportion of people presenting late in Southwark is about 30%, whereas other areas it is more like 80%. She reported that Southwark have brought in a scheme for people to get tested on registration with a doctor. She voiced disappointment on the recent decision on improving cigarette packaging. The member commented that he thought it would send a strong message if Sexual Health was a political priority - given the life changing consequences on fertility of Chlamydia infection and rates of HIV infection among the young gay community.
- 5.5 A member asked what work is being done with 2 year olds and also helping older people to be fit and healthy. He noted the effectiveness of simple things like inviting people for walks around Dulwich Park and reminiscence. The Public Health Director commented that there are a number of approaches and activities that focus on these age groups, and she commented that the Marmot report demonstrates the importance of early intervention.
- 5.6 A member referred to the work of the Peckham Experiment and suggested this could be an inspiration. She went on to ask if community engagement has been prioritised and resourced. The Leader assured the member that community engagement is a very important part of the approach there will be outreach.
- 5.7 The Public Health Director was asked about sources of data and she responded that some of the data used is national. One concern is that ONS have said that they can no longer afford to produce data on childhood mortality and teenage conceptions, and this poses challenges. The chair asked the Public Health Director to report back on this.
- 5.8 The Public Health Director was asked about the budget available and any decommissioning plans and she said that there is no direct budget and the Health and Wellbeing Boards role is more

about influence. The Leader commented that there are some commissioned budgets we are negotiating around HIV.

- 5.9 The Leader was asked about the role of the Police on the Health and Wellbeing Board and he explained that the board wanted their intelligence. He added that there are targets around children and presence on the board offers an opportunity to shift mindsets across lots of different organisations. The Public Health Director noted that many attendances at A and E are alcohol related so this is an opportunity to think collectively. The Leader recommended the report ' Re-wiring Public Services' , which writes about the need for local delegation of budgets.

RESOLVED

The following will be provided:

- A briefing on the recent announcement that the Office for National Statistics may no longer be able to afford to produce data on childhood mortality and teenage conceptions.
- An update on Health & Wellbeing strategy and Joint Strategic Needs Assessment in 6 months time.

6. HEALTHWATCH

- 6.1 Healthwatch representatives Alvin Kinch, Healthwatch Southwark Manager, and Fiona Subotsky, Healthwatch Interim Board member, went through the presentation circulated with the papers and the chair invited questions.
- 6.2 A member asked what significance does it have for Healthwatch to be a subgroup of Community Action Southwark (CAS) and the Healthwatch Manager commented that Lambeth Healthwatch is setting up as a charity and went down a the co-production route. She said it will not affect Healthwatch priorities which will be decided by CAS trustees and also by Healthwatch members. A member asked how the membership will be decided and asked if there will be an election process and if membership is open to the public. The Healthwatch manager commented that they do not know yet, however Healthwatch aim to decide that by October. She reported that Healthwatch is currently doing a membership drive. The member commented that he was keen to understand the democratic and engagement process.

- 6.3 A member asked if Healthwatch will function like a police neighbourhood watch. The Healthwatch manager asked for clarification and he suggested that people might have labels on their windows showing that they are advocates for health. The manager agreed that Healthwatch do want and encourage people to raise issues. She added that issues are put into a local and national database. A member asked if there was an option such as telephone line to raise concerns and the Manager responded that Healthwatch are developing a signposting system.
- 6.4 A member said he thought the emphasis on engagement was very good . He added that he would like to see diversity on the board and asked if Healthwatch will provide training. The manager responded that the staff team will be doing that across the borough .She explained that at the moment they are focused on good clear communication so people understand what Healthwatch are doing . She added that the organisation is also aiming to offer members appreciation and ensure expenses are covered.
- 6.5 Healthwatch were asked if they had the resources to support people with Learning Difficulties or refugees and the Manager responded that the organisation has £100,000 per year to spend , so they do need to work within these resources. She explained that Healthwatch intends to tap into what is out there already and emphasised that Healthwatch is a network of networks.
- 6.6 An audience member commented that she had done work for LINKs, the predecessor organisation, but had not heard back from Healthwatch. She questioned whether the priorities were sufficiently local or if they were driven more by national priorities. The manager and board member responded that they were sorry the audience member felt like that and reported that LINKs have done a legacy report, which is to be presented to the board. This will look at how to take the work of LINKs forward. The audience member said she had felt disheartened and emphasised the importance of maternity and early years, and expressed the hope that this would be one of Healthwatch's priorities. The chair asked Healthwatch to report back on the priorities once they have been agreed and thanked the presenters.

