



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 Monday 27 January 2014 at 7.00 pm at
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Rebecca Lury (Chair)
Councillor David Noakes
Councillor Denise Capstick
Councillor Rowenna Davis
Councillor Dan Garfield
Councillor Jonathan Mitchell
Councillor Michael Situ

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Dr Ruth Wallis, Director of Public Health, Southwark Council
Sarah McClinton, Director of Adult Care, Southwark Council
Adrian Ward, Head of Performance, Adult Care, Southwark
Council
Andrew Bland, Chief Officer NHS, Southwark Clinical
Commissioning Group (SCCG)
Gwen Kennedy, Director of Client Group Commissioning,
SCCG
Jill Webb Deputy Head of Primary Care (South London)
NHS England
Tamsin Hooton, Director of Service Redesign, SCCG
Alvin Kinch, Healthwatch;
Tamsin Hooton, Director of Service Redesign, SCCG
James Hill, Head of Nursing , Guy's & St Thomas'
Nicola Wise, General Manager , Guy's & St Thomas'
Briony Sloper, Deputy Divisional Manager, Trauma, Emergency
& Urgent Care , King's College Hospital .
Steve Davidson, Service Director, Mood Anxiety and
Personality Clinical Academic Group , SLAM.

1. APOLOGIES

1.1 There were no apologies.

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

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the meeting of 9 December 2013 were agreed as an accurate record.

5. MENTAL HEALTH AND ACCIDENT & EMERGENCY

5.1 The chair welcomed James Hill, Head of Nursing and Nicola Wise, General Manager, Guy's & St Thomas'; Briony Sloper, Deputy Divisional Manager, Trauma, Emergency and Urgent Care, KCH; Steve Davidson, Service Director, Mood Anxiety and Personality Clinical Academic Group, SLAM and Gwen Kennedy, Director of Client Group Commissioning Southwark CCG.

5.2 Gwen Kennedy, Director of Client Group Commissioning, opened by saying that there has been an increase in the numbers of people needing mental health service presenting at acute settings; a greater proportion are known to the service. She chairs a recently convened urgent care board sub group looking at the issue and one of the tasks is to understand the data more. She explained that formally there was an urgent care network managing diverts across the south east, with a task and finish group that developed an action plan; now pressures have been building again so there was a decision to reconvene this group to look across the system. A member asked if there was an action plan and the Director of Client Group Commissioning said that the group is looking at the former plan and have a draft action plan in development.

5.3 Steve Davidson, Service Director, Mood Anxiety and Personality Clinical Academic Group, SLAM commented that there have been some changes in home treatment since the Guys and St Thomas' paper was submitted and now emergency staff can make more clinical decisions which have improved assessment speeds.

5.4 A member commented that when she spent a shift with ambulance drivers they said the biggest issue was mental health; the drivers said that now patients have to be taken to Accident & Emergency, which is often chaotic, whereas formally they

could be taken to a police cell - which was a quieter place. Steve Davidson, SLAM, responded that mental health services think that a police station would be about the worst place to go, given the co-erosive nature of their involvement. James Hill, Head of Nursing, GST agreed and said that A & E is much better because patients can be assessed for physical needs. The member commented that she completely respected the clinical views expressed but the medics hated people in mental distress being obliged to join a big queue where people might be throwing up or violent .

