

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 9 December 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 Rowenna Davis
Councillor Jonathan Mitchell
Councillor Michael Situ

**OTHER MEMBERS
PRESENT:** Councillor Catherine McDonald

**OFFICER
SUPPORT:** Sarah McClinton, Director of Adult Care
Adrian Ward, Head of Performance, Adult Care
Ray Boyce, Head of Older People's Services
Julie Timbrell, Scrutiny Project Manager
Kevin Brown, Assistant Director Operations for South London
Keith Miller, Ambulance Operations Manager at Waterloo.

1. APOLOGIES

11.1 Apologies for absence were received from Councillors Capstick, Garfield and Coyle, who was going to substitute. Councillors Mitchell gave apologies for lateness.

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

2.1 The chair informed the committee that that a recent statement had announced that KHP are delaying merger plans. She also

reported that local residents, Tom White and Elizabeth Rylance – Watson, had raised a concern about a Continuing Care decision highlighted at a recent Southwark Pensioners Forum meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the meeting held on 15 November were agreed as an accurate record.

5. LOCAL ACCOUNT

5.1 The chair invited Sarah McClinton, Director of Adult Social Care, and Adrian Ward, Head of Performance (Adult Social Care) to present the draft Local Account and the chair invited questions.

5.2 A member asked about the impact of the Dilnot review and officers said this affects charging at 18 and that social care is moving towards a universal system. Officers were asked if there was more bureaucracy and they agreed this could be more onerous.

5.3 A member commented that although the aim is to reduce admissions to care homes the numbers of older people and younger people in residential care is actually going up. Sarah McClinton agreed that reductions in the use of care homes are a council target and said that the overall trajectory is actually down, but she agrees the recent figures are going up. She said that the service is unsure why, but there is a deeper look being conducted looking at the reasons, in partnership with hospital - they are looking at possibilities such as dementia. She added at the moment there is a lack of alternatives, however Extra Care and Integrated Care could prevent admission into residential care.

5.4 Officers were asked about supported discharge and the 91 days target. Officers explained that the re-enablement team used to work with a smaller group, but this team now work with a larger cohort – this is an expansion of the offer. This expansion has had an impact, with the proportion of people still at home 91 days after discharge moving from 99% to 77.2 %, with 85% being the London Average. Officers said in future they would expect to stay closer to the London Average . They reported that a detailed analysis revealed that some people had died – so the service is considering patient needs and the appropriateness of the offer more closely.

- 5.5 A member asked about the telephone service and the extent that people are signposted or transferred to someone who can help. Officers said that this varies and where possible the call would be transferred. The member asked if this was monitored and officers reported the council does collect a variety of process measures; data can be supplied.
- 5.6 A member commented that the report refers to the Lay Inspectors only being in operation for 2 years; however they have been in place for longer than this.
- 5.7 A member referred to the outcome measures 1b and 3a, that are going down. These measure on 'feeling in control' and overall 'satisfaction'. Officers said that they are improving the support planning and shifting control to individuals so it is hard to know the cause. The member asked if it is possible to ask extra questions but the officers said that this can not be done as it is a national survey.
- 5.8 Officers were then asked how the council intends to make savings and Sarah McClinton said that the council will be a retendering for Supporting People in search for better value. There will also be more investment in community based services, as residential care is expensive. The move to personal budgets had made saving. The council will also have to make some as universal savings by reducing staff and management. Social Care will be receiving some NHS funds for re-enablement and there will be a move to invest more in home-wards.

6. CABINET MEMBER INTERVIEW

- 6.1 The chair welcomed the cabinet member for health and adult social care, Councillor Catherine McDonald, to her annual interview. She was then invited to comment on the first theme: Access to Health Services in Southwark, which is the subject of one of the committee's reviews. The chair started by remarking that the committee has heard evidence that one of the main drivers for rising demand at A & E is an increase in older people attending who are acutely unwell. She asked the cabinet member to explain what the council is doing to address this trend. The cabinet member responded that she understands that A & E is a barometer for the hospital and the health system as a whole. She explained that the council is helping to people to live at home longer with-out a hospital admission. GPs have been invited to look at this cohort of older people and to do an assessment to prevent later demand - for example grab rails to prevent falls. The council is also looking at housing policy - for example the

administration re-introduced wardens and will be expanding the provision of extra -care, which provides nursing on site. She ended by noting that Southwark is one of the top performers in enabling people to be discharged and providing re-enablement to support recovery.