RESOLVED

In six months time Healthwatch will provide information on:

- governance arrangements; including democratic engagement and details of any elections
- Healthwatch priorities

7. SOUTHWARK CLINICAL COMMISSIONING GROUP

- 7.1 Andrew Bland, Chief Officer, and Malcolm Hines, Chief Financial Officer, Southwark Clinical Commissioning Group (CCG) presented the CCG paper and the chair invited questions.
- 7.2 A member asked if the CCG thought that there will be a shift of resources to keeping people well rather treating ill people over time . Malcolm Hines responded that the CCG do look at this over time for redesign . He added that the CCG are also looking at a 10% growth of population and that there are also the new specialised treatments and drugs. Andrew Bland commented that the CCG would like to see more integration with social care and also primary care as the CCG do see more value there . He indicated that there is an anticipated shift of resources in this direction in 2016 and this will run to billions of pounds . He added that there is a tendency for acute services to suck up most resources, however the CCG would like to move to integrated care, but this is challenging to make real .
- 7.3 A member asked about data received from providers on performance and commissioning plans and Andrew Bland commented that the CCG had made a commitment to provide this monthly to the committee.

RESOLVED

The CCG will provide a monthly update on performance data and the QIPP programme.

8. NHS ENGLAND - LONDON SOUTH COMMISSIONING PRIMARY CARE

- 8.1 David Sturgeon, Head of Primary care, South London, gave his presentation on 'Commissioning Primary care' and the chair invited questions.
- 8.2 A member asked about potential conflicts around 'local enhanced services' and the Head of Primary care said that these have been delegated to the CCG and local authority. He explained that the provision will now need to go through the 'any qualified provider' commissioning process when they are 're-provided'. He gave smoking services as an example and suggested that the council or the CCG will probably want to re-provide, and in these circumstances then the council or the CCG might want to consider

if those service would be better delivered by 'any qualified provider' (the voluntary or private sector) rather than a doctor's surgery . A member commented this would mean the transfer of local resources to Any Qualified Provider.

- 8.3 An audience member commented that he tried to get some help for a 93 year old man and raised a complaint via email 7 weeks ago with the NHS Commissioning Board; however he only got an email saying this will be followed up and that is it so far. The Head of Primary care indicated that there is a backlog of 174 complaints and contacts - some of which go back to contractors and take time to resolve. He assured the committee that they are trying to clear the backlog and offered to take details and follow up individual issues.
- 8.4 A member of the audience asked if the service is accountable to the Secretary of State and remarked that the recent restructure of Health Services seems to have decimated adequate oversight by managers. The Head of Primary care explained that the NHS Commissioning Board is not accountable to the Secretary of State but does have a mandate from the Secretary of State and they are now consulting on the delivery of services.

9. MARINA HOUSE AND THE DRUG & ALCOHOL POLICY FRAMEWORK

- 9.1 The Marina House and the Drug & Alcohol Policy Framework presentation was introduced by Gwen Kennedy, Director of Client Group Commissioning , Tanya Barrow, Community Safety Manager, Emily Finch, Clinical Director, Addictions, SLaM and Rebecca Walker, DAAT and Interim Commissioning Manager . The chair then invited questions.
- 9.2 Officers were asked if most drug treatment had moved out of Marina House and how it will be utilised more fully in the future. Officers confirmed that it was principally now being used to provide back office support. Officers explained that it is a SLaM building, which means it can be used for beyond Southwark residents. Officers said Marina House was not entirely full, and that development of the space will be tied in with the Drugs Needs Assessment. Voluntary groups have also been invited to propose services to be delivered from there. A member of the public asked for details on the proposed arrangements with voluntary providers, however, officers said this was not ready to be shared as officers are still developing relationships and scoping the proposals out.
- 9.3 A member quiered the amount of training GP have received to assist drug users. Members queried the data on the amount of

GPs who had completed levels one and two, and the expressed disappointment with the lack of detailed information and targets. The scrutiny project manager commented that more information had been given in a previous report and officers offered to provide a more detailed follow on report.

- 9.4 The member reminded the officers that one of the challenges that scrutiny put down when the original plans moved drug referral to GP practices was that there would be an investment in training. Rebecca Walker responded that there are specialised drug workers in the many of the surgeries. She explained the service are reluctant to push GPs to work with drug users who do not want to do this as that gives poor outcomes . There are also drug clinics that people can use if they can't access drug services adequately in surgeries, as primary care have some GP practices who don't want to provide a drug service, but patients who still want to stay registered for other health care. Rebecca Walker asked members why this was such a concern and the committee members reminded officers of the original commitment to train GPs when the service re-design emphasised the referral role of primary care and restricted self referral and reduced services at Marina House. Members pointed out those now only 10 GPs are trained at level 2 out of a total of 240.
- 9.5 A member commented that Marina House is a threadbare service and raised concerns that this used to be a place people went from the south of the borough for treatment for serious drug problems. He suggested that this left a big hole in the south for services. Rebecca Walker responded that there are two big services in Camberwell, and SEDAC do outreach. She offered to provide a map and description of the services. Officers emphasised that treatment access has gone up and success rates have also increased, furthermore that is an overall drop in opiate users.
- 9.6 Members asked how the Drug Needs Assessment will be done and officers said that this will be commissioned out and use a literature review, focus groups and national data. Members asked when this would be completed and officers explained that they might be able to come back in October, however it might be later.
- 9.7 A member asked if crystal meth use is increasing as she had heard local reports that suggested it was. Officers said that it was, however it is still very low, so cases are rising from 4 to 10. GBL is more concerning, however the service predicted a significant rise in crystal meth that did not happen. Officers explained that they do a promotion with gay men on GBL on risks. There is also concern on manufacturing as a fire risk.
- 9.8 An audience member commented that he was very concerned about the increasing levels of alcohol abuse and said he

