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 Wednesday 4 September 2013 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Rebecca Lury (Chair)
Councillor David Noakes
Councillor Denise Capstick
Councillor Neil Coyle
Councillor Dan Garfield
Councillor Eliza Mann

OTHER MEMBERS PRESENT:

OFFICER & PARTNER SUPPORT: Mr Michael Marrinan - Executive Medical Director , King's College Hospital (KCH)
Ms Briony Sloper - Deputy Divisional Manager for Trauma and Emergency Medicine, KCH
Dr Patrick Holden - Urgent Care clinical lead , Southwark Clinical Commissioning Group SCCG
Andrew Bland - Chief Officer, SCCG
Hayley Sloan, 111 lead, SCCG
Dr Katherine Henderson - Clinical Lead, Guy's & St Thomas' NHS Foundation Trust (GST)
James Hill - Head of Nursing for the Emergency Dept, GST
Angela Dawe - Director of Community Services, GST
Dr Sarah K Corlett - Consultant in Public Health Medicine; Lambeth & Southwark Public Health Team
Julie Timbrell - Scrutiny Project manager

1. APOLOGIES

1.1 Apologies for absence were received from Councillors Davies, Situ and Mitchell. Councillor Garfield and Mann attended as substitutes. Councillor Capstick gave apologies for lateness.

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 Capstick declared an interest as an employee of a 111 service provider - Harmony (this was done under item 7).

4. MINUTES

4.1 The chair drew the committee's attention to a note about the minutes of 15 July, item 6, on Healthwatch, received from Barry Silverman, Former Chair/Joint Chair of LINk Southwark. The scrutiny project manager, Julie Timbrell, read out the contents of his note:

This minute is potentially misleading:

- The inherited membership of LINk Southwark was disbanded as soon as LHW came into being – former members were invited to become supporters and, subject to interview, could become volunteers
- Neither supporters nor volunteers participate in any process of democratic management relevant to the activities of LHW
- All of the interim Board have been appointed and/or selected by CAS Management
- No constitution for LHW has yet been published that provides for a democratic membership that could support a Membership Drive; it is not a Membership Organisation
- The specialist membership that led and operated Work Streams, such as Maternity/Early years which were a feature of the LINk. These have all been disbanded and the Members who freely contributed their skills and time dispersed on disbandment.

4.2 The project manager then relayed that she had contacted Healthwatch for comment on Barry Silverman's note. Healthwatch agreed that there might have been a slight confusion with the terminology, but were unsure if the term 'Membership' was used or not in the meeting. Healthwatch clarified that Healthwatch does not have Members, but Supporters. These are interested individuals who receive the latest E-News and are asked for feedback on issues. Healthwatch said the 'Membership drive', referred to in the minutes, is probably referring to recruiting Supporters and Volunteers. The governance of Healthwatch is an interim arrangement until a governance recommendation is made. The

Interim Board are a range of partners who contributed to the Healthwatch bid contract and will also contribute to Healthwatch's strategic development. There has been a pause in 'Supporters' being actively involved in Healthwatch activities, whilst Healthwatch set up a strong infrastructure to enable Healthwatch to carry out its functions and activities. Healthwatch are now actively recruiting for 'Volunteers' to assist in roles such as Representation, Communication Engagement, and Intelligence analysing.

RESOLVED

Barry Silverman's comments will be noted, along with Healthwatch's response. The minutes of the meeting held on 15 July were agreed as an accurate record.

5. ACQUISITION OF PRINCESS ROYAL UNIVERSITY HOSPITAL BY KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

5.1 The chair invited Mr Michael Marrinan, Executive Medical Director, and King's College Hospital (KCH) to present. He explained that the paper was pitched at a high level and subject to final agreement; KCH are expecting a dissolution notice this week. KCH are now jointly managing the Princess Royal University Hospital with the office of the Trust Special Administrator and do not become officially accountable until 2 October - if all goes to plan.

5.2 He explained that King's College Hospital at Denmark Hill needs to decompress, particularly to relieve pressure of space in Accident and Emergency. There are three specific services that are planned to move out of the KCH Demark Hill hospital: Orthopedic elective surgery, Gynecology elective surgery and Bariatric surgery. The Orthopedic Centre will be a major elective centre located in Orpington Hospital and will serve a large local population who are elderly. It is hoped that KCH will also be able to entice Southwark patients, and crucial to this is the provision of transport. This will probably be provided in black cabs. Additional provision of transport for family visits is being discussed. The Executive Director explained that the elective surgery centre is not for accidental injuries such as fractures or serious injuries, nor is it for people with co-morbidities who require more intensive facilities.

