

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

Monday 15 July 2013

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

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

Reserves

Councillor Patrick Diamond
Councillor Dan Garfield
Councillor Paul Kyriacou
Councillor Eliza Mann
Councillor Mark Williams

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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

Eleanor Kelly

Chief Executive

Date: 5 July 2013



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

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Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

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	PART A - OPEN BUSINESS	
1.	APOLOGIES	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	
5.	HEALTH & WELLBEING BOARD	
	The Leader of the Council, and chair of the Board, Councillor Peter John will present along with Ruth Wallis , Director of Public Health.	
6.	HEALTHWATCH	
7.	SOUTHWARK CLINICAL COMMISSIONING GROUP	1 - 10
	SCCG overview for the year.	
8.	NHS ENGLAND - LONDON SOUTH COMMISSIONING PRIMARY CARE	11 - 18

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NHS England will do an overview of their commissioning role with a focus on Primary Care.

9.	MARINA HOUSE AND THE DRUG & ALCOHOL POLICY FRAMEWORK	19 - 38
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10.	HEALTH SERVICES IN DULWICH	
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11.	REVIEW : PSYCHOSIS AND BME COMMUNITIES	
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12.	REVIEW : GP ACCESS (OUT OF HOURS, A&E, 111 SERVICE, URGENT CARE)	
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13.	WORK-PLAN	
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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: 5 July 2013

CCG Operating Plan

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

15th July 2013



What is an Operating Plan?

The CCG's Operating Plan sets out all the things we're doing to meet our statutory responsibilities and priority areas for change in 2013/14. These can be broken down into 5 key areas:

- 1 What the CCG is doing in Southwark to address local health priorities
- 2 To ensure that commissioned providers are meeting the national standards
- 3 What we are doing in Southwark to contribute to the delivery of a number of nationally and regionally agreed health programmes
- 4 The programme of assurance we run to monitor the quality & safety of commissioned services and act to improve less than satisfactory performance.
- 5 Operating as a financially sustainable organisation as part of a balanced local health economy

1. Addressing Local Health Priorities

- ❑ CCG has autonomy to determine local priorities for improvement:
 - Integrated care
 - Service redesign
 - Quality, Innovation, Productivity & Prevention Programme (QIPP)

- ❑ Implementation of Southwark service redesign and improvement QIPP programmes:
 - Admission avoidance (Homeward, Enhanced Rapid Response)
 - Planned care pathway redesign for outpatient services and long term condition management
 - Mental health service redesign including IAPT
 - Southwark CCG Primary and Community Care Strategy
 - Health Services in Dulwich and the Surrounding Areas

2. Managing Providers to Meet National Standards

Improve Performance - NHS Constitution and National Standards: 2013/14:

- 4 hour A&E standard
- Right to be treated within 18 weeks of referral
- No patients in mixed sex hospital accommodation
- Patients wait no more than six weeks for any diagnostic tests

Maintain Performance - NHS Constitution and National Standards: 2013/14:

- Rates of healthcare acquired infections (e.g. MRSA)
- 2 weeks standard for urgent suspected cancer
- Maximum of 31 days between diagnosis and treatment for cancer
- Emergency ambulance calls within 8 minutes (Category A) 19 minutes (Category B)
- Cancelled operations are rebooked and completed within 28 days
- Patients with mental illness on CPA followed up within 7 days of inpatient discharge

3. National & Regional Priorities

Core programmes for 2013/14 are:

- Implementation of TSA including Community Based Care Strategy
- Dementia screening and implementation of national strategy
- Funding of enhanced carers services (together with Southwark Council)
- Personal health budgets for people eligible for continuing healthcare
- Increase the uptake of IAPT and improve patient outcomes
- Enhancing the quality of primary and community care in Southwark
- Safeguarding children, adults and people with learning disabilities
- Implementation of NHS 111

