Open Agenda

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

Wednesday 5 March 2014
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

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

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Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 25 February 2014

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

Wednesday 5 March 2014
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** Minutes to follow.	
5.	**VULNERABLE ADULTS ANNUAL SAFEGUARDING REPORT & PRESENTATION.** Southwark Safeguarding Adults Partnership Board Annual Report 2012-13 is attached. The Independent Chair of Southwark Safeguarding Adults Partnership Board, Deborah Klee, will present the report. Gwen Kennedy, the CCG director responsible for safeguarding, will also be present.	1 - 35

Item No.	Title	Page No.

6. COMMISSIONING URGENT ACCESS TO PRIMARY CARE 36 - 39

Tamsin Hooton, Director of Service Redesign (CCG) will present the attached paper.

7. SOUTHWARK CLINICAL COMMISSIONING GROUP (CCG) PERFORMANCE REPORT 40 - 58

Andrew Bland, Chief Officer NHS Southwark Clinical Commissioning Group, will present the attached report.

8. REVIEW : ACCESS INTO HEALTH SERVICES IN SOUTHWARK 59 - 89

The draft report on the review is attached.

An officer report is attached on Blue Badges and access to GPs.

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

10. WORKPLAN 90 - 92

11. PAPERS FOR INFORMATION 93 - 94

An update from Healthwatch is attached.

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: 25 February 2014

Agenda Item 5

Southwark Safeguarding Adults Partnership Board

Annual Report 2012-13

Foreword by the Chair of the Southwark Safeguarding Adults Partnership Board

This is my final introduction to a Southwark Safeguarding Adults Board Annual Report as after three years I came to the end of my tenure as independent chair of the Board at the end of September 2013.

In 2012/2013 considerable change has continued in the public sector as Clinical Commissioning Groups assume their new responsibilities whilst working together with local authorities on a new integration agenda against a background of continuing financial constraint, and all agencies seek to respond to the demands required by the enquiry into the scandal at Winterbourne View Hospital and the Francis Report into the deaths at Mid-Staffs Hospital.

The following report details the increasing safeguarding demand in Southwark and the work being undertaken in response. As you will see in the following pages the number of allegations of abuse made by adults at risk continues to rise year on year and this places considerable demand on the workforce.

A major task of the Board in 2013/2014 will be to develop thresholds to define what constitutes a safeguarding alert as opposed to issues of management and quality.

I hope you find this report both informative and encouraging.

I would like to take this opportunity to send my best wishes for the future to all who work in Southwark to respond to, and prevent abuse to adults at risk.

Yours sincerely

Terry Hutt
Chair of Southwark Safeguarding Adults Partnership Board

Safeguarding Adults: The National and Local Context

Introduction

The year ending March 2013 continued a period of change and increased demand for Health and Social Care Services, Clinical Commissioning Groups (CCG's) were developed in response to the Health and Social Care Act 2012. The Winterbourne View Concordat was published by the DH which contained a programme of work to be undertaken by all health and social care agencies to improve services for people with learning disabilities whose behaviour challenges services. The Francis Report into the failings at Mid-Staffs hospital was published with a list of recommendations to improve hospital care for older people central to which was compassion in care. The Care Bill continued to progress through parliament and a clearer picture began to emerge of the Government's approach to placing safeguarding adults on a statutory footing. The CQC published its report into the state of adult social care which found one in five nursing homes revealed safety concerns whilst more than 10% of inspections in residential home inspections uncovered problems with either safeguarding and safety, staffing, or care and support (CQC March 2013).

This report describes the actions taken locally to meet the safeguarding challenges demanded by these changes in legislation and recommended or required by the reports mentioned above. The report also includes an analysis of safeguarding alerts raised locally and their outcomes together with an overview of statutory assessments carried out under the auspices of the Deprivation of Liberty Safeguards of the Mental capacity Act 2005.

Southwark Clinical Commissioning Group (formerly Business Support Unit)

There is a long history of joint working arrangements for the provision of adult safeguarding across Health and Social Care in Southwark including good partnership working across wider agencies.

During 2012-13, as part national restructure of the NHS, Southwark Business Support Unit (BSU) was required to undertake a very detailed and robust authorisation process in order to become a clinical commissioning organisation. This authorisation process required the BSU to demonstrate that the right structures, systems and process were in place to support the transition to NHS Southwark Clinical Commissioning Group. During this process of authorisation the close working relationship with the Local Authority with regards adult safeguarding was maintained and embedded into the new safeguarding structures and reporting processes for the developing CCG.

