Open Agenda

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

Monday 9 December 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 Rowenna Davis
Councillor Dan Garfield
Councillor Jonathan Mitchell
Councillor Michael Situ

Reserves

Councillor Neil Coyle
Councillor Patrick Diamond
Councillor Paul Kyriacou
Councillor Eliza Mann
Councillor Mark Williams

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

Babysitting/Carers allowances If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

Access The council is committed to making its meetings accessible. Further details on building access, translation, provision of signers etc for this meeting are on the council's web site: www.southwark.gov.uk or please contact the person below.

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: 29 November 2013

PRINTED ON RECYCLED PAPER

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

Monday 9 December 2013
7.00 pm
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	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.	**LOCAL ACCOUNT**	
6.	**CABINET MEMBER INTERVIEW** The themes for the annual interview with Councillor Catherine McDonald, cabinet member for health and adult social care, are attached.	1 - 5
7.	**CARE HOME QUALITY IMPROVEMENT STRATEGY**	
8.	**LONDON AMBULANCE SERVICES**	
9.	**PATIENT SURVEYS**	6 - 91

Item No.	Title	Page No.

NHS England commissions a GP Patient Survey that asks what patients think about their GP surgeries and other primary medical care services in England. The GP Patient Survey is run by survey specialist Ipsos MORI. It assesses patients' experiences of the access and quality of care they receive from their local GPs, dentists and out-of-hours doctor services.

Papers summarising the results have been supplied by NHS England . The survey data can also be accessed here: http://www.gp-patient.co.uk/

10. LOCAL MEDICAL COMMITTEE LMC - SOUTHWARK

11. WORK-PLAN

12. PAPERS TO NOTE 92 - 115

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: 29 November 2013

Agenda Item 6

Item No:	Classification:	Date:	Meeting Name:
	OPEN	9 December 2013	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee
Report Title:		Preparing for the scrutiny interview	
Ward(s) or Group affected:		All	
From:		Scrutiny project manager	

BACKGROUND INFORMATION

1. The Cabinet member for health and adult social care, Councillor Catherine McDonald, annual interview with the Health, Adult Social Care, and Communities & Citizenship Scrutiny Sub-Committee is scheduled for 9 December 2013.

CONTENT

2. Members of the committee have chosen ten themes to structure the interview around, including the sub-committees two reviews:

a) Access to Health Services in Southwark (appendix one),

b) Prevalence of Psychosis and access to mental health services for the BME Community in Southwark (appendix two),

And eight other themes;

c) Older Persons Day Care, including voluntary older people's day centers,

d) Intermediate Care,

e) Public Health,

f) Meals on wheels,

g) Personalisation,

h) Adult safeguarding,

i) Substance Miss-use,

j) Support for Offenders Leaving Prison.

Appendix one

Access to Health Services in Southwark

Terms of Reference

Access to health services throughout the borough is varied, with differing issues presenting at each. Each of these are interlinked, and an under-performance in one sector will necessarily impact on other health services. With increased sustained pressure on health services it is important, now, more than ever, to have services which truly deliver for our residents. The Health and Adult Social Care Committee would therefore like to consider the range of health services provided in the borough, specifically Out of Hours care, GP surgeries and A&Es. The proposed KHP merger and the impact of the TSA will also have an impact on delivery of services.

The inquiry will cover the following issues

1. Accessing out of hours care – specifically the 111 service and rollout in Southwark

2. Access to individual GP surgeries and walk in centres - both in terms of ability to take on more patients and resulting waiting times for appointments. The review will seek to establish how easy it is for patients to access surgeries. (N.B. the review will consider surgeries in neighbouring boroughs that Southwark residents use)

3. The implications of the TSA and KHP merger on access to Emergency & Urgent care and resulting implications for GP surgeries

4. Understanding the reasons for increased use of A & Es over winter and how this could be reduced - where appropriate

Calls for evidence

Public Health Director

Health & Wellbeing Board

CCG - including wider GP membership

Primary Care

Community Services

London Ambulance Services

Local authority / social care

Lambeth and Southwark Urgent Care Board

Public Health England

Healthwatch

Hospitals

Patient Liaison Groups

Cabinet member

Local experiences of patients

Select committee report/s

Healthwatch information (for example their current call for feedback on the 111 service)

Local Medical Committee LMC

Methodology

Verbal and written submissions

Tracking patient journeys - taking a systems approach. This could take the form of a survey or short interview at an A & E / urgent care department to see what services patients accessed prior to their visit (for example a call to 111 , their doctor or social services).

A survey via social media and snail mail of patients asking about their patient journey (this could try and pick up problems as well as what is working well)

Doctors/ practitioners / social service / the CCG and Hospital asked about patient pathways

Potential stakeholder roundtable with patients regarding their experiences

Appendix two

Prevalence of Psychosis and access to mental health services for the BME Community in Southwark

Terms of Reference

There is substantial research that shows that in the UK rates of mental illness including psychosis in some ethnic minority populations are higher than rates in white British populations although the levels are not consistent and are different for men and women.

Nationally the APMS survey (ONS, 2007) found that about 65% of people with psychosis and 85% of people with probable psychosis living in private households were on treatment. One third of people with psychoses had contact with their GP in the past 2 weeks, and two thirds had had contact in the past year.

It is suggested that ethnic minorities have relatively good access to primary care for their SMI although this information does not tell us anything about quality or experience. There are some marked differences between the proportion of the population with SMI and the ethnicity of SLaM patients.

Biological, psychological, and environmental (social, family, economic etc) factors all contribute to the development and progression of mental wellbeing and mental disorders. Data shows that black groups, people of mixed white and black heritage, white Irish and Asian groups have a higher prevalence of severe mental illness than other groups. It suggests that despite the rising population new diagnoses of SMI are remaining relatively stable but the incidence rate in men of black or mixed heritage is higher than the average. The incidence rate in Asian women may also be higher than the average although this is based on small numbers

The Health and Adult Social Care Committee wishes to examine the reasons behind a difference in mental health prevalence in the BME community, as well as looking at current routes to accessing support services and the ways in which these need to be improved to benefit those affected. The inquiry will cover the following issues:

1. The likely prevalence of Psychosis in the BME community in Southwark

2. The reasons behind the prevalence of Psychosis amongst the BME community

3. The current ways in which mental health services are accessed by the BME community, and associated problems and/ or best practice

4. The accessibility and quality of community care

5. The ways in which mental health services currently interact with each other throughout Southwark.

The aim will be for the committee to understand the reasons behind the prevalence of mental health disorders amongst the BME community, suggesting some reasons and possible steps to help mitigate prevalence. It will also consider the current provision of mental health services and make recommendation as to how these can be improved.