- 6.2 A member commented that the LMC report said that education on using A & E appropriately is needed; how can the council help with this. The cabinet member referred to the poster campaign out that advises people to go to the doctors or pharmacy for more minor complaints. She commented that the Health & Well – Being Board is well placed to look at system problems.
- 6.3 A member commented that there are massive changes in the NHS arrangements and real term cuts, and asked how the cabinet member thought this was affecting the health system. The cabinet member agreed with the members comments on the scale of the change and commented that lots of organizations are bedding down. She added that ‘integration’ is a very important , and referenced the Southwark and Lambeth Integrated Care Programme which is making the best use of resources in times of constraint and frozen budgets, by bringing partners together to create a more integrated patient journey.
- 6.4 The chair then asked the cabinet member to comment on the second review theme: Prevalence of Psychosis and access to mental health services for the BME Community in Southwark’. The cabinet member responded that she is keen to promote resilience and that a Mental Health Strategy is being developed, and that this recognizes the diversity of different communities. There has been consultation work to inform the development of the strategy. A member commented that it would be useful to see the results of this and that the committee had heard some excellent evidence from church leaders on the effectiveness of a recent capacity building programme.
- 6.5 The committee then moved on to third them on ‘Older Persons Day Care, including voluntary older people’s day centers’. A member commented that he had been in touch with a number of old people day centers and he reported that while some are still functioning many are very much struggling - for example a significant number no longer offer transport. He said that many people were not assessed as eligible for care, and so were not in a position to use personal budgets to fund their use of day centers. He commented that some day centers are very low in numbers while others have a bigger attendance, and he is worried about their ability to survive. The cabinet member commented that there is a movement is towards individualized care rather than block contracts, and this was the direction of travel for both the last government and the present one. She said that many people are moving toward

individual funding - and choosing different options.

- 6.6 The cabinet member continued by explaining the council gave support and transitional funding - something like half a million pounds for providers to move to a new business model and the council also started up an innovation fund, so there is extra services for older people to choose. The member responded that he had been contacted by a day centre who said that they were contacted out of the blue to apply for some additional funding. The cabinet member inquired who this was and the member said that he did not feel comfortable naming the organization as he wanted to protect their position; he was more interested in the general approach.
- 6.7 The committee then moved on to discuss Personalization; the seventh theme. The cabinet member was asked how the council was doing and she explained that around 94% of eligible service users of have personal budgets. There are four groups of clients with different rates: older people have 97% take-up; learning difficulties 80%; mental health 98%; and physical disabilities 99%. She explained that the council is doing development work with individuals and is in the top quartile of councils. Sarah McClinton, Director of Adult Social care, said that there will be a 100 % take up by the end of the year.
- 6.8 A member commented that there was cross party agreement on the principle of Personalization; however he was concerned about patchy practice and had heard cases where people had to wait two years to complete the assessment process. The cabinet member agreed that two years did sound ridiculous and encouraged the member to contact her with concerns. She went on to remark that there is a balance to be struck on the pace of take-up, as the council does not want to rush people through. The council is also doing what it can to stimulate the market , so there are services available for people to exercise choice and control, but some people may struggle with this as Personalization means more decisions need to be made .The expectation that individuals do more for themselves can be scary , which is why support is important . She added that young people are more familiar with Personalization. Sarah McClinton explained that some personal budgets are still managed by council or by an independent provider. She added that a quick process is not necessarily most optimal or imaginative; a longer process can achieve a better result.
- 6.9 A member asked if there is an opportunity for people to change their minds about the plan and Personalization. The cabinet member explained that plans are regularly reviewed, and this underlines the importance of a good process which is designed to find ways to meets people's needs - within available funds. She

assured members that the council does not let go; there is ongoing support.

- 6.10 The chair invited questions on the fourth theme of 'Intermediate care' and a member asked how many intermediate beds are available; on behalf of Councillor Capstick, who was unable to attend the meeting. The cabinet member explained that the council do not have intermediate beds; however there is re-enablement and said that she would be happy to correspond with Councillor Capstick on this.
- 6.11 A member then referred to the fifth theme on Public Health asked the cabinet member about the council pensions fund's investment in tobacco and how compatible this was with the Public Health priority to cut smoking. The cabinet member commented that she agreed the council is doing everything possible to reduce smoking and this would impact on reducing health inequalities. She referred to the council assembly question on this issue and the advice given to the pension's advisory board that pension funds had a duty to put the financial interests of its beneficiaries first. She noted that there is equal representation from Labour, Liberal Democrat and Conservatives members on the panel, so it is odd to defend a policy when Labour is in a minority. She reported that there will be a review into the adoption of ethical investment principles and a staff poll will be conducted. She added that she is certainly not of the view that responsible investment reduces returns; but there is a balance to be found between the two poles.
- 6.12 A member reported that he understands that two major sexual health contracts are up for renewal and he is concerned that this could lead to cuts - particularly given high levels of STDs, HIV and drug use amongst the Southwark population. The cabinet member commented Public Health is one of the opportunities that came to the council with the change to NHS arrangements. The funding that is coming over is about 22million and this has been ring-fenced to achieve the outcomes. She said contracts should not just be rolled forward, the council needs to scrutinize every arrangement. She referred to evidence generated by the Joint Strategic Needs Assessment and the importance of the Health and Well-being strategy, and the focus on the priority of reducing health inequalities. She agreed that high levels of STDs, HIV and drug use are a huge area of concern and assured members that they will continue to see large investment.
- 6.13 The chair referred to the sixth theme, 'Meals on Wheels', and the cabinet member said the council reduced the meal charge to £2.52, and are committed to a further reduction to £1.71; a 50% reduction since 2010. She reported that this is significantly lower than most London Boroughs. Older people are one of the most deprived groups and a hot meal is a basic minimum. The Meals on

Wheels service is also an important moment of social contact.