These systems and process include:

- Establishing both the Adults Safeguarding Lead and a GP Clinical Lead within the CCG to work in partnership with the LA Safeguarding Manager who retains overall lead for adults safeguarding in Southwark

- GP Clinical lead and CCG Adults Safeguarding Lead confirmed as members of the Safeguarding Adults Partnership Board
- Development of NHS Southwark CCGs Adult Safeguarding Commissioning Strategy
- Specific work with the newly forming CCG Board to ensure that members understood their responsibilities for adult safeguarding
- Transition of the BSU Safeguarding Executive for both adults and children's to the NHS Southwark CCG Safeguarding Executive. This is well established and includes on its membership the LA Adults Safeguarding Manager and Adult Safeguarding Leads from the local Foundation Trusts at Kings, Guys and St Thomas' and the South London and Maudsley Trust.
- Development of robust reporting structure from the NHS Southwark CCG Safeguarding Executive to the Southwark Clinical Commissioning Board via Integrated Governance & Performance Committee and directly to NHS England via the Chief Nurse
- Development of a framework in partnership with the LA which provides assurance that the providers from which the CCG will commissions care are complaint with the CQC Essential Standards regarding adults safeguarding and have appropriate systems in place to safeguard adults within their care

The BSU and local authority worked in partnership during 2012/13 to address the concerns raised by the DH Winterbourne View Hospital Review December 2012. A joint action plan was developed and implementation continues to be overseen by a joint health and social care steering group which includes membership from all partners.

The local authority and BSU continued to work jointly during 2012/13 through the Senior Managers Safeguarding and Quality Group to identify key themes and priority areas within adult safeguarding and to provide strategic direction on addressing these areas.

NHS Southwark CCG successfully completed the authorisation process and was formed on 1st April 2013. As commissioners of heath care provision NHS Southwark are committed to ensuring that all contracted services have the appropriate systems in place to safeguard and are compliant with the safeguarding alerting processes in Southwark

Response to the Winterbourne Hospital Review and Concordat

As noted above the response to the DH Winterbourne View Hospital Review and its associated Concordat has been undertaken by a multi-agency steering group chaired by the Director of Adult Social Care. The group is initiating a programme of work to meet the demands of the Concordat beginning initially with reviews of all service users placed in hospital or assessment and treatment settings and then moving towards the ultimate aim of development of greater capacity locally to provide services that meet the needs of both children and adults with learning disabilities that challenge services. The foundations for this ultimate aim will be laid between April 2013 and June 2014.

(See Appendix 1)

Local Initiatives to Provide Compassionate Care to Hospital Patients

The Francis Report (2013) into the care at Mid Staffs Hospital between 2005 and 2008 concluded that the large number of deaths were due to the concentration on targets and the achievement of foundation trust status at the expense of maintaining compassionate values in the delivery of care. Locally, both Guys and St. Thomas's NHS Foundation Trust (GSTT) and King's College Hospital NHS Foundation Trust (KCH) have developed initiatives to ensure that some of their most vulnerable patients are treated with compassion and respect and that their special needs are not overlooked as they progress through their treatment pathway.

In response to the Dementia Care Strategy and subsequent Dementia Challenge issued by the Government GSTT has developed a highly successful training film package called Barbara's Story.

Barbara's Story was designed by GSTT and filmed by White Boat TV, a video communications agency, to raise the awareness of dementia among all Trust staff. The DVD is about an older person accessing hospital services and the difficulties experienced. It is delivered in the person's own words and thoughts.

The DVD has had a profound effect on staff of all grades. It has made people think more about their own practices and how this may affect the patient and more so about the impact on patients who are vulnerable. Many staff have now volunteered to support clinical areas in their free time because they have realised the importance of how the care that is delivered affects people and their experience of health care.

GSTT reports a noticeable shift in culture among a wide variety of staff and many of them have written to comment on this effect. The training has also highlighted the fact that many of the staff are carers themselves who care for someone with a dementia outside of work.

Approximately 11,000 Trust staff and students have completed the training. The Burdett Trust has awarded GSTT a grant to develop six more short films which will follow Barbara's journey through different aspects of her care as her health changes.

Barbara's Story was short listed for two awards at the International Visual Communication Awards in March and won a silver award for Best Direction and a gold award in the Best Internal Communication category.

During the last year KCH has continued to develop its patient passport for people with learning disabilities which outlines the patient's specific needs in relation to their disabilities and informs staff of any special measures that may need to be taken to ensure the patient receives appropriate levels of support whilst in hospital.

In response specifically to the Francis Report (2013) KCH has launched a 'listening exercise' called 'A Thousand Voices' where over the first six months of 2013-2014 senior managers will consult with 1,000 staff, patients and their families. KCH wants to hear their thoughts on whether they are getting their priorities right with patient care, where they can improve and whether King's is a place where staff and patients would feel happy for their family to receive care.