Calls for Evidence

SlaM

Cooltan Arts , Dragon Cafe and other voluntary/community mental health groups

BME community groups

Black majority churches / faith groups

Academic papers

Service users (can we work through SLAM and Cooltan Arts and other groups to survey their patients/the people delivering the services)

Public Health Department

CCG

Healthwatch

Health & Wellbeing Board

Methodology

Verbal and written evidence

Outreach visits to get the input of people using mental health services.

Possible stakeholder event using Appreciative Inquiry approach (this emphasises what is working well and aims to build on this, encourages stakeholders to create a shared vision, and uses stories to gather information).

Ipsos MORI

Agenda Item 9

NHS

THE GP PATIENT SURVEY

Please answer the questions below by putting an ✘ in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to **complete the survey online**, please go to **www.gp-patient.co.uk**

Reference: **1234567890**

Online password: **ABCDE**

BSL

ACCESSING YOUR GP SERVICES

Q1 When did you last see or speak to a GP from your GP surgery?

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago
- ☐ I have never seen a GP from my GP surgery

Q2 When did you last see or speak to a nurse from your GP surgery?

- ☐ In the past 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 and 12 months ago
- ☐ More than 12 months ago
- ☐ I have never seen a nurse from my GP surgery

Q3 Generally, how easy is it to get through to someone at your GP surgery on the phone?

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Haven't tried

Q4 How helpful do you find the receptionists at your GP surgery?

- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know

Q5 In the reception area, can other patients overhear what you say to the receptionist?

- ☐ Yes, but I don't mind
- ☐ Yes, and I'm not happy about it
- ☐ No, other patients can't overhear
- ☐ Don't know

Q6 How do you normally book your appointments to see a GP or nurse at your GP surgery?

Please ✘ all the boxes that apply to you

- ☐ In person
- ☐ By phone
- ☐ By fax machine
- ☐ Online
- ☐ Doesn't apply

Q7 Which of the following methods would you prefer to use to book appointments at your GP surgery?

Please ✘ all the boxes that apply to you

- ☐ In person
- ☐ By phone
- ☐ By fax machine
- ☐ Online
- ☐ No preference

Q8 Is there a particular GP you usually prefer to see or speak to?

- ☐ Yes
- ☐ No ..... Go to Q10
- ☐ There is usually only one GP in my GP surgery ..... Go to Q10

Q9 How often do you see or speak to the GP you prefer?

- ☐ Always or almost always
- ☐ A lot of the time
- ☐ Some of the time
- ☐ Never or almost never
- ☐ Not tried at this GP surgery

Please turn over ☞

MAKING AN APPOINTMENT

Q10 **Last time you wanted to see or speak to a GP or nurse from your GP surgery:**

What did you want to do?

- ☐ See a GP at the surgery
- ☐ See a nurse at the surgery
- ☐ Speak to a GP on the phone
- ☐ Speak to a nurse on the phone
- ☐ Have someone visit me at my home
- ☐ I didn't mind / wasn't sure what I wanted

Q11 **And when did you want to see or speak to them?**

- ☐ On the same day
- ☐ On the next working day
- ☐ A few days later
- ☐ A week or more later
- ☐ I didn't have a specific day in mind
- ☐ Can't remember

Q12 **Were you able to get an appointment to see or speak to someone?**

- ☐ Yes
- ☐ Yes, but I had to call back closer to or on the day I wanted the appointment
- ☐ No ..... **Go to Q16**
- ☐ Can't remember ..... **Go to Q18**

Q13 **What type of appointment did you get?**

I got an appointment…

- ☐ …to see a GP at the surgery
- ☐ …to see a nurse at the surgery
- ☐ …to speak to a GP on the phone
- ☐ …to speak to a nurse on the phone
- ☐ …for someone to visit me at my home

Q14 **How long after initially contacting the surgery did you actually see or speak to them?**

- ☐ On the same day
- ☐ On the next working day
- ☐ A few days later
- ☐ A week or more later
- ☐ Can't remember

Q15 **How convenient was the appointment you were able to get?**

- ☐ Very convenient ..... **Go to Q18**
- ☐ Fairly convenient ..... **Go to Q18**
- ☐ Not very convenient
- ☐ Not at all convenient

Q16 **If you weren't able to get an appointment or the appointment you were offered wasn't convenient, why was that?**

- ☐ There weren't any appointments for the day I wanted
- ☐ There weren't any appointments for the time I wanted
- ☐ I couldn't see my preferred GP
- ☐ I couldn't book ahead at my GP surgery
- ☐ Another reason

Q17 **What did you do on that occasion?**

- ☐ Went to the appointment I was offered
- ☐ Got an appointment for a different day
- ☐ Had a consultation over the phone
- ☐ Went to A&E / a walk-in centre
- ☐ Saw a pharmacist
- ☐ Decided to contact my surgery another time
- ☐ Didn't see or speak to anyone

Q18 **Overall, how would you describe your experience of making an appointment?**

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

WAITING TIMES

Q19 **How long after your appointment time do you normally wait to be seen?**

- ☐ I don't normally have appointments at a particular time
- ☐ Less than 5 minutes
- ☐ 5 to 15 minutes
- ☐ More than 15 minutes
- ☐ Can't remember

Q20 **How do you feel about how long you normally have to wait to be seen?**

- ☐ I don't normally have to wait too long
- ☐ I have to wait a bit too long
- ☐ I have to wait far too long
- ☐ No opinion / doesn't apply

LAST GP APPOINTMENT

Q21 **Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following?**

Giving you enough time

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Listening to you

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Explaining tests and treatments

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Involving you in decisions about your care

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Treating you with care and concern

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Q22 **Did you have confidence and trust in the GP you saw or spoke to?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

LAST NURSE APPOINTMENT

Q23 **Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following?**

Giving you enough time

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Listening to you

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Explaining tests and treatments

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Involving you in decisions about your care

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Treating you with care and concern

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Doesn't apply

Q24 **Did you have confidence and trust in the nurse you saw or spoke to?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

Please turn over ☞

OPENING HOURS

Q25 How satisfied are you with the hours that your GP surgery is open?

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ I'm not sure when my GP surgery is open

Q26 Is your GP surgery currently open at times that are convenient for you?

- ☐ Yes ..... **Go to Q28**
- ☐ No
- ☐ Don't know

Q27 Which of the following additional opening times would make it easier for you to see or speak to someone?

Please ✘ all the boxes that apply to you

- ☐ Before 8am
- ☐ At lunchtime
- ☐ After 6.30pm
- ☐ On a Saturday
- ☐ On a Sunday
- ☐ None of these

OVERALL EXPERIENCE

Q28 Overall, how would you describe your experience of your GP surgery?