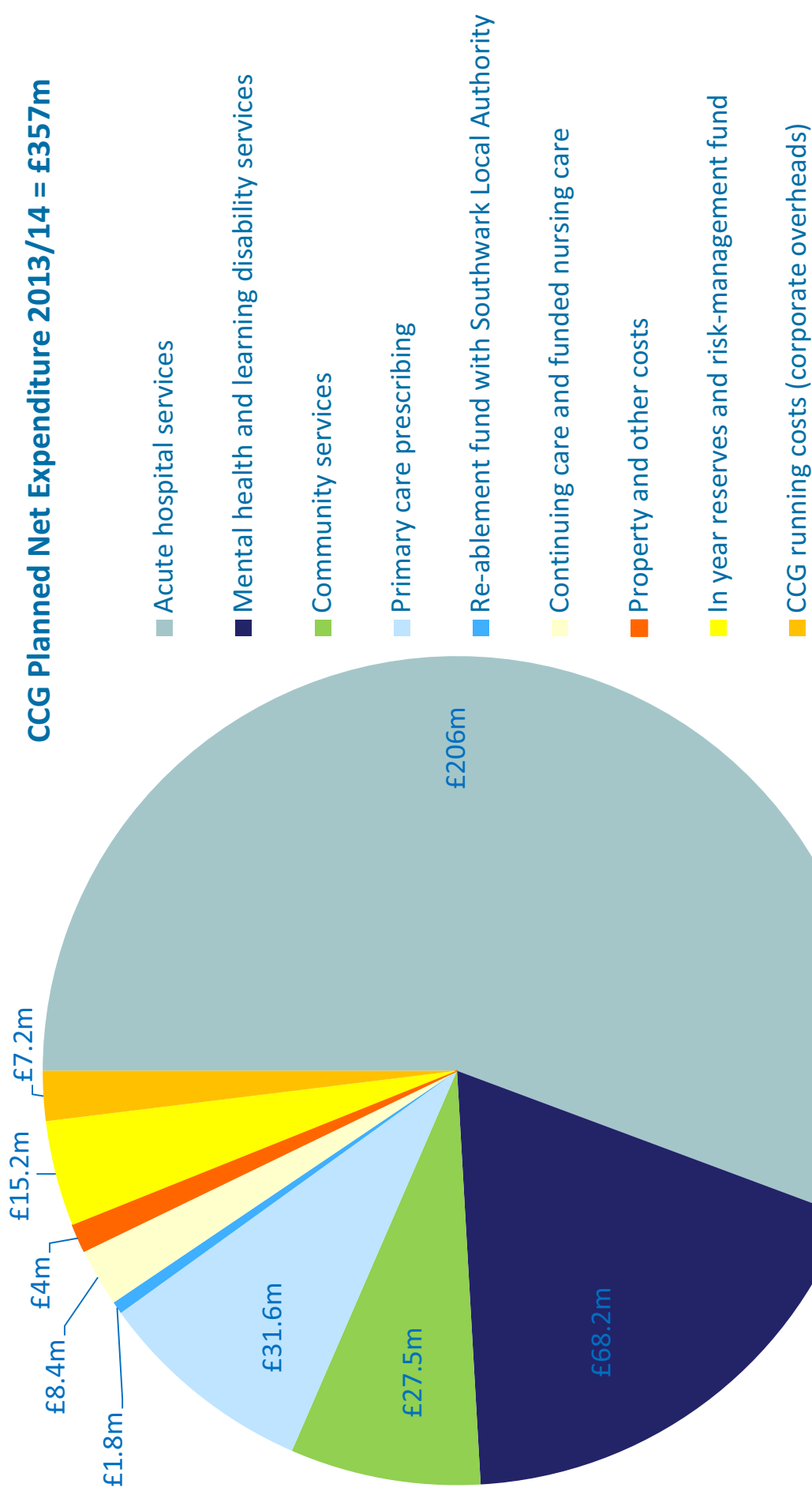
4. Safety & Outcomes

- ❑ Operate assurance system with commissioned providers with a focus on quality, safety and patient experience
- ❑ Close engagement with *Healthwatch* and involvement of patient representatives via CCG pyramid
- ❑ Primary care Quality Alert System established
- ❑ Programme of audit and clinical site visits to commissioned providers
- ❑ Maintain (as a minimum) a range of nationally-determined outcome indicators. Examples include:
 - Under 75 mortality from cardio-vascular disease
 - Emergency admissions and re-admission rates
 - Incidence of *c. difficile* infection
 - Patients' experience of inpatient and A&E services