- 5.5 James Hill said that Guys and St Thomas' are building a special suite so that people can be seen in a calmer environment. He explained that medical assessment is needed to see if mental health symptoms have a physical cause; for example delirium in older people can be a sign of infection.
- 5.6 Briony Sloper, Deputy Divisional Manager, Trauma, Emergency and Urgent Care, KCH said the Denmark Hill A & E department is not well set up for the volume and acuity of patients with mental health; it can be very difficult when a person turns up in an incredibly distressed state. The department are putting in more staff and building physical capacity. James Hill said that Guys & St Thomas are experiencing the same issues and that a lot of their overspend is around mental health.
- 5.7 A member referred to the work that scrutiny did in 2010 and the community survey about the closure of the crisis suite at the Maudsley and the need to have a separate room at KCH Denmark Hill A & E. He commented that ultimately King's agreed, which he was pleased about. Briony Sloper commented that there are some people who use the rooms set aside, but these are not enough. Another member commented that the former crisis centre at Maudsley did offer this provision, and the community warned of the consequences of closure. Briony Sloper said that the A & E has neither sufficient space nor clinicians. A member asked her if rising need was caused by the increasing population, but she said it was about it is about acuity and emphasized that there has been a significant growth in acuity.
- 5.8 A member asked Briony Sloper what was driving the increasing acuity, but she said she couldn't comment on why. James Hill, GST, said the amount of people of people who need help with feeding and help to deal with social circumstances has increased. Gwen Kennedy added that the sub-group is looking at data and trends. A member asked if the economic pressure is contributing to the rise in acuity and everybody agreed it was. A member asked there was a rise in self harm and Briony Sloper said she did not think there was. Steve Davidson, SLAM emphasized that there is a 25 % increase in admissions and a member asked if this was higher in the city and he said it is. Briony Sloper said that was a particular problem with approved social workers.
- 5.9 A member commented that the reports indicated that patients with a mental health need will be seen within 30minutes. Briony Sloper said yes, that is correct: it is 30 minutes to be seen for mental health and 60 minutes for physical health - the total

journey through the system is 4 hours, from entrance to either leaving or admission to a bed.

- 5.10 Gwen Kennedy, Southwark CCG emphasized that there is a cohesive approach - we all coming together. A member referred to the move of Public Health to the council and asked where support to mental health could be best directed. Briony Sloper suggested that it might be better to ask service users and indicated that KCH are looking at the prior three months and asked what happened to those clients. She said that she wouldn't want to pre-empt this study.
- 5.11 The Director of Public Health referred to work completed by the UCL Institute of Health Equity, looking at the health impacts of the economic environment. This highlighted a probable increase in mental health problems. Young adults are also likely to be affected by low employment and income.
- 5.12 A member commented that the interim results from the scrutiny survey did indicate that people were going to A & E to access healthcare that doctors might be better placed to provide. He asked if the local E & E department thought this was an issue. KCH responded that Denmark Hill A & E do active streaming; there are GPs on site and the department also liaises with local GPs, however this is not a growth area. However A & Es are seeing people's who are coming out of hours, often really late because of work pressure. There is also a cultural change; people want treatment more immediately.
- 5.13 The chair invited resident Tom White to speak. He said that there is a rise in the number of people on wards with mental health problems and referred to vascular dementia. Tom raised concerned about the availability of mental health beds and referred to a temporary closure of a ward for older people which then became permanent, despite assurances he was given to the contrary. He also referred to a case whereby the nearest place for a mental health bed was Manchester. Steve Davidson from SlaM agreed that there was a demand issue and that patients are being sent to Manchester, and commented that demand is unprecedented. He said that SlaM does not have the resources, and that the most they can do is work to get the model that delivers the best outcomes, but funding is far from what they would want it to be. He explained that SlaM is doing what they can do ensure that conditions do not deteriorate to a crisis point. Training is also being doing for nurses on wards so that there is more capacity to deal with mental health needs, and although this is not a huge investment SlaM does believe it will help. Gwen Kennedy added that the CCG have one plan for urgent care mental health and a longer strategic plan for mental health at a population level over 5 years.
- 5.14 A member asked when KCH Denmark Hill is going to open the dedicated mental health suite that has been in the pipeline for several years. KCH staff responded that there are two individual rooms already; the first phase has been completed. The second phase of the suite is reliant on the PFI provider agreeing to a change of use and there have been problems getting agreement and negotiating space in the Golden Jubilee Wing. Member expressed concern at this delay and referred to a survey the committee conducted which demonstrated that the community considered the provision of an adequate safe space for people in mental distress at the A & E department to be very important. Members referred to the £6.5 million

funding provided by central government to provide this dedicated mental health suite.

RESOLVED

The urgent care sub-group, looking at mental health, will provide the draft action plan.

The committee recommended the next administrative committee look at Mental Health as a review topic.

The committee will keep abreast of progress on the Mental Health suite at the Accident & Emergency clinic at King's Healthcare Trust, Denmark Hill Hospital – an update will be requested for the next meeting.