- 6.14 A member refereed to the theme on Substance Misuse and asked the cabinet member, on behalf of Councillor Capstick, how closely the council is working with offenders to address health issues. The cabinet member reported that the 12 week Radar programme works to reduce and deter offending. This provides intense support and the programme will be adding a nurse as the council knows that offenders are at risk of drug and health problems. A member commented that 12 weeks does not sound long enough and asked if this was related to funding constraints. The cabinet member commented that Radar is a nationally recognized programme.
- 6.15 Lastly the chair invited questions on the Adult Safeguarding theme and the cabinet member commented that there is a new Independent chair of the Safeguarding panel. She was asked about the priorities and the cabinet member responded that one significant priority is to reduce the number of safeguarding alerts at Care Homes through the Care Home Strategy. The chair ended the interview by thanking the cabinet member.

7. CARE HOME QUALITY IMPROVEMENT STRATEGY

- 7.1 Sarah McClinton, Director of Social Care, and Ray Boyce, Head of Older People's Services, showed a video and spoke about the council's emphasis on relationships and care homes being part of the community.
- 7.2 A member asked how closely the council work with homes which are not compliant, and what penalties are imposed. Sarah McClinton said that there can be daily visits, including at night and Out of Hours. The emphasis is on developing a quality improvement programme working alongside care home providers; rather than saying what is wrong. The council's role is different to CQC, which is regulatory and can impose penalties. The officers said that the council also works with individuals. A member asked if officers looked at developing good practice across Southwark care homes and officers said that they did do this , including developing leadership across the piece, as well as good practice from other local authorities.
- 7.3 A member commented that he is concerned that CQC is not always right and asked about other measures. He added that he is pleased that GP's are being commissioned to work in homes. Sarah McClinton responded that the council is not reliant just on CQC; there is the care home support team, which the council is expanding and strengthening by adding a social work, pharmacy,

and mental health capacity.

- 7.4 Officers were asked how information is shared and they explained that on a day to day basis CQC inform the council and vice versa. There are also safeguarding and quality processes to raise concerns and a group t meets regularly; this includes key people such as the CCG & CQC.
- 7.5 A member asked officers if the Lay Inspectors go to all homes or only some. Officers responded that Lay Inspectors are funded by Age Concern and only focus on older people and that the learning difficulties service is exploring peer support. She added that that Mental Health has quite a lot of peer support, but she was less sure about arrangements here as the council does not commission mental health care homes.
- 7.6 Officers were asked why Cherry Croft home was closed. Officers reported that the council's social workers, CQC, and nursing staff worked on an improvement plan for sometime, however was insufficient progress, with the home requiring considerable capital and social investment. Ultimately the council and the care home owners came to a mutual agreement to close. There were four southwark residents there. A member voiced concerns that the care home had not conveyed the extent of the problems, nor had officers. Sarah McClinton said that she recalled that the council was clear. The member stressed the importance of open and honest communication and officers responded that it was a complicated and sensitive situation, with a meeting being held because many relatives were unhappy and didn't want the home to close; the council had a group of older people with dementia and who were frail to look after. The member responded that he appreciated the difficulties; however this is not the first case, there was another care home in a similar situation when he was an executive member, where concerns about closer were raised by relatives. He suggested better communication, particularly with ward councilors.
- 7.7 Members asked how CQC alerts and concerns generally with homes could be conveyed to members. Julie Timbrell, the Scrutiny project manager, commented that the scrutiny team will be working to alert ward councilors and the committee to CQC concerns. Sarah McClinton emphasized the importance of ward councilor's involvement to take action by visiting and also celebrating the positive.
- 7.8 A member asked about people placed out of the borough. Sarah McClinton commented that there is not a lack of supply for older people - but some older people might be exercising a choice. However she added that there is a cohort of people with learning difficulties that the council is looking to move back, including

people at Winterbourne View.

- 7.9 Officers were asked about the training provided to care homes and staff. Officers explained that the council did provide 'my home life' training and social care is also working with the council's Organizational Development department– however there is a balance: these are private providers. Member asked if basic standards were adhered; and officers said yes, for example training around Safeguarding, furthermore nursing homes are required to ensure a proportion is qualified nurses.