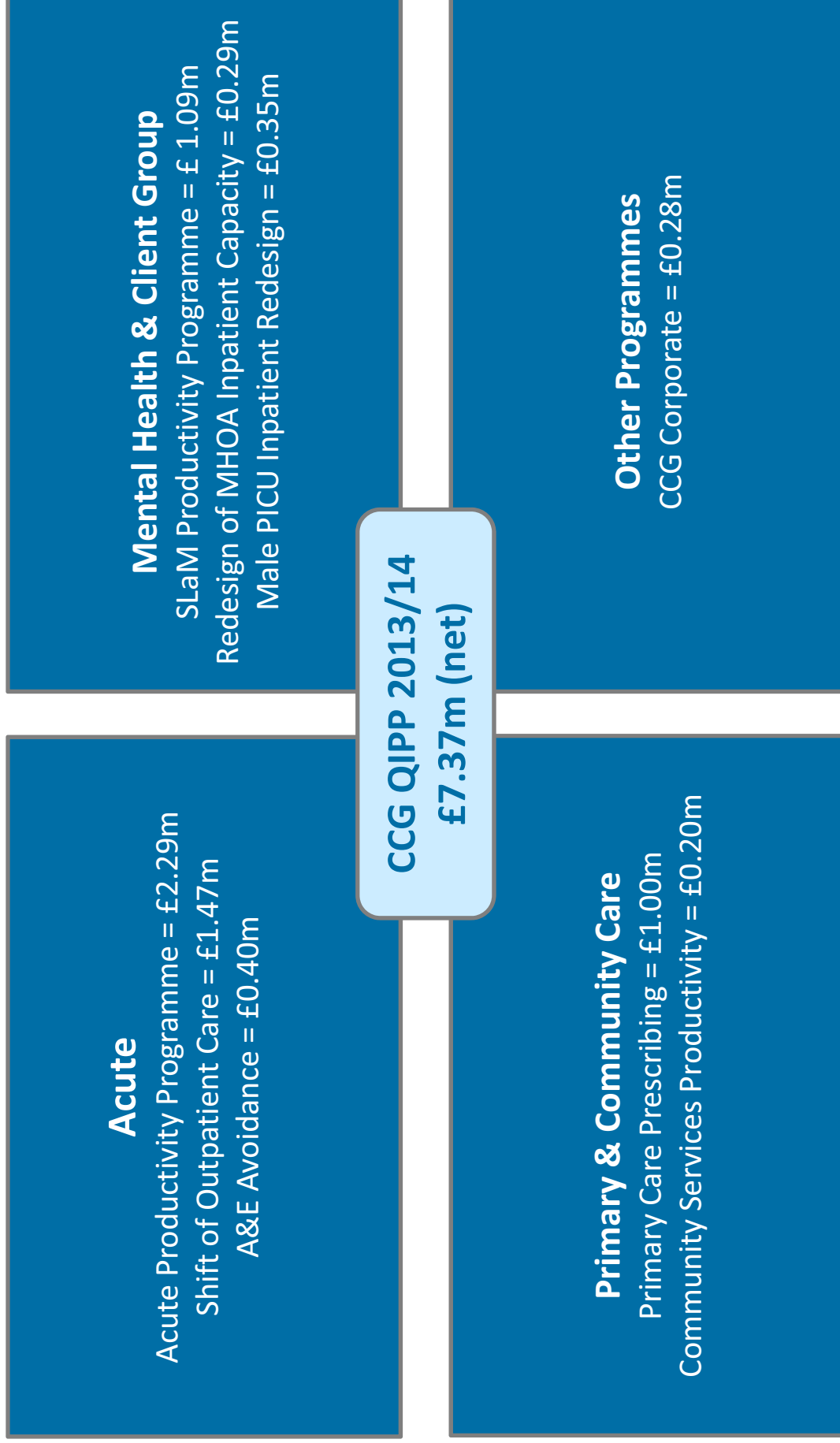
5. A Financially Sustainable Organisation