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

Q29 Would you recommend your GP surgery to someone who has just moved to your local area?

- ☐ Yes, would definitely recommend
- ☐ Yes, would probably recommend
- ☐ Not sure
- ☐ No, would probably not recommend
- ☐ No, would definitely not recommend
- ☐ Don't know

MANAGING YOUR HEALTH

Q30 Do you have a long-standing health condition?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't say

Q31 Which, if any, of the following medical conditions do you have?

Please ✘ all the boxes that apply to you

- ☐ Alzheimer's disease or dementia
- ☐ Angina or long-term heart problem
- ☐ Arthritis or long-term joint problem
- ☐ Asthma or long-term chest problem
- ☐ Blindness or severe visual impairment
- ☐ Cancer in the last 5 years
- ☐ Deafness or severe hearing impairment
- ☐ Diabetes
- ☐ Epilepsy
- ☐ High blood pressure
- ☐ Kidney or liver disease
- ☐ Learning difficulty
- ☐ Long-term back problem
- ☐ Long-term mental health problem
- ☐ Long-term neurological problem
- ☐ Another long-term condition
- ☐ None of these conditions ..... **Go to Q33**
- ☐ I would prefer not to say ..... **Go to Q33**

Q32 In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?

Please think about all services and organisations, not just health services

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I haven't needed such support
- ☐ Don't know / can't say

Q33 How confident are you that you can manage your own health?

- ☐ Very confident
- ☐ Fairly confident
- ☐ Not very confident
- ☐ Not at all confident

YOUR STATE OF HEALTH TODAY

Q34 **By placing an ✘ in one box in each group below, please indicate which statements best describe your own health state <u>today</u>.**

Mobility

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I have severe problems in walking about
- ☐ I am unable to walk about

Self-Care

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

Usual Activities *(e.g. work, study, housework, family or leisure activities)*

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

Pain / Discomfort

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

Anxiety / Depression

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

Q35 **Have your activities been limited <u>today</u> because you have recently become unwell or been injured?**

By 'unwell or injured' we mean anything that only lasts for a few days or weeks, e.g. a bad cold or broken leg

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

Please turn over ☞

PLANNING YOUR CARE

The next few questions are about care plans.

A care plan is an agreement between you and your health professional(s) to help you manage your health day-to-day.

It is usually a written document you carry with you to appointments and use at home. It can include information about your medicine, an eating or exercise plan, or goals you want to work toward, like returning to work.

Q36 **Do you have a written care plan?**

- ☐ Yes
- ☐ No ..... **Go to Q40**
- ☐ Don't know ..... **Go to Q40**

Q37 **Did you help put your written care plan together?**

By 'helping' we mean setting goals for yourself or choosing how you want to manage your health

- ☐ Yes
- ☐ No

Q38 **Do you use your written care plan to help you manage your health day-to-day?**

- ☐ Yes
- ☐ No

Q39 **Does your GP, nurse or other health professional review your written care plan with you regularly?**

- ☐ Yes
- ☐ No
- ☐ Don't know

OUT OF HOURS

These questions are about contacting an out-of-hours GP service when your GP surgery is closed.

Don't include NHS Direct, NHS walk-in centres or A&E.

Q40 **Do you know how to contact an out-of-hours GP service when the surgery is closed?**

- ☐ Yes
- ☐ No

Q41 **In the past 6 months, have you tried to call an out-of-hours GP service when the surgery was closed?**

- ☐ Yes, for myself
- ☐ Yes, for someone else
- ☐ No ..... **Go to Q46**

Q42 **How easy was it to contact the out-of-hours GP service by telephone?**

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy
- ☐ Not at all easy
- ☐ Don't know / didn't make contact

Q43 **How do you feel about how quickly you received care from the out-of-hours GP service?**

- ☐ It was about right
- ☐ It took too long
- ☐ Don't know / doesn't apply

Q44 **Did you have confidence and trust in the out-of-hours clinician you saw or spoke to?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't say

Q45 **Overall, how would you describe your experience of out-of-hours GP services?**

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

NHS DENTISTRY

Q46 When did you last try to get an NHS dental appointment for yourself?

- ☐ In the last 3 months
- ☐ Between 3 and 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 2 years ago
- ☐ More than 2 years ago ..... **Go to Q50**
- ☐ I have never tried to get an NHS dental appointment..... **Go to Q50**

Q47 Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care?

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q48 Were you successful in getting an NHS dental appointment?

- ☐ Yes
- ☐ No
- ☐ Can't remember

Q49 Overall, how would you describe your experience of NHS dental services?

- ☐ Very good
- ☐ Fairly good
- ☐ Neither good nor poor
- ☐ Fairly poor
- ☐ Very poor

Please go to Q51

Q50 Why haven't you tried to get an NHS dental appointment in the last two years?

If more than one of these applies to you, please ✘ the main ONE only

- ☐ I haven't needed to visit a dentist
- ☐ I no longer have any natural teeth
- ☐ I haven't had time to visit a dentist
- ☐ I don't like going to the dentist
- ☐ I didn't think I could get an NHS dentist
- ☐ I'm on a waiting list for an NHS dentist
- ☐ I stayed with my dentist when they changed from NHS to private
- ☐ I prefer to go to a private dentist
- ☐ NHS dental care is too expensive
- ☐ Another reason

SOME QUESTIONS ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

Q51 Are you male or female?

- ☐ Male
- ☐ Female

Q52 How old are you?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or over

Q53 What is your ethnic group?

A. White

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

Please write in

B. Mixed / multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / multiple ethnic background

Please write in

C. Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Please write in

D. Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background

Please write in

E. Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

Please write in

Please turn over ☞

Q54 **Which of these best describes what you are doing at present?**

If more than one of these applies to you, please ✘ the main ONE only

- ☐ Full-time paid work (30 hours or more each week)
- ☐ Part-time paid work (under 30 hours each week)
- ☐ Full-time education at school, college or university
- ☐ Unemployed
- ☐ Permanently sick or disabled
- ☐ Fully retired from work
- ☐ Looking after the home
- ☐ Doing something else

Please go to Q57

Q55 **In general, how long does your journey take from home to work (door to door)?**

- ☐ Up to 30 minutes
- ☐ 31 minutes to 1 hour
- ☐ More than 1 hour
- ☐ I live on site

Q56 **If you need to see a GP at your GP surgery during your typical working hours, can you take time away from your work to do this?**

- ☐ Yes
- ☐ No

Q57 **Are you a parent or a legal guardian for any children aged under 16 living in your home?**

- ☐ Yes
- ☐ No

Q58 **Are you a deaf person who uses sign language?**

- ☐ Yes
- ☐ No

Q59 **Which of the following best describes your smoking habits?**

- ☐ Never smoked
- ☐ Former smoker
- ☐ Occasional smoker
- ☐ Regular smoker

Q60 **Do you look after, or give any help or support to family members, friends, neighbours or others because of either:**

- **long-term physical or mental ill health / disability, or**
- **problems related to old age?**

Don't count anything you do as part of your paid employment

- ☐ No
- ☐ Yes, 1-9 hours a week
- ☐ Yes, 10-19 hours a week
- ☐ Yes, 20-34 hours a week
- ☐ Yes, 35-49 hours a week
- ☐ Yes, 50+ hours a week

Q61 **Which of the following best describes how you think of yourself?**

- ☐ Heterosexual / straight
- ☐ Gay / Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ I would prefer not to say

Q62 **Which, if any, of the following best describes your religion?**

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ I would prefer not to say

Thank you for your time.
Please return this questionnaire in the reply paid envelope provided or send it in an envelope marked only FREEPOST GP PATIENT SURVEY (no stamp is needed).