RESOLVED

Officers will provide more information on any peer support/ lay inspection quality improvement measures for homes for people with mental health needs.

8. LONDON AMBULANCE SERVICES

- 8.1 The chair invited representatives from the London Ambulance Service (LAS) to introduce themselves; Kevin Brown, Assistant Director Operations for South London and Keith Miller, Ambulance Operations Manager at Waterloo.
- 8.2 The LAS representatives referred to the report circulated and gave a brief overview of the service. They explained that calls have been increasing by about 3 %, year on year. LAS have a business target for 75% of category A call outs to be met within 8 minutes, and 95% in 19 minutes. In Southwark 76% of category A calls outs were met in November.
- 8.3 The chair invited questions and a member asked LAC about the different categories and the response times and the Director explained that Category A is reserved for the most serious critical life threatening incidents; there are also categories C1, C2, C3 & C4 . The service has a fast responder pathfinder which is about safely leaving people at home.
- 8.4 LAS were then asked about the calls out for older people, particularly given the evidence that there is an increase in acutely unwell older people arriving at A & E. LAS responded that demand is going up across the board by between 3-5%, and the service is seeing a greater number of older people. Members asked why; but LAS did not feel able to explain the reasons of the increase in the number of older people, but they did comment that the festive season added to the rise in the number of younger people seen. A member asked if this was linked to drug and alcohol and

commented that she had spent time on a shift with an ambulance crew and observed that this was a huge pressure. LAS reported it was a pressure and that previously the service was funded for an additional service in Soho over the festive period, but not this year.

- 8.5 A member asked about the general rise in demand. LAS commented it was difficult to know why; around half of patients are not being taken to A & E. Sometimes people are dialing 999 because they don't know what to do and don't know how to access help and support; and this could be related to increased social isolation and lack of community and family support. There is also a cultural change, whereas people used to ensure their drunk friends got home safely - now people get abandoned by their companions. LAS also added that unfortunately 999 campaigns to increase appropriate use actually increase demand, rather than decrease. There is a centrally based communication team which goes out schools to promote awareness of the service.
- 8.6 A member commented that these are cash strapped times, and suggested that the service might ask patients to make a financial contribution to their care, for example if they needed to receive rehydration treatment for alcohol poisoning. LAS responded that the NHS guiding principle is that care is free at the point of access. A member asked if institutions could be asked to pay.
- 8.7 LAS were then asked about reports of ambulances queuing at hospitals. They explained that LAS monitor ambulance queue times; there is a system to look at timings. There are also new penalties for handover breaches. For example the chief executive has to be involved and a serious incident declared if there are serious delays. LAS have a new flow business tool to manage the system, which is improving performance.
- 8.8 A member asked if there had been an increase in category A calls out and LAS said that these are up by 20%, but the service does not know why. A member suggested this might be caused by drug and alcohol abuse, however LAS representatives said these incidents are not showing an increase, and most incidents on the increase are coding 'unknown'. LAS said it would be possible to analyze this trend, and that they are able to provide data at a postcode level for Southwark & Lambeth.
- 8.9 A member asked about the modernization and collaboration improvement process and the Director said that LAS has to become more efficient given increased demand and constrained resources. The service is now sending cars and motorbikes out to incidents and there have been changes to shift times and annual leave to increase capacity. He reported that there is a shift of demand towards later activity in afternoons, and even the middle of the night, - the service is adapting capacity to meet this need.

LAS are also working with firefighters, who are able to respond to cardiac arrests.

9. PATIENT SURVEYS

- 9.1 The chair explained that this item will be deferred until January, when the scrutiny survey results will be ready.

10. LOCAL MEDICAL COMMITTEE LMC - SOUTHWARK

- 10.1 The chair reported that the LMC had provided a report and that invited members to comment and put further questions by the end of the week.
- 10.2 A member commented that further information on the changed to the Walk –in centers would be useful.
- 10.3 There was a discussion about the Blue Badge assessment arrangements. Councillor Noakes explained that there were separate arrangements to deal with the bulk assessments that took place every 5 years; however he was unsure about the day to day arrangements. Julie Timbrell, the scrutiny project manager reported that a briefing had been requested on this from relevant officers

11. WORK-PLAN

- 11.1 The chair recommended that the Access to Health Services in Southwark review take evidence from Public Health and Adult Social Care, particularly given the evidence about the increasing number of older people presenting at A & E with acute needs. She advised that the update on the Alcohol Strategy and Drugs Joint Needs Assessment, and the update on the Health & Well-being Strategy therefore need to be delayed until the following meeting.

RESOLVED

A briefing on Access to Health Services in Southwark will be requested from Public Health and Adult Social Care. The work-plan will be updated

12. PAPERS TO NOTE