- Within annual resource allocation the CCG must deliver statutory and national requirements and respond to the health needs of the Southwark population as determined by the Joint Strategic Needs Assessment.
- 2013/14 allocation uplift of 2.3%. Annual healthcare-specific inflation estimated at between 5-8%.
- CCG corporate and management expenditure (pay, estates, etc.) is capped at £25 per head of population.
- CCG sets aside a minimum of 2% of budget (£7m) to meet non-recurrent cost pressures. e.g. reducing the backlog of patients waiting more than 18 weeks at local trusts.
- CCG holds ½% (£1.75m) of annual recurrent allocation as a general contingency fund.
- We allocate circa £6m resource to fund growth in healthcare activity above the level budgeted for e.g. to fund growth in surgical episodes or A&E attendances by Southwark patients.
- Annual investments of approximately £8.5m to pump-prime invest-to-save programmes (i.e. QIPP) and take forward key local programmes (e.g. TSA Community Based Care Programme) and deliver mandatory responsibilities as detailed in sections 1-4.

5. A Financially Sustainable Organisation: CCG Budget



5. A Financially Sustainable Organisation: QIPP Plan



5. A Financially Sustainable Organisation: Risks

- Transfer of specialised commissioning is significant at c. £10m.
- History of annual population-adjusted growth in use of secondary care of up to 4%. A continuation of previous years' growth equals an £8m cost pressure in 2013/14.
- Risk around high-cost low volume areas of expenditure e.g. mental health, continuing care, critical care, which are difficult to forecast.
- Major future risk in Southwark is a reduction in funding following a review of NHS allocations later this year. A revised funding formula is anticipated in 2014 or 2015.
- CCG needs to transform the local healthcare system – integration, enhanced primary and community care, out of hospital provision – in order to achieve medium term financial sustainability.

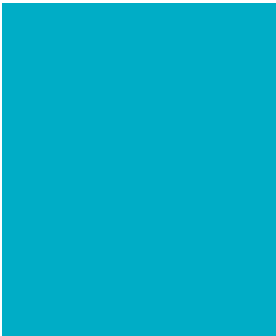


Commissioning Primary care

David Sturgeon, Head of Primary Care
South London



Health, Adult Social Care,
Communities & Citizenship
Scrutiny Sub-Committee
15th July 2013



The role of NHS England

Patient-focused, clinically-led organisation that has the culture, style and leadership to truly improve outcomes for patients

- To allocate resources to clinical commissioning groups (CCGs)
- To support CCGs to commission services on behalf of their patients (according to evidence-based quality standards)
- To have direct responsibility for commissioning services:
 - primary care;
 - military and prison health services;
 - high secure psychiatric services; and
 - specialised services.



NHS England structure

- **Area teams** – commissioning high quality primary care services, supporting and developing CCGs, assessing and assuring performance, direct and specialised commissioning, managing and cultivating local partnerships and stakeholder relationships, including representation on health and wellbeing boards
- **Four regions** - providing clinical and professional leadership, co-ordinating planning, operational management and emergency preparedness and undertaking direct commissioning functions and processes within a single operating model
- **National support centre** in Leeds and a presence in London



Commissioning of Primary Care

- Four Contractor Groups
- Contract held by NHS England
- NHS England commission
 - Essential and Additional Services
 - Directed Enhanced Services
 - Quality & Outcome Framework
 - Premises/IT