6. RESIDENT VIEWS : ACCESS TO HEALTH SERVICES IN SOUTHWARK

- 6.1 The chair explained that items 6 & 7, on the scrutiny survey and the GP Patient Survey would be taken together. The scrutiny project manager, Julie Timbrell, commented that the scrutiny survey sample was much smaller so the results could only be indicative, however many of the questions were similar to those asked by the GP Patient Survey, so the results could be cross referenced with the GP Patient Survey data, which could be interpreted with a high level of confidence in the results as it survey a large population sample. The scrutiny survey also offered an opportunity for people to comment on difficulties in open text responses, unlike the GP Patient Survey, where the questions were all closed.
- 6.2 Jill Webb, Deputy Head of Primary Care (South London) NHS England added that the GP Patient Survey had a population sample of 10,000 and was done by MORI and so the results could be relied on. She noted that when she came and presented the results of the last survey 74% of patients were satisfied that they could get a convenient appointment; this has now gone down slightly to 72%, whereas the interim scrutiny survey results indicated that 49% of respondents were satisfied with their appointment.
- 6.3 The Deputy Head of Primary Care commented that there is a review of contracting to get better results and a move towards more local contracting. A fund has been set up to enable practices to applying for extra money to look at improved access.
- 6.4 The chair commented that a number of people had spoken about visiting their doctor in connection with a long term condition and asked if this was the right place to access care. The Deputy Head of Primary Care responded that GPs are supposed to be gateway to care - but there is a team approach. Tamsin Hooton, Director of Service Redesign, SCCG, commented that doctors offer the core services for people with long term conditions. She commented that the SCCG has been encouraging people to get better at self management of long term conditions, for example there is register and improved care on diabetes and COPD. There is also a community based multiple disciplinary approach which emphasizes a tiered approach to accessing care. People with a long term conditions should be getting a

continuity of care from their GP - rather than going to acute care.

- 6.5 A member referred to a former plan for poly clinics, and asked if there are still plans for extended GPs, where people could have access to more extensive primary care for conditions such as diabetes. The Director of Service Redesign referred to the paper on Commissioning Urgent access to Primary Care strategy, circulated as a late item (14). She said that the terminology is now community hubs, but the model is very similar to poly clinics, and confirmed that this would allow for better community health care for people with long term conditions. The Deputy Head of Primary Care added that she thought there was more appetite for this model now.
- 6.6 The Director of Service Redesign went on to comment that the paper on Urgent Primary Care Access identified that there are problems with the booking system and inequitable access. The CCG have been considering the Lister Centre; the CCG preferred option is encouraging practices to come together in locality to offer extended access clinics.
- 6.7 A member commented that a quite a few of the practices have a link nurses who work with older people, and asked the Director of Service Redesign if she thought there was a role for more specialized nurses. She responded that there is an integrated nurse role; and these practitioners work with people with a high level of risk.
- 6.8 Alvin Kinch from Healthwatch commented that they are planning to do rolling focus groups and they have already done two with the Latin American and deaf community, who both identified similar issues. Healthwatch will be taking some of the recommendations forward: for example on sexual health.
- 6.9 A member asked if there was sufficient capacity for people wanting appointments outside of work hours. The Director of Service Redesign responded that the capacity survey of G.Ps showed the CCG that there is capacity but it is not always mapped well to demand - for example too little Monday and Friday. The CCG are providing money to encourage doctors to work together to better match resources to demand. She added that the CCG do think they need to add more capacity to primary care and also make some improvements around telephone systems. The Deputy Head of Primary Care said there are some GP Practices that are outliers. She explained that more can be done with the GP Patient Survey data now as NHS England have been using the same questions for two years now. NHS England will be looking at data - and looking at practices with cause for concern, whether complaints, or access, or diabetic care.

7. GP PATIENT SURVEY : ACCESS TO HEALTH SERVICES IN SOUTHWARK

- 7.1 This item was combined with item 6.