understood this was a major problem. Tania Barrow commented that there are different service arrangements for drugs and alcohol, as drugs are illegal and alcohol legal; she offered to make available the Southwark's Alcohol Strategy. The chair invited audience members to consider the information officers have promised to provide and contact her in advance with any queries.

RESOLVED

Council and CCG commissioners will provide the committee with:

- A briefing on drug services in the south of the borough, including a map of all the treatment centres and a description of activities, including outreach.
- More details on GP drug training.
- A copy of Southwark's Alcohol Strategy
- Return with the Joint Strategic Needs Assessment on drugs, when it has been completed, in around 6 month's time.

SLaM and the commissioners will provide the committee with a scoping document setting out plans for Marina House, including how it will be used for the provision of drug services.

10. HEALTH SERVICES IN DULWICH

- 10.1 Andrew Bland, Chief Officer, Southwark CCG, and Rebecca Scott Dulwich Programme Manager, Southwark CCG presented on Health services in Dulwich.
- 10.2 A member queried the level of consultation responses given the big distribution of questionnaires and noted that there has been quite a low response rate, particularly in hard to reach areas. Rebecca Scott explained that there has been a huge amount of community work with lots of in-depth responses received. These include responses from community groups who are often not heard, for example there has been engagement with Travellers. A member said he was interested that 3% of the respondents had learning difficulties, which is more than most but a high level of services users. Rebecca Scott said that the CCG did go back twice to one provider so she was sure that a thorough job was done in getting the views of people with learning difficulties. Andrew Bland said that the consultation plan also invested in a high quality Equality Impact Assessment.

- 10.3 A member of the audience voiced concerns about free schools utilising the Dulwich Hospital site and lobbying done by developers and local politicians. She said that she believed that the consultation has been marred by the free school issue. The chair pointed out that the consultation process can not look at the wider land use question, but is restricted to the health services to be delivered in Dulwich. The audience member commented that this only became clear after lots of pushing and said that there should have been more clarity and transparency to start with. A committee member said he had always been aware that the Dulwich Hospital site would have a wide range of community uses. The audience member commented that while that might have been clear to the member and this committee is was not clear to her or the public.
- 10.4 A member commented that he would like to see other community uses on this land, rather than commercial uses and he raised concerns that available land on the site could be swallowed up by developers.
- 10.5 Councillor Coyle asked how many representations about Harris School Councillor Noakes had made and he responded that he had made none, but other local councillors had been active.
- 10.6 Andrew Bland commented that he would like to focus on health services in Dulwich as this is what the CCG can deliver on. He added that wider issues were raised about transport and access and there is an issue about location. He said that when the CCG consulted they found that people wanted to talk about the quality of health services delivered rather than buildings, ownership and land arrangements. The audience member responded that thousands of people had submitted a petition about Dulwich Hospital. She added that a key issue for her is that the ownership of the hospital and has moved to a prop co (NHS Property Services). She asked if the CCG made representations to NHS Property Service and if the CCG have to get NHS England to commission services. Rebecca Scot explained that the plans are in the remit of the CCG; however the CCG will need to make a business case. This will need to outline the tenant's requirements and NHS Property Service will set out how psychical infrastructure will be built and how this will be financed. She added that the CCG can not say at the moment who will be the head lease holder, as this will be done on 'best value'. Audience members queried if Dulwich Hospital buildings are presentably leased from NHS Property Services and the current terms. Andrew Bland advised this query was best addressed to NHS Property Services.

RESOLVED

The committee will write to NHS property services requesting clarification on parties and terms of the current lease on Dulwich Hospital.

11. REVIEW : PSYCHOSIS AND BME COMMUNITIES

11.1 The committee agreed to defer this item until the next committee meeting.

12. REVIEW : GP ACCESS (OUT OF HOURS, A&E, 111 SERVICE, URGENT CARE)

12.1 The report was noted and discussion deferred until the next meeting.

13. WORK-PLAN

13.1 The workplan was noted.