Commissioning of Primary Care

- Local Enhanced Services
 - Delegated to CCGs/LA for 13/14
 - New Contractual Framework going forward

Management of Performance

- Individual Performers - Medical Directorate
- Contractual Performance – Primary Care
- Contract Assurance Framework
- Primary Care Web Tool
- Partnership with CCG

Compliant Management

- **By post**
- **NHS England**
PO Box 16738
Redditch
B97 9PT
- **By email**
- **england.contactus@nhs.net**
- **By telephone**
- **0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)**

Questions



NHS
Southwark
Clinical Commissioning Group

Southwark
Council

15th July 2013
Marina House and the Drug & Alcohol Policy Framework
Gwen Kennedy, Director of Client Group Commissioning
Tanya Barrow, Community Safety Manager
Emily Finch, Clinical Director, Addictions, SLAM

Public Consultation on the Restructuring of Drug and Alcohol Services in Southwark

- Led by NHS Southwark on behalf of the DAAT Partnership with full involvement of SLaM - ended 15.1.10
- Context of a broader partnership model of drug and alcohol treatment delivery
- Led to the consolidation of the two sites providing specialist treatment services by SLAM to Blackfriars Road site in the north of the borough

Access and Assessment of Clients

- All clients were reassessed in light of the changes to ensure their needs were met
- A range of alternative access methods were developed including voluntary sector, outreach and primary care
- Examples include the specialist treatment services at Evolve, Badsworth Road and Rise, and outreach at Joe Richards House (supported housing) in Peckham
- Movement of treatment to GPs with support from specialist services

Integrated Offender Management Service

- Following the consultation, SLaM and IOM partners worked for 18 months to develop plans to deliver offender related services from Marina House
- The consultation highlighted that there were a number of logistical and practical issues that would need to be resolved for this proposal to proceed.
- Despite discussions, the practical and logistical issues could not be resolved between the partners and the IOM was sited elsewhere.

Outcomes following the consultation

- A move away from specialist services to primary care
- A partnership of providers set up to work across the borough – STARP – to improve pathways and outcomes - 2nd stage remodel of treatment system
- Refurbishment of Blackfriars Road site
- Single assessment form and processes implemented
- Performance outcomes for individuals have improved
- Flexibility to respond to changing need such as aging opiate population and emerging drug trends such as party drugs
- Multiple access points and reduced waiting times
- Economies of scale arose from having one site
- Sunday service run by users, for users

Substance Misuse Contractual Arrangements and Governance

From 1st April 2013

- The substance misuse contractual elements with Blackfriars Road are managed as part of the wider mental health contract with SLaM by Southwark Clinical Commissioning Committee
 - The Local Authority are fully involved in contract monitoring and quality arrangements
 - The Council Substance Misuse Team will manage the service via a Section 75 Agreement with the CCG
 - Joint Commissioning Group and DAAT Board continue, representing a range of stakeholders
-
- The Drug and Alcohol Team Board work to a number of local and national strategies (details of which can be found on the briefing attached)

Services provided by Blackfriars Road

- Open access and assessment
- Complex case management for drugs and alcohol users, including physical and psychological health interventions
- Outreach
- Specialist clinical support to other borough treatment services in Southwark
- Planned patient moves to primary care

Services in Marina House

- *Covenant on Marina House restricting use to research, training, education and services directly relating to substance misuse*

Frontline

- Smoking Cessation Service
- SLAM's Specialist Drug and Alcohol Outpatients

Back Office

- Injectable Opiate Treatment has recently completed move to Blackfriars site, coordination of IOT remains
- Assurance functions providing the clinical and management support for all SLAM/s addiction services
- Management of addiction liaison services
- SLaM is currently scoping options for future use of Marina House