8. PUBLIC HEALTH : ACCESS TO HEALTH SERVICES IN SOUTHWARK

- 8.1 Dr Ruth Wallis, Director of Public Health went through the paper on access to A & E.
- 8.2 The chair noted that there was no overall increase in attendance by local residents, but there had been a small increase in older people visiting A & E ; she asked if this was commiserate with population growth. Dr Ruth Wallis said that this is inline with the growth in the older population and the report identifies the need for better social care interventions. The chair asked if there is an expectation of a further growth in older people and what plans are in place. The Director responded that there are plans for the CCG and social care to gear up their interventions, which will include health checks, improved Diabetic care, better uptake of the flu jab and improved care for long term conditions. There will also be improvement in the housing stock to protect older people from cold.
- 8.3 A member noted the increase in mental health conditions and raised concerns about people being moved out of Maudsley Hospital. The Public Health Director commented that people with mental health problems are more likely to have other long term conditions and more work is going to be done on this. She added that sometimes people turn up at A & E who may not identify themselves as having a mental health condition, but it may be a component ; only a minority of people use specialist mental health services.
- 8.4 A member asked to what extent A & E is used by people coming from abroad, and if there was an influx of people not paying. The Public Health Director responded that this was not closely monitored or information that was local collected, however she did not think it was a big percentage but these figures may be recorded by the Department of Health; the ethos at A & E is to treat based on need. The chair indicated that this line of questioning can be pursued when King's College Hospital visit the next meeting to discuss the performance of the Emergency Department and acquisition of the Princess Royal University Hospital .
- 8.5 A member commented that there is some evidence from the survey that people do go to A & E when they can not access their G.P and asked the Public Health Director to comment. She responded that that there is nothing dramatic in data and it largely looks like people using A & E appropriately.
- 8.6 The chair asked the director to comment on presentations at A & E that might be open to being reduced. The Public Health Director commented that people with long term conditions are usually well diagnosed and controlled - for example diabetes and asthma , but other conditions are harder to manage , for example alcohol abuse and the links to violence and domestic abuse , another is epilepsy. There is work on long term conditions but some are complex and difficult to manage. The chair asked if more so investment in long term conditions would help and the Public Health Director agreed and added preventative interventions such as improved take up of flu jabs will also help.
- 8.7 A member reiterated that he was still considered that there was an issue with

access to G.Ps. The Director commented that there have been no new and dramatic changes to population usage of services- there will always be people who are less inclined to wait.

- 8.8 A member commented that flu uptake has been an issue for sometime and asked what is being done. The Director commented that there is a flu action group working with primary care. One of the issues is pre ordering supply and ensuring there is sufficient capacity. The Public Health Director was asked who this programme was targeted at and the percentage of coverage and she responded that it is over 70% uptake for older people and even higher for people long term conditions. A member commented that his recent experience , and that of his friends and neighbours was very good - there was better information and very good access.
- 8.9 A member noted the high level of delirium with concern and commented that in her experience (as a nurse) this takes a while to happen; this could be indicative of poor access. The Public Health Director undertook to get back with more detailed data.

RESOLVED

The Director of Public Health undertook to get back to the committee on the high increase in 2010/11 of emergency admission rates for delirium as a secondary co-morbidity, which climbed by 42.3% for Southwark patients. She undertook to provide details on the numbers of patients involved.

King's will be asked to provide figures on the number of people from outside the UK who use Denmark Hill Accident and Emergency.

9. ADULT SOCIAL CARE : ACCESS TO HEALTH SERVICES IN SOUTHWARK

- 9.1 Sarah McClinton; Director of Adult Social Care and Steve Davidson; SLAM Service Director - Mood Anxiety and Personality Clinical Academic Group, introduced the paper circulated.
- 9.2 A member asked if a more joined up approach to social care means doing more preventative work and officers agreed it did, commenting that there was commissioning of the community and voluntary sector and of Telecare; simple aids can make a big difference. The Director of Adult Social care said that Southwark are making progress with older people; the figures attest to this.
- 9.3 The Director of Social Care was asked about information and making every contact count, and she responded that the council have launched the single help line and the 'my support choices' website portal. There are specialist services tackling social isolation but other services will also signpost. There is also a

network commissioned by Age Concern that means that if one service visits an older person then there will be further contact and signposting. The member asked about visits to one stop shops or libraries and the Director of Adult Social Care said that the library staff have been trained in the 'my support choices' website. The chair requested more information on statistics on accessing the website and other places.