Developed with University of Exeter Medical School and University of Cambridge

NHS Southwark Clinical Commissioning Group

CCG Performance & QIPP Highlight Report

Month 6, 2013/14

Southwark Council

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

December 2013

Background and Contents

NHS Southwark Clinical Commissioning Group

- This document is a highlight report, which is written to give OSC members an overview of current CCG and provider performance across a range of priority national standards. The highlight report covers the first half of the year from April 2013; the period for which we have the most recent validated data.

- The CCG produces a full Integrated Performance Report each month. This full report looks at all CCG and provides KPIs across domains of quality & safety, performance, finance and QIPP delivery. It provides further details of the actions being taken to resolve identified KPI variance.

- The CCG presents the Integrated Performance Report to our Integrated Governance & Performance Committee every month, and to the CCG Governing Body on a bi-monthly basis. The latest version of the report is published on the CCG website: http://www.southwarkccg.nhs.uk/about/ourboard/Pages/CCGMeetingPapers.aspx

CCG Performance & QIPP Highlight Report Contents

Urgent Care (1 of 3)

NHS Southwark Clinical Commissioning Group

A&E waits all types (target 95%) - % of patients who spent 4 hours or less in A&E before treatment or admission

	Apr	May	Jun	Jul	Aug	Sep	Oct
KCH (Denmark Hill)	96.3%	96.4%	96.3%	94.5%	95.2%	95.4%	94.5%
GSTT	94.6%	96.4%	96.7%	94.5%	95.8%	96.9%	96.8%

Reported Performance Position

- Performance at the Denmark Hill site at KCH in October fell to 94.5%.
- There are a number of schemes within the trust winter plan and expansion plans which are still due to come on line. A commissioner/provider meeting will take place in November to review performance issues at the site.
- Q1 performance was 96.3% for KCH and 95.9% for GSTT
- Q2 performance was 95.0% for KCH and 95.7% for GSTT

NHS England A&E Improvement Plan

- Following last winter's extreme pressure and in response to national guidance, Lambeth & Southwark have developed a Recovery & Improvement Plan setting out key actions which will support sustainability in performance over the coming winter period.
- The plan has been developed through the Lambeth & Southwark Urgent Care Board, which has representation from key stakeholders across the health economy, and was informed by the Winter Demand Review and a system-wide assessment.

Urgent Care (2 of 3)

NHS Southwark Clinical Commissioning Group

National A&E Recovery & Improvement Plan – Demand & Capacity

Each Urgent Care Board completed a Demand & Capacity exercise during Quarter 2 to inform the winter planning process. This provided assurance regarding the arrangements in place to support management of winter pressures.

New Investments for Winter

1.Home Ward Roll Out

- The Home Ward pilot will be rolled out across the whole of Southwark & Lambeth, with the additional 25 beds to be in place in Quarter 4. This will release bed capacity, improve patient flow and reduce length of stay and early readmissions.

2.Southwark & Lambeth Integrated Care (SLiC) Programme

•Simplified discharge workstream.

•Initial testing of senior multidisciplinary assessment at admission and rapid transition back to home once ready for discharge, with trajectory to upscale this in Quarters 3 & 4. This will include piloting of seven day working within health and social care elements of model.

Continued……

Urgent Care (3 of 3)

NHS Southwark Clinical Commissioning Group

3. Mental Health

- High level discussions underway with SLaM regarding creation of overspill capacity and enhancement of Home Treatment Teams – contingent upon 4 borough agreement.
- Winter pressures funding has approved to provide additional consultant and nurse cover during out of hours, 7 days a week. The impact of this will be reviewed in December 2013.

4. Nursing home support

- Implementing coordinated approach to improving the quality of care within nursing homes involving Consultant Gerontologists and Southwark and Lambeth teams within the CHST working closely with GP Practices.

5. Acute Trust Capacity

- Both Acute Trusts are implementing a number of actions to support management of winter pressures including:
  a. Staffing: recruitment and review of existing staffing patterns to facilitate speedier decision making and optimise patient flows through hospital.
  b. Reconfiguration of ED and bed base: combination of opening additional flex beds and reconfiguration of existing capacity to facilitate improved patient flows.

Referral to Treatment: 18 weeks

NHS Southwark Clinical Commissioning Group

RTT admitted (target 90%) - The percentage of admitted pathways completed within 18 weeks

RTT Admitted	Apr	May	Jun	Jul	Aug	Sep
Southwark CCG	90.6%	88.0%	90.7%	89.3%	88.4%	87.3%
KCH	88.8%	88.2%	89.7%	88.1%	87.1%	88.7%
GSTT	92.1%	92.0%	92.7%	92.4%	92.8%	90.7%

Performance Position

- Admitted performance for Southwark CCG patients has now been below the 90% target for the last three months.
- KCH are below the performance threshold. This is consistent with the plan and trajectory agreed with the trust so that it has sufficient capacity to reduce the backlog of patients currently waiting over 18 weeks.

Actions Agreed to Meet Performance Standard

- Admitted RTT Performance at KCH will continue to be below the threshold while the trust address their backlog of admitted patients. This has been agreed by the CCG, King's and NHS England.
- KCH have a combination of increased internal capacity and outsourcing to private providers in place. King's has also transferred some orthopaedic patients to GSTT
- Acquisition of the PRUH site and Infill 4 development at Denmark Hill will give further capacity from October and November respectively.
- The trust will not achieve the RTT target until April 2014.

Referral to Treatment: 52 + week waits

NHS Southwark Clinical Commissioning Group

52 + Week Waits (Incomplete Pathways)	Apr	May	Jun	Jul	Aug	Sep
Southwark CCG	3	5	7	3	8	8
KCH	49	44	31	29	28	29
GSTT	9	5	1	1	0	0

Identified Causes

•All Southwark long waiters are patients at KCH.