GP Training in Southwark

- Good coverage of GPs trained in Part 1
- 10 GPs qualified in Part 2
- GPs who treat substance misusers have on-site support from an experienced drug worker
- 6-weekly supervision for GPs from a Consultant in Addiction and GP with Special Interest (GPSi)
- Primary Care Alcohol Nurse and Worker covering all practices through a hub system
- Comprehensive and responsive training package for GPs and pharmacists relating to other drugs and alcohol
- 2 GP practices in Camberwell – 30 patients, trained GPs, primary care worker attached to surgery

User Involvement and Feedback

- Service User Council are part of the JCG and DAAT as stakeholders
- User involvement as part of consultation across services
- User Council formally consulted
- Individual users consulted as part of key work sessions
- Some anxiety from users about move from Marina House
- Consecutive positive feedback received from the Substance Misuse Service User Council
- On-going user involvement in service redesign

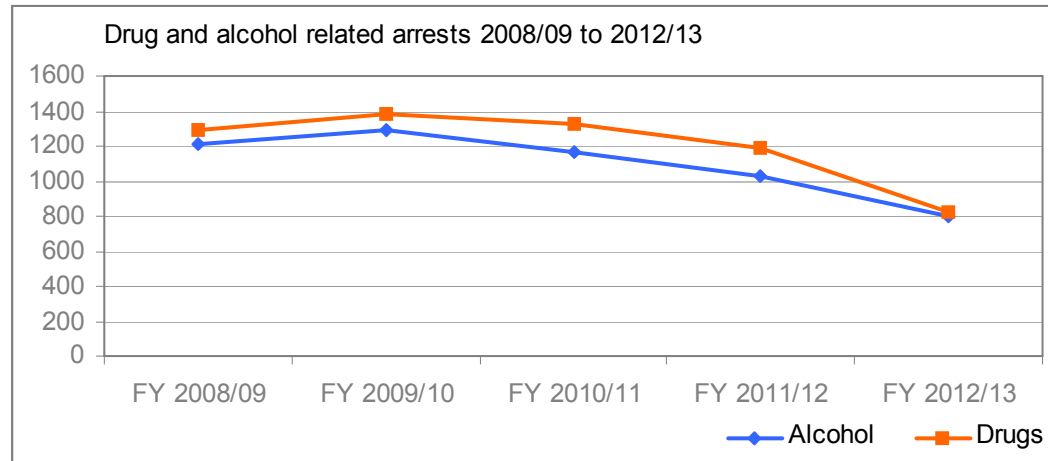
Substance Misuse Needs Assessment

- Southwark Council have commissioned a full needs assessment – due for completion in October 2013
- Review of current services and identification of any gaps in services
- Focus groups, literature review, steering group
- Future commissioning will be linked to Needs Assessment

Needs Assessment – Early Findings

- Drug related deaths. A significant reduction
2009 – 11, 2010 – 10, 2011 – 7, 2012 -7
- Reduction in heroin and crack use nationally and locally
- Increase in use of other drugs including over the counter medications and ‘legal’ highs
- Strong partnership structures and clear pathways for service users
- Flexible, responsive system

Needs Assessment-early findings continued



Since 2008/09 the number of alcohol related arrests has fallen by more than a third (-35%)

Since 2008/09 the number of drug-related arrests has fallen by more than a third (-36%)

Since 2008/09 drug and alcohol-related arrests have accounted for approximately 10% of all arrests – this proportion has remained consistent over the five year period (within a 2% variance)

The total number of arrests for all crimes in 2012/13 was 7030, of which:

11.3% (795) alcohol-related crime

11.7% (824) drugs-related crime

Kings College Hospital ED (1)

Patients presenting at Kings ED

- Kings are unable to accurately quantify the numbers presenting with drug and alcohol problems as these issues are often contributing factors to the main reason patients present to ED eg. seizure, fall, fractured jaw etc
- Kings are working with the addictions services at SLaM to introduce a new question about drugs and alcohol for the assessing nurse which will assist with data recording and analysis
- Alcohol remains a common problem with patients who attend most frequently to ED. Complex high attenders are case managed across multidisciplinary teams including mental health