5.3 A member asked what Bariatric surgery is and the Executive Director explained that this term describes a number of surgical treatments for obesity, such as bands. The member also asked how many beds would be freed up and the Medical Director said this would be about a 1/17th of the present capacity of KCH at Denmark Hill.

5.4 The Executive Director was asked how people will be 'encouraged' to use the elective centre and what would happen if a patient did not want to go. He explained that complex, high intensity work will stay at Denmark Hill so people can opt for this but this will be less reliable.

5.5 A member asked about the cost of taxis and he responded that the service is

looking at around 200 trips a year for 70 % or more of the patients. He was asked why hospital transport would not be used and he responded that taxis are often better because they are roomier and can operate door to door, with no requirement to pick up lots of people. The Medical Director explained that the Trust would pick up the bill and this would come out of the margin the hospital is paid. A member asked if people without family could nominate neighbours or friends to visit and the Medical Director explained that the Trust would take a pragmatic view , but at the moment the Trust does don't offer transport.

5.6 Members asked who the KCH Trust would be reporting to on the acquisition and management of the Princess Royal University Hospital and he explained that bodies include Bromely Scrutiny, CQC and Monitor.

RESOLVED

The committee asked King's College Hospital Foundation Trust to share the PRUH Full Business Case and the Executive Medical Director agreed to take the request back to the board.

6. ACCIDENT & EMERGENCY

6.1 The chair invited Dr Patrick Holden, Urgent Care clinical lead for Southwark Clinical Commissioning Group (SCCG) and Andrew Bland, SCCG Chief Officer, to present on the Lambeth & Southwark Urgent Care Network Board paper. Dr Patrick Holden commented that nationally Accident and Emergency care has seen performance deterioration, therefore the Department of Health required the SCCG to produce a plan to improve.

6.2 He explained that there are two main reasons for the increase in pressures on A & E - acuity is going up and Mental Health is going up, including in people not previously known to services. The plan to improve the increase in 'acuity' includes enhanced rapid response and home wards, which enable people be discharged. Mental Health is being tackled through the community care plan. Andrew Bland explained that further work is ongoing by the Urgent Care Network Board on Mental Health and they have talked about escalations between providers and provided the Department of Health with iterations of the plan.

6.3 The aim is to get plans up and running well before winter and agree the plan by 1st September. The SCCG also expect that A & E will receive more money from central government to deal with increased demand over the winter; however the details are not clear yet. A member commented that he had heard that there will be £500 million for the whole country. Andrew Bland responded that traditionally this is received in the middle of winter, but where will it be targeted is the most pertinent question. He added that the performance of King's College Hospital at Denmark Hill and Guy's Hospital is very good - but this is partly a result of additional money.

6.4 A member commented that he suspected that the increase in patients experiencing mental health issues was to do with the impact of welfare reform. Andrew Bland emphasized that all partners are seeing a greater number of patients with mental

health problems and that the Urgent Care plan is about treatment, but prevention is an important issue, and the SCCG have a longer strategy about mental health.

6.5 Members asked about patient behaviour and how to best direct people to the most appropriate services. Andrew Bland reported that the SCCG have been putting information in surgeries, however they have discovered that information needs to be targeted otherwise it has not been found to be useful. He reported that the SCCG is working with Healthwatch on this.

6.6 The chair then invited hospital trust representatives to briefly present their papers and take question on access to A & E and Urgent Care. Dr Katherine Henderson, Clinical Lead, Guy's & St Thomas' (GST) ; James Hill, Head of Nursing for the Emergency Dept, GST ; Angela Dawe, Director of Community Services, GST ; Ms Briony Sloper Deputy Divisional Manager for Trauma and Emergency Medicine , Kings College Hospital (KCH) presented.

6.7 A member asked if Guy's Urgent Care service had a performance indicator for access and emergency staff from GST responded they had a four hour target which they achieve easily. They reported that the Urgent Care centre is not overwhelmed.