•The specialities with long waits for Southwark patients at King's are orthopaedic and gastroenterology - 1 in general surgery/bariatric surgery and 7 gastroenterology for benign HpB surgery.

A plan for Action / Improvement

•KCH has used a combination of additional in house capacity and outsourcing to reduce long waiters.

•The trust keeps long waiters under regular clinical review to ensure there is no clinical risk for long-waiting patients.

•The CCG applies a contractual financial penalty each month for patients still waiting over 52 weeks. This has been implemented since April 2013 in line with national arrangements.

Diagnostic Waits

NHS Southwark Clinical Commissioning Group

Diagnostic wait less than 6 weeks (target <1%) - The % of patients waiting 6 weeks or more for a diagnostic test

Month	Apr	May	Jun	Jul	Aug	Sep
Southwark CCG	1.86%	1.95%	1.85%	2.63%	2.41%	2.48%
KCH	3.00%	4.20%	2.77%	2.57%	1.23%	0.94%
GSTT	2.00%	2.10%	3.08%	3.83%	5.13%	4.44%

Cause of Reported Performance Position

•The main driver for under performance in September is endoscopy at GSTT. Although GSTT has opened a new larger endoscopy suite, poor staffing levels has resulted in an increase in the number of waiters over 6 weeks.

Actions Agreed to Meet Performance Standard

•GSTT has put additional sessions in place to increase staffing capacity using clinical fellows, however it anticipates it will take until December to fully clear the backlog of long waiters in endoscopy.

Healthcare Acquired Infections (1 of 2)

NHS Southwark Clinical Commissioning Group

Number of cases of MRSA (target 0) and ***clostridium difficile (CCG annual target 48)***

MRSA

	April	May	June	July	August	September	YTD
Southwark CCG	1	1	0	2	0	0	4
Breakdown:							
Non - Acute	1	1	0	0	0	0	2
GSTT	0	0	0	2	0	0	2

- Root-cause analysis will be undertaken for cases at GSTT and fed back to the monthly quality review meeting

c. difficile

	April	May	June	July	August	September	YTD
Southwark CCG	2	0	0	7	3	5	17
Breakdown:							
Non - Acute	0	0	0	5	3	2	10
GSTT	1	0	0	2	0	0	3
KCH	1	0	0	0	0	3	4

Healthcare Acquired Infections (2 of 2)

NHS Southwark Clinical Commissioning Group

Actions Agreed with Providers to Meet Performance Standard

•All MRSA and *c. difficile* cases are discussed at the monthly Clinical Quality Review meetings at King's and GSTT. These meetings are chaired by CCG Clinical Leads in Southwark and Lambeth.

•KCH and GSTT undertake a Root Cause Analysis (RCA) on all MRSA and *c. difficile* cases.

•Public Health currently review all GSTT RCA's for GSTT. It has been agreed that the Public Health team will now implement this RCA review process for KCH to identify the key learning and themes for action.

•Picture across London shows a spike in cases. Locally we are closely monitoring acute performance to establish whether this is a temporary spike or a sustained increase in cases.

•Clinical assurance that patient safety is not compromised.

Mixed Sex Accommodation

NHS Southwark Clinical Commissioning Group

Mixed-sex accommodation breaches (target 0) –
All providers of NHS funded care are expected to eliminate mixed-sex accommodation

Month	April	May	June	July	August	September
Southwark CCG	12	6	7	11	1	0
KCH	49	19	29	40	16	0

Cause of Reported Performance Position

•Southwark breach in August occurred at KCH

•Majority of breaches at KCH due to lack of timely single sex bed capacity in step down from critical care.

•Recent clarification from NHSE (London) on reporting thresholds for this type of MSA breach has resulted in much improved performance in September with 0 MSA breaches reported at KCH.

Actions Agreed to Meet Performance Standard

•Contractual penalties being applied to breaches

•CCG receives on-going assurance that patient safety is not compromised

Cancer Waits: 62 days pathway

NHS Southwark Clinical Commissioning Group

62 days treatment (85%) - % patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

Target = 85%						
Month	Apr	May	Jun	Q1	Jul	Aug
SCCG	**83.3**	**90.2**	**82.4**	**85.9**	**100**	**83.3**
KCH	**93.3**	**87.9**	**76.7**	**86.7**	**97.2**	**83.1**
GSTT	**68.6**	**80.5**	**79.7**	**75.5**	**77.9**	**80.0**

Reported Performance Position

•Southwark and KCH have met the 2 week GP referral, 31 days and 62 days target for Q1 and July.

•Southwark, KCH and GSTT have not met the performance target for 62 days in August.

Actions Agreed to Meet Performance Standard

•There have been issues on the 62 day performance at GSTT

•IST have reviewed processes at GSTT for internal patients (patients whose total journey is within GSTT)

•Recommendations signed off by trust board and implemented.

•The IST has recently reviewed all SEL providers. Agreed actions plans will be drawn up following the receipt of final IST reports in November 2013.

IAPT

NHS Southwark Clinical Commissioning Group

Month	April	May	June	July	August	September	October
Monthly 1st contacts to equal 12.5% trajectory	389	389	431	436	431	447	454
Number of first contacts	330	335	326	383	322	403	395
Recovery Rate (target 50%)	42.1	47.8	42.7	40.2	40.4	37.0	32.1

Identified Causes

- Growth in demand for IAPT services in Southwark and capacity limits in IAPT provision from SLaM
- Identified variation from practice-based counsellors completing psychological therapy interventions.

A plan for Action / Improvement

- Audit and review of all practice-based counselling started.
- Additional temporary low intensity support by Psychological Well-being Practitioners (PWPs) in place at SLaM from end of August.
- Case management support role recruited to start in September to support counsellors deliver stepped care within the IAPT model
- Additional administrative staff funded within SLaM to register referrals to counsellors and remove admin tasks from counsellors.
- Programme to increase IAPT-accredited activity being completed by practice-based counsellors.
- Improvement plan expected to show performance improvement by end of Quarter 3 2013/14.

CCG QIPP Programme

NHS Southwark Clinical Commissioning Group

Acute

Acute Productivity Programme = £2.29m

Shift of outpatient care = £1.47m

A&E avoidance to lower cost setting = £0.40m

Mental Health & Client Group

SLaM Productivity Programme = £ 1.09m

Redesign of mental health of older adults inpatient capacity = £0.29m

Male psychiatric intensive care unit inpatient redesign = £0.35m

CCG QIPP 2013/14
£7.37m (net)

Primary & Community Care

Primary care prescribing = £1.00m

Community Services Productivity = £0.20m

Other Programmes

CCG corporate = £0.28m

CCG-Led QIPP: Transformation Programmes (1 of 2)

NHS Southwark Clinical Commissioning Group

Acute

Shift of Outpatient Care QIPP

•Single points of referral (SPR) and community clinics are part of the CCG's commitment to further expand community provision in order to shifting care out of hospital.