Kings College Hospital ED (2)

- A new post has been developed to work with frequent attenders of ED due to alcohol use
- A dedicated clinical nurse specialist post exists at Kings focusing mainly on the in-patient wards. SLaM has recently advertised for an additional dedicated specialist support worker specifically for Kings ED
- SLaM is working very closely with GSTT and Kings to develop high quality alcohol services
- Misuse of club drugs such as ketamine, GBL etc. are a growing problem that is being seen in Kings ED

Kings College Hospital – MH Crisis room (1)

- In excess of 350 patients per month require a referral to the Psychiatric Liaison Service
- The mental health crisis room is a quiet private space away from the hustle and bustle of the main ED department
- The room is ligature free, has dual exits and is alarmed however patients assessed at high risk of causing harm to themselves or other would not be suitable to use this space
- The space is used almost exclusively by those patients experiencing a mental health crisis – some of whom also have a substance misuse issue
- A full risk assessment is undertaken of patients presenting with MH, and drug and alcohol problems

Kings College MH Crisis Room (2)

- Kings do not provide access to repeat prescriptions. If someone was relapsing or in crisis, Kings see and treat accordingly which may include some PRN meds or others meds in an emergency
- Patients who are acutely intoxicated / under the influence of drugs would not be safe to use the MH crisis room as they will have an altered consciousness level and need close observation of their physical condition
- Those patients requiring emergency alcohol detoxification are transferred direct to AAU at Maudsley

Next steps

- Needs Assessment completed October 2013
- Options for vacant bits of Marina House being considered
- A continuation of the work to build a system focussed on recovery and achieving better outcomes for the people of Southwark



Southwark Substance Misuse Needs Assessment 2013

- Previously done 2010
- Centre for Public Innovation have been commissioned
- Began in April 2013 and will be completed in October 2013
- Steering group which includes the Joint Commissioning Group as well as other stakeholders – meets monthly
- Focus on Heroin and Crack users, Cannabis users, Misusers of over-the-counter medicines, Misusers of prescription drugs and new and emerging drugs
- Alcohol strategies to inform NA
- Desktop review – local and national
- Data collection and analysis (Public Health, A and E, treatment figures etc)
- Focus Groups – service users, hostel residents, primary care patients, complex clients at CDAT, Crack users, LGBT group, party drug users, students, clients who have attended residential rehabilitation, day programme attendees, Service User Council, drug users not in treatment)
- Professional Stakeholder Interviews

The Needs assessment will

- Describe the extent to which current provision aligns with the need of the emerging populations.
- Identify unmet needs and gaps in provision.
- Identify how the unmet needs of the emerging populations can be met.
- Provide recommendations for the commissioning and de-commissioning of services.

Stakeholder Event where final document will be presented October

Relevant Strategic Documents:

National Drug Strategy -

<https://www.gov.uk/government/publications/drug-strategy-2010--2>

Southwark Alcohol Strategy -

<http://moderngov.southwarksites.com/documents/s36282/Appendix%201%20Alcohol%20Strategy%202013%20-%202016.pdf%20>

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**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP
SCRUTINY SUB-COMMITTEE**

MUNICIPAL YEAR 2013-14

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Councillor Ian Wingfield [Deputy Leader]	1	Alvin Kinch, Healthwatch Southwark	1
Councillor Catherine McDonald [Health & Adult Social Care]	1	Kenneth Hoole, East Dulwich Society	1
Councillor Catherine Bowman [Chair, OSC]	1	Total:	
Health Partners		50	
Gus Heafield, CEO, SLaM NHS Trust	1	Dated: May 2013	
Patrick Gillespie, Service Director, SLaM	1		
Jo Kent, SLAM, Locality Manager, SLaM	1		
Zoe Reed, Executive Director, SLaM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Jacob West, Strategy Director KCH	1		
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Geraldine Malone, Guy's & St Thomas's	1		