6.8 Members asked about the proportion of patients who attend an A & E department who could have been treated at GPs, and commented that constituents have reported that they find it difficult to access GP appointments. The emergency staff reported that around 20% are more minor aliments that could be treated out of A & E / Urgent Care, however they explained that it is hard to turn people away as this is a difficult conversation to have with patients presenting at an emergency department. The reasons for attending may be complex and to do with deprivation or the level of medical concern. For example parents may well bring in young children because they are worried and this is particularly true for people who need more support – for example single parents whose first language is not English .With the economic downturn some people , like cleaners, are justifiably worried that if they lose a shift they will lose their job.

6.9 The KCH representative explained that King's College Hospital at Denmark Hill has seen an increase in acuity, particularly among older people, which means the number of people being admitted into beds, has increased. People arriving at A & E are sicker people, more likely to be admitted, who stay longer and are harder to get home. She explained that has been an increase in attendance by ambulances. The majority of attendances are from Lambeth and Southwark. She reported that the King's A & E was built for 900000 but is now seeing much more. A temporary ward block has been added and another one is now being put in place, which is relieving pressure.

6.10 Guy's and St Thomas' staff reported that up to 40 % of the patients who turn up at A & E / Urgent Care are not from Lambeth or Southwark, and some are not from London or the UK. A few people who arrive are from Europe and they often come back because many are homeless.

6.11 Emergency staff reiterated that mental health is a key issue - and public health

education. Staff reported that it is not just sick people, but also people who have higher social care needs and A & E departments are getting a surge of iller patients later in the day - nobody knows way .Emergency staff emphasized that while there is an issue of people not accessing the right place to receive the most appropriate care there is also the issue of people presenting too late.

6.12 Members asked what the driver is for poor mental health. Emergency staff explained that the national increases in the breach of the 4 hour access target are a symptom of a system under strain. Emergency departments become the default when people can't access services they need in other places; A & E are trying to manage this, but there is an issue about turning people away. It is not a simple as saying 'go away' as there is a need for efficient signposting and also to ensure that other services are very accessible. Sometimes it is better and easier to treat someone. Staff reported that they have a 10'% increase in attendance but a 30 % increase in the need for assessments, which is very significant. Staff reported that people are getting very distressed and there is difficulty in moving people to the right bed.

6.13 Emergency staff were asked what steps are being taken to keep older people out of hospital. Dr Holden, CCG, responded that often the provision of good soft care can keep people at home and that the use of 'rapid response' has been very good, but the 'home ward' effectiveness has been more limited. The SCCG added that they are launching a home and community care strategy which they think that will make a difference.

6.14 Members asked how patients are dealt with at A & E who might not need an emergency response. Staff explained that patients are met and then people may get streamed to a GP and or an emergency nurse. Members asked about the payment the hospital receive if they do not need emergency care and emergency staff explained that hospital may get a paid the lower tariff - but none of the emergency tariffs cover the actual cost.

6.15 Members commented that many local walk-in centers have a very low waits and suggested that these were promoted more. There was a discussion about terminology used and services available; for example someone could not go to the Lister Centre for a fracture, but this would be available at Guy's Urgent Care centre. Members commented that there is confusion about where to access minor and urgent care.

6.16 Andrew Bland cautioned that a disproportionate focus on minor presentations at A & E would not be justified and emergency staff agreed, commenting that acuity and the level of dependence are the main issues. Emergency staff added that in their view prevention rather than restricting access at the door would be preferable.

6.17 A member commented on the A & E attendances from Europe and asked if anything could be done to mitigate this and emergency staff explained that the central location meant this was inevitable. A member asked has if patients from Europe were a big problem and emergency staff emphasized that the numbers were few.

6.18 Members referred to the report and noted that A & Es seem to particularly struggle in February and July. Emergency staff agreed and said this was virus time and it was also difficult in December, however August was usually slow, but this year there has been no drop in acuity.

RESOLVED

The SCCG will bring their Mental Health Strategy to the committee.

SCCG and Healthwatch will provide an update on their targeted campaigns to increase signposting, access and engagement with the right health services.

7. 111 SERVICE

7.1 Dr Patrick Holden, CCG clinical lead for Urgent care; Hayley Sloan 111 lead and Andrew Bland, Chief Officer, SCCG briefly presented on the 111 service plans.

7.2 Hayley Sloan explained that a Southwark resident accessing the national NHS 111 service would receive advice from a non clinician, who will redirect patients to service end points. She explained that the provider NHS Direct has left the market and commissioners are negotiating with new providers - often ambulance providers .Members asked if there is a cost overlap because of the need to commission duplicate services and she said that there was.