•SPRs are currently operating for MSK (MCATS), diabetes, respiratory disease, ENT, dermatology and heart failure.

•Services have 'virtual clinics' to support primary care in reviewing practices' caseloads and providing advice on management.

•'Virtual Clinics' are currently available for diabetes, respiratory, dermatology and ENT community services.

•Community CVD clinic has been expanded to encompass direct GP referrals to the community for patients with atrial fibrillation, lipid management and hypertension.

A&E Avoidance QIPP

•Phased implementation of London Urgent Care Standard being led by south east London-wide Urgent Care Group.

•Expansion of the Southwark Homeward and Emergency Rapid Response teams.

•Development and testing of 7 day working discharge proposals from local hospital trusts .

•Collaborative approach across the urgent care system to respond to issues highlighted in the 12/13 winter demand review.

•CCG improving access in primary care: work to progress support to five practices with highest A&E attendances.

•Re-commissioning of Guy's Urgent Care Centre with primary care 'front end'.

•Southwark & Lambeth Integrated Care programme delivering community multi-disciplinary teams & risk stratification.

•Implementation of programme to enhance primary care services to Southwark care homes.

•Development of number of self-care strategies including minor ailments scheme.

CCG-Led QIPP: Transformation Programmes (2 of 2)

NHS Southwark Clinical Commissioning Group

Mental Health & Client Group

Redesign of MHOA Inpatient Capacity QIPP

- Programme focuses on time limited assessment, treatment and successful placement of people with complex dementia.
- Enhanced assessment and liaison project to improve the 'front-end' assessment and triage function to support 'rapid referral' from GPs.
- Redesigned services acts to stabilise patients before discharging into care homes appropriate to meet their needs.
- Investment in a Dementia Care Home Support Team for the local care homes and develop an educational hub.
- This programme seeks to reduce admissions to SLaM beds.
- This programme is being coordinated in partnership with SLaM and Lambeth CCG.

Male Psychiatric Intensive Care Unit (PICU) Inpatient Redesign QIPP

- CCG lead a programme of service redesign to support patients to access services in primary care and in community settings.
- The CCG contract with SLaM is now based on occupied bed days.
- The CCG will fund a minimum of 6 beds equivalent occupied bed days.
- Above this level there will be a 50:50 risk share up to a capped level equivalent to 8 beds.
- Above 8 beds 100% of costs will be borne by the CCG.

Summary of CCG Financial Position (M7)

NHS Southwark Clinical Commissioning Group

Programme Budget	Annual Budget (£k)	Variance to Month 7 (£k)	Predicted End of Year (£k)		Best Case (£k)	Worst Case (£k)
Acute	203,749	-2,710	-7,455		-4,106	-8,875
Client Groups	69,536	-829	-1,580		-1,000	-3,850
Community and other Contracts	29,738	-759	-1,300		0	-1,300
Prescribing	31,617	263	446		600	200
Corporate Costs	4,078	42	40		60	0
Earmarked Budgets and Reserves	14,137	3,662	9,849		4,446	13,825
Planned Surplus	3,972	2,317	3,972		3,972	3972
Total	**356,827**	**1,986**	**3,972**		**3,972**	***3,972***

Guy's and St Thomas' NHS
NHS Foundation Trust

Mental Health – St Thomas' Emergency Department

Ensuring that mental health patients receive a high standard of care in an Emergency Department (ED)is recognised to be a significant challenge. The College of Emergency Medicine has published a tool kit to help optimise patient care and patient experience. St Thomas' Emergency Department identifies with many issues that have been raised nationally about the difficulties of optimising patient care in an environment where there are two discrete organisations – Guy's and St Thomas' NHS Foundation Trust (GSTT) and South London and the Maudsley Mental Health Foundation Trust (SLAM) providing assessment and in particular in patient facilities.

http://www.rcpsych.ac.uk/pdf/CEM6883-Mental-Health-in-EDs---toolkit-(FINAL-FEB-2013)-rev1.pdf

Key issues for the ED are

- The demographics of our patents
- The physical environment of the department
- The access to mental health personnel – community social workers, elderly psychiatry teams and child and adolescent service.
- Access to in patient beds.

Demographics

The Emergency Department at St Thomas' hospital is served by a diverse population comprising of local residents and a relatively large number of overseas or out of area patients. Due to the central location of our hospital and numerous large transport hubs (Waterloo Station and Victoria coach station) we see a proportionately higher rate of patients who are either new to the country or new to the capital and are not known to local services.
Many of the mental health patients that present at St Thomas have a complex social situation which further complicates the journey of care. Often these patients have multiple complex issues such as :

- Homelessness with high rates of physical health co-morbities
- Drug addiction
- Alcohol addiction

This further complicates the pathway and treatment decisions.

The physical environment

The ED can be a very stressful environment for any patient. However if a person is feeling paranoid, psychotic, distraught or suicidal the environment can be frightening and can

escalate symptoms. We have two cubicles within the main department which can be separated from some of the noise and the lights can be dimmed but this is not an ideal solution. Where clinically appropriate, patients will be moved to our emergency medical unit which is a quieter area that provides a more relaxing atmosphere for patients awaiting placement to other hospitals or need a further period of observation. Long delays especially when an in patient bed is needed results in a patient needing to spend a long time in what is not a therapeutic environment.

Provision of care within the Emergency Department/ access to mental health professionals

The department has excellent access to the psychiatric liaison nurse (PLN) service which is co-located with our emergency medical unit and is a joint venture between SLAM and GSTT. This service provides a highly responsive service 24/7. Local patients that are known to services can be quickly identified and care packages or plans can be enacted with the support of this team. However at times patients can experience long delays getting an assessment by the home treatment team which would allow safe discharge and outpatient management. The patients are generally moved to the Emergency Medical Unit to wait the arrival of the Home Treatment team.

Both Old age Psychiatry and child and adolescent services run separately from the main adult assessment team and these services are not always able to provide a rapid assessment service.

As identified above we have a high proportion of patients that are unknown to services which provide significant challenges on staffing time.

The provision of registered mental health nurses can be challenging due to unpredictable presentation times of this patient group. The demand can range from 0-6 at any one time and this makes staffing extremely difficult. To support this the Trust have committed to a roll out program of 20 specialty trained Band 3 nurses as a 1 yr pilot to support appropriate patients through their journey and reduce waits for registered mental health nurses (RMNs) and continue to provide safe care on the wards improving the care for deprivation of liberty (DOL's) patients.