- 9.4 A member queried the statistic in paragraph 7 of the report which referred to older people's attendance at A & E and emergency admissions and asked officers to explain a little more. They responded that this is a comparison snapshot comparing data from October – December which shows a reduction across two different years. The member commented that the data was not that in depth.
- 9.5 Another member commented that the last paragraph of the report points to a lack of significant breaches on Mental Health assessments; however the report from Public Health shows an increase in mental health co-morbidities. The Director of Adult Social Care responded that this is not quite the same cohort - one is looking at access to mental health services that is high need and which crosses a threshold. SlaM Service Director added that there has been an increase in people presenting with mental health conditions, and often this is amongst people with co-morbidities who are finding it harder to cope and so getting mentally distressed. He said that there is a targeting of community services to try and meet this need better. The Director of Adult Social Care agreed that there was more that could be done and referred to the re-enablement service The Slam Medical Director said that the service is finding that increased social difficulties are prompting more visits to A & E. He agreed the Re-enablement service is for crucial in providing community and social support to try and reduce or prevent this.
- 9.6 A member asked how good the work with the voluntary sector is and the Director of Adult Social Care explained that there is a commissioning, with contract monitoring, and Adult Social care have also set up an innovation fund. The member went on to ask if the council look at outcome targets, for example A & E attendance. The Director of Adult Social Care said that the council does not use that as an outcome measure, as it is not the primary purpose - although the acute services do commission the Red Cross.

RESOLVED

More information will be supplied on the number of older people who have been accessing information at One Stop Shops, Libraries, via the 'single helpline' and through the website portal 'My Support'.

10. SCRUTINY FRANCIS INQUIRY RESPONSE REPORT

- 10.1 The chair invited comments on the attached draft report recommendations. A member commented that he was concerned that scrutinizing complaints could be

onerous for scrutiny and other members agreed that more capacity was needed, but that it was important for scrutiny to keep an eye on complaints, particularly as the Francis Inquiry highlighted their importance. There was a discussion on the need for support and whether this would be best provided from Public Health or Safeguarding in Adult Social Care; and it was decided to write to the cabinet lead directly and for her to nominate a named officer.

RESOLVED

A letter will be written to the cabinet lead requesting officer support to provide additional capacity to enable health scrutiny to analyze complaints received by Hospital Trusts, Adult Social Care, the CCG and GPs - point c.

Reports will be requested every 6 months from the Lay Inspectors - point i.

Adult Social Care will be asked to provide a 6 monthly report on providers which identifies any concerns. This will be part of the framework to share concerns between bodies with a regulatory role - point k.

An action plan will be developed to ensure the 'community and public have clear avenues and fora to raise concerns with scrutiny' - point l.

Health scrutiny will adopt the recommendations made by Francis for information requests in the case of 'major structural change'. These will be integrated into the Trigger Template, and will be used as appropriate, including when proposals for changes do not meet the threshold of a substantial variation - point m.

11. WORK-PLAN

11.1 This was agreed.

12. SOUTHWARK CLINICAL COMMISSIONING GROUP - INTEGRATED PERFORMANCE REPORT

12.1 The report was noted.

13. CATERING AT MAUDSLEY HOSPITAL AND THE LADYWELL UNIT AT LEWISHAM

13.1 The report was noted.

14. COMMISSIONING URGENT ACCESS TO PRIMARY CARE

- 14.1 Tamsin Hooton, Director of Service Redesign, introduced the report circulated by explaining that the CCG would like to invest in one practice with 8 to 8 access in up to four locations within a cluster. She said that the CCG are looking for public endorsement of this model.
- 14.2 Members asked where the cluster practices would be and she explained that they are considering a number of locations; likely ones include the present Lister Centre and Dulwich Hospital. Other possibilities are Guy's Urgent Care Centre and Bermondsey Spa. A member suggested new building developments, such as the Heygate. The Director of Service Redesign explained that a lot of the investment is in soft services and therefore the physical location is not fixed.
- 14.3 There was a discussion on the requirements for a substantial variation and the scrutiny project manager, Julie Timbrell, explained that this is quite subjective ; and the main criteria is if the committee thought a change would significantly impact on patients. If the committee considered this to be a substantial variation then the CCG would need to provide certain information, including a decision timeline, however most of this information has already been provided. A member commented that a major change would usually involve a 12 week consultation period and he would like to see more information on the CCG engagement plans. Members discussed whether this should be considered a substantial variation and decided it did not, however it was agreed that the CCG confirm that no services will be lost.

RESOLVED

The proposal on the commissioning of urgent access to primary care will not be deemed a substantial variation.

The committee will scrutinize the proposals at the 5 March meeting.

In future papers the CCG will provide assurances that the changes will not result in any loss of service and details of patient engagement.