7.3 Members asked how the service was being reviewed for quality and she reported that the service conducts surveys and there is an 80 % call back satisfaction rate. She referred to the Healthwatch report and explained that the online form has been modified following the feedback received. A member asked if all adverse incidents were recorded and she assured the committee that they were.

7.4 Andrew Bland commented that the test of the 111service is if it will generate demand, or if it will it help route people to the right service. He said he thought it was too early to say. Hayley Sloan concurred and said that they are looking at a winter campaign -but they don't want to put too much pressure on the service and over direct people to 111. Andrew Bland reported that Lewisham have had a very good urgent care campaign however they have also had a larger rise in emergency attendance.

7.5 A member asked where calls are handled from and Hayley Sloan explained that there is a call centre in Beckenham, with an overflow to a Milton Keynes call centre.

RESOLVED

Provide the results of the call back survey on the service.

8. REVIEW: ACCESS TO HEALTHCARE IN SOUTHWARK

8.1 The committee discussed revisions to the review's Terms of Reference.

RESOLVED

The Terms of Reference for the 'Access to Healthcare in Southwark' review will be updated to ensure they make clear that the review will be:

- Seeking to establish how easy it is for patients to access surgeries.
- Considering GP surgeries in neighbouring boroughs that Southwark resident's use.

Once the review is completed the resulting report will be sent to relevant commissioners outside of Southwark.

9. PSYCHOTIC DISORDERS IN ETHNIC MINORITY POPULATIONS IN LAMBETH & SOUTHWARK

9.1 Dr Sarah Corlett, Consultant in Public Health Medicine, Lambeth & Southwark Public Health Team, presented the paper circulated and then the chair invited members to ask questions.

9.2 It was noted that Lambeth has better data than Southwark, and Sarah Corlett responded that there is a plan for Southwark to collect similar data, in conjunction with KCH, but this is dependant on the co-operation of GPs.

9.3 A member commented on the evidence that members of BME communities are more likely to be subject to coercive treatment and said that that it would be useful to see data on rates of incarceration and sectioning and Sarah Corlett responded that it would be possible to supply this. She was then asked if there is any comparative data on the quality of treatment for physical health that people with mental health conditions receive. She responded that this could be more challenging to provide, but it could be possible to get some useful data through examining health check records, for example, but this would require scoping and resourcing.

9.4 Members asked if there is an issue of people being late in seeking help and if this impacts on type or success of treatment. She responded that Southwark has a very good Oasis service which sees a higher proportion of BME community

members, partly because there is outreach to community and faith groups.

9.5 The evidence that BME communities at high densities have lower level of psychosis was discussed and it was explained that this is at 'super output' level, so at very local levels. It was noted that psychosis particularly affects immigrant communities, whatever the ethnicity.

9.6 Members asked Sarah Corlett what recommendations she could make to prevent psychosis and she suggested more work with parents whose children have conduct or a behaviour disorder and noted that there is gap in provision for adolescents, as problems have to be severe for CAMHS (Child and Adolescent Mental Health Services) to accept a referral.

9.7 Members commented that earlier the committee had heard about the rising presentation of people with Mental Health needs at A & Es, and this evidence contradicts the reports assertion that people are receiving early help. Sarah Corlett agreed that this needs more research and commented that this is sometimes tricky as mental health can be a secondary symptom and will not necessarily be recorded. A member added that it would be useful to know the origin of people and how many are from Europe. A member indicated that he was keen to ensure that services are accessible to all.

RESOLVED

Provide information on the number, and ethnicity, of people:

- Sectioned or held in secure accommodation.
- Presenting at A & E with mental health needs

10. REVIEW: PREVALENCE OF PSYCHOSIS AND ACCESS TO MENTAL HEALTH SERVICES FOR THE BME COMMUNITY IN SOUTHWARK

10.1 The committee discussed revisions for the review's Terms of Reference.

RESOLVED

The Terms of Reference will be amended to ensure they make clear that the review will be looking at:

- The *likely* prevalence of Psychosis in the BME community in Southwark
- The accessibility and quality of community care

11. WORK-PLAN

11.1 The work-plan was agreed.

12. REPORTS FOR INFORMATION

12.1 Correspondence with NHS Property Service was discussed.

RESOLVED

Ask Councillor Mitchell if he has any further quires following the response from NHS Property Services to the chair's recent letter.

Write back to NHS Property Service to seek more information on the formalisation of occupancy arrangements "in the coming period" and to ask more about any additional Business Cases and their timelines.