Access to mental health beds

The commissioning structure for the provision of mental health is based on a post code system which provides significant difficulties when trying to organise support or ongoing placement for patients who are not local to Lambeth or Southwark. There is a lack of provision of local mental health beds for the patients we see and enormous logistical difficulties when patients are known to services outside London and so need to be transferred many miles.

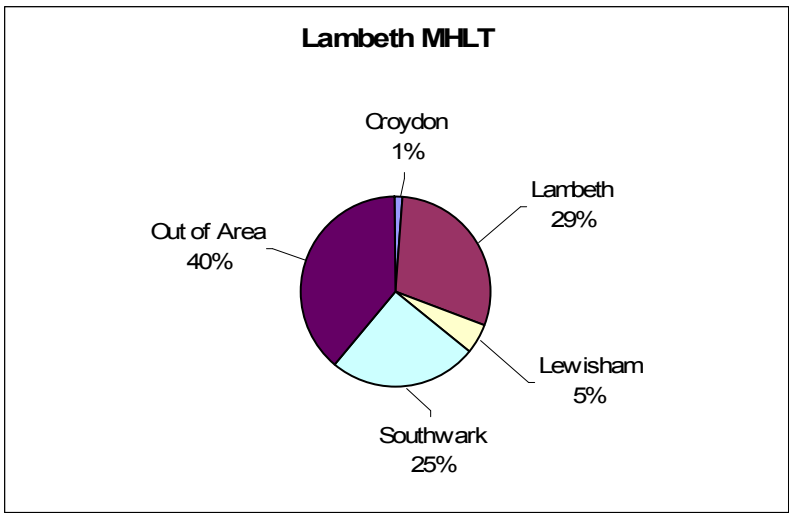
This table shows the wide range of areas that patients come from who are seen by our mental health team

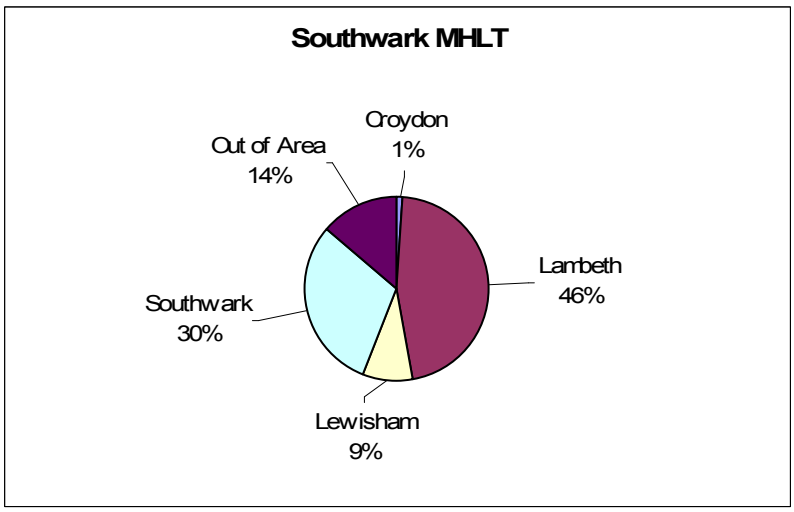
ED Referrals to Lambeth MHLT from Out of Area CCG's - April to August 2013

	Abertawe	Barking & Dagenham	Barnet	Bedford	Berkshire East	Bexley	Blank / Unknown	Bournemouth
April		1	3			1	12	1
May			2	1			12	
June			2		3	1	11	
July					2	2	12	
August	1		1	1	1	2	4	
	1	**1**	**8**	**2**	**6**	**6**	**51**	**1**

	Bradford	Brent	Brighton	Bristol	Bromley	Bucks	Cambridge
April		1			1		
May	1	2	2	1		1	
June	1	2			1		
July		2		1	1		
August		3		1	2		1
	2	**10**	**2**	**3**	**5**	**1**	**1**

MHLT CCG of Origin of Referrals September 2013

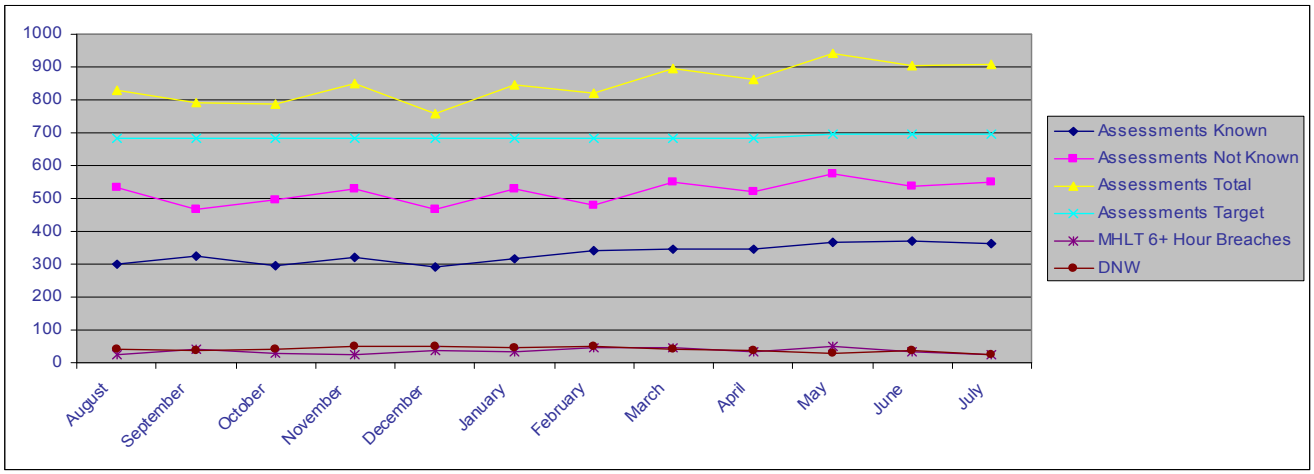




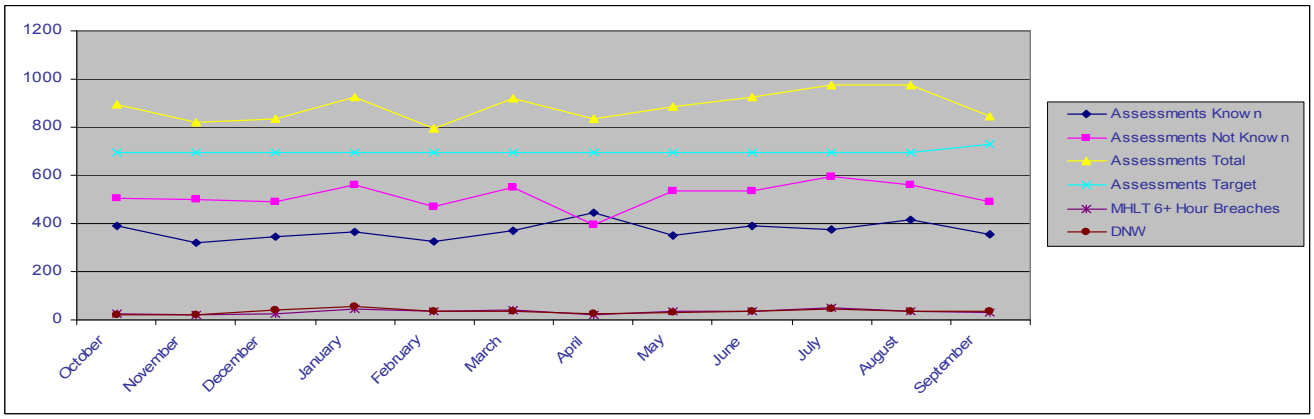
The graphs below show the trend of mental health patients (data includes Kings College Hospital and GSTT) remaining steady with increasing numbers presenting in the summer months.

Trends in GSTT and Kings

2011/12



2012/13



Current challenge facing the organisation for mental health patients

The main challenge facing mental health patients throughout London is access to mental health beds. Patients can wait for >24 hours to gain access to an appropriate bed in their local area, during this time they are in a suboptimal environment for their condition leading to poor quality of care.

- An example this month showed a patient awaiting placement and the nearest bed was in Manchester. This is not uncommon.
- The result of this is patients being kept in an inappropriate environment for a prolonged period of time that is not good quality care for the patient
- This bed is then not available for a medically appropriate patient and contributes to significant bed pressure within Trusts.
- Financial implications of the management of these patients are material.

Future plans within GSTT to support mental health patients

The mental health pathway within St Thomas' is an area of focus for the coming year. We are currently in the planning phase of a new rebuild for the emergency floor which is due to begin in early 2014.

The needs of all patients have been carefully considered in the development of the design with particular attention being paid to ensure that the needs of more vulnerable patient groups are considered.

With regard to mental health two specifically designed and located cubicles for the treatment of this patient group are included within the Major Treatment Area. One cubicle will be furnished such that very high risk patients with potential for harming themselves or their immediate environment can be safely treated there. The second cubicle will be furnished in a more informal style with comfortable couches and chairs which facilitates counselling or interviewing.

We recognise the new to create a safe and calm environment for patients requiring a mental health assessment. The new Emergency Floor contains 2 dedicated in-patient beds. Each contains its own en-suite facilities and, similar to the cubicles in the Major Treatment area, both are furnished in such a way that the potential for these patients to cause harm to themselves is minimised. These treatment rooms have been located so that they are slightly away from the busy clinical areas but have been provided with facilities to ensure that they can be fully observed at all times.

Part of the work of the Homelessness project will be to identify the mental health problems of this patient group and try to find consistent organised help for such patients. Physical health needs as well a mental health and substance addiction problems are all frequent concerns amongst our patients so we are keen to join up as many services as possible so we all know what resources are available to help.

Acute Medicine Management Team

November 2013

NHS Property Services

By email.

Cllr Rebecca Lury
Health, Adult Social Care, Communities & Citizenship Scrutiny Sub Committee
Southwark Council
Scrutiny Team
Corporate Strategy
PO Box 64529
SE1 5LX

London Regional Office
1 Lower Marsh
London
SE1 7NT

0203 049 4303

31 October 2013

Dear Cllr Lury,

Re. Dulwich Community Hospital

Thank you for your letter dated 15 October in regards to Dulwich Community Hospital. I have provided the answers to your questions below.

Q: Can you explain the timescales for formalisation of the occupancy arrangements?

NHS Property Services took ownership of the site on 1 April 2013 from Southwark PCT. Prior to 1 April many of the occupancy arrangements did not have formal tenancies in place. It was our original intention to formalise these arrangements to provide appropriate security to the tenants and ourselves. However, in light of the proposed redevelopment of the site it might not be in the best interests of all parties to undertake significant work and regularise tenancies at this time.

During the next stage of decision making about the site, known as Master Planning, NHS Property Services will work with both local commissioners and providers to ensure that future service delivery continues to meet the healthcare commissioner's requirements.

Q: Please supply more information on any additional Business Cases you have received for the site, and their timelines for decision making.

We have not received any Business Cases to date in regards to the potential redevelopment of the site.

I hope this information is helpful.

Yours sincerely,

Tony Griffiths

Tony Griffiths
Regional Director

This page is intentionally blank.

HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP SCRUTINY SUB-COMMITTEE **MUNICIPAL YEAR 2013-14**

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

Name	No of copies
Sub-Committee Members	
Councillor Rebecca Lury (Chair)	1
Councillor David Noakes (Vice-Chair)	1
Councillor Denise Capstick	1
Councillor Rowenna Davis	1
Councillor Dan Garfield	1
Councillor Jonathan Mitchell	1
Councillor Michael Situ	1
Reserves	
Councillor Neil Coyle	1
Councillor Patrick Diamond	1
Councillor Paul Kyriacou	1
Councillor Eliza Mann	1
Councillor Mark Williams	1
Other Members	
Councillor Peter John [Leader of the Council]	1
Councillor Ian Wingfield [Deputy Leader]	1
Councillor Catherine McDonald [Health & Adult Social Care]	1
Councillor Catherine Bowman [Chair, OSC]	1
Health Partners	
Gus Heafield, CEO, SLaM NHS Trust	1
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
Julie Gifford, Prog. Manager External Partnerships, GSTT	1
Geraldine Malone, Guy's & St Thomas's	1

Name	No of copies
Council Officers	
Romi Bowen, Strategic Director of Children's and Adults Services	1
Andrew Bland, MD, Southwark Business Support Unit	1
Malcolm Hines, Southwark Business Support Unit	1
Rosemary Watts, Head of Communication & Engagement	1
Sarah McClinton, Director, Adult Social Care	1
Adrian Ward, Head of Performance, Adult Social Care	1
Shelley Burke, Head of Overview & Scrutiny	1
Sarah Feasey, Head of Safeguarding & Community Services	1
Aine Gallagher, Political Assistant to Labour Group	1
William Summers, Political Assistant to the Liberal Democrat Group	1
Julie Timbrell, Scrutiny Team SPARES	10
External	
Rick Henderson, Independent Advocacy Service	1
Tom White, Southwark Pensioners' Action Group	1
Fiona Subotsky, Healthwatch Southwark	1
Alvin Kinch, Healthwatch Southwark	1
Kenneth Hoole, East Dulwich Society	1
Total:	50

Dated: September 2013