The above are just two of the examples the local hospital trusts are taking to ensure vulnerable patients' needs are properly met and that neglect is prevented.

Southwark Safeguarding Adults Partnership Response to the Care Bill

The Care Bill is still progressing through its parliamentary stages but the impact it will have upon safeguarding policy and practice is becoming clearer. Unlike Scotland there will be no statutory right of entry for social workers to a property where there is a belief that an adult at risk/vulnerable adult may be being abused. However, Safeguarding Adults Partnership Boards will be placed on a statutory footing with a mandatory duty upon partners to co-operate in the development of shared strategies for safeguarding adults and report to their local communities on their progress. Local authorities will continue to have the lead role in co-ordinating the Board and the minimum membership should consist of the police, the NHS and the local authority.

In future there will be a statutory duty for Safeguarding Adults Partnership Boards (SAPB) to arrange for there to be a review of any case in which an adult in the SAPB's area with needs for care and support (whether or not the local authority was meeting any of those needs) was, or the SAPB suspects that the adult was, experiencing abuse or neglect, and the adult dies or there is reasonable cause for concern about how the SAPB, a member of it or some other person involved in the adult's case acted. Each member of the SAPB will be required to co-operate in and contribute to the carrying out of the review with a view to identifying the lessons to be learnt from the adult's case, and applying those lessons to future cases.

There will also be a duty for each SAPB to produce an annual plan of how it intends to meet its safeguarding responsibilities. The plan will be required to be updated annually.

The Care Bill is expected to become law in the spring of 2014 and much of the detail of how it will be implemented is to be provided through guidance. However, Southwark has initiated a review of its SAPB and Safeguarding Team in order that the authority is best prepared to meet the new challenges the Care Bill will bring. The review is expected to report in June 2013 and implementation of its recommendations will continue through 2013/2014.

Quality in Residential and Nursing Care

As was mentioned in the introduction to this report, the CQC in its State of Care 2012/2013 report highlighted failings in the quality of residential and nursing care in England and whilst the prevalence of safeguarding alerts in Southwark is 20% of the total number of alerts raised (see Chart 8 Appendix 2) compared with 36% nationally (HSCIC 2013), Southwark SAPB and the local authority, as the lead commissioning agency, were sufficiently concerned that My Home Life a national charity that 'promotes quality of life for those living, dying, visiting, and working in care homes'

was commissioned to work with local home managers, and health and social care staff to improve the quality of care and life in local care homes. In February 2013 the SAPB held a stakeholders day attended by over 100 delegates to capitalise on the work carried out by My Home Life. As a result of the day working groups were set up to produce a quality improvement strategy for care homes in the borough.

The strategy will cover the following domains:

- Quality Assurance
- Integrated Working
- Safeguarding
- Workforce Development
- Working Together in the Future

The strategy will be developed by a partnership of the local authority, NHS, local providers and My Home Life. It is seen as being key to improving standards in local care homes and will be completed by early summer 2013.

In addition to working with providers proactively to improve services the Southwark Safeguarding Partnership still responds robustly to instances of poor care and neglect and in 2012/2013 after many months of supporting the provider to improve withdrew support for a local home run by Abbey Healthcare with the result that the owner closed the home. A number of residents were found new placements and enjoy a better standard of care and quality of life than previously.

Safeguarding Statistical Analysis

A total of 533 safeguarding adults referrals that progressed to a safeguarding investigation were made in 2012/2013. This represents a 6.6% increase in investigations over 2011/2012. The total number is broadly comparable with the Southwark London Comparator Group (See Chart 1 Appendix 2). Nationally a 4% rise in referrals has been reported (HSCIC ibid) so both locally and nationally it can be seen that awareness of adult abuse is growing and being acted upon.

The number of referrals is split more or less 50/50 between people below the age of 65 and those over that age although as in previous years the statistics for the older elderly (38% of the total of the over 65 cohort) demonstrate that being more elderly, frail and dependent leads to a higher risk of abuse. (See Chart 4 Appendix 2).

As in previous years the most prevalent forms of abuse are physical 24.8% and financial 24.2% (See Chart 5 Appendix Two) whilst the majority of abuse (over 45%- Chart 8 Appendix Two) was recorded as taking place in the victim's own home compared with a nationally reported figure of 38% (HSCIC ibid) whereas, as stated earlier 20% of referrals related to alleged abuse in care homes compared with 36% nationally. 28.7% of alleged abuse was carried out by a partner or other family member whilst 31.8% of alleged abuse was carried out by a care professional (see Chart 8 appendix 2).

A total of 153 (30.1%) allegations were fully substantiated whilst 34 (6.7%) were partially substantiated (See Chart 12 Appendix 2) Research conducted for the SAPB has shown that of the cases concluded in 2012/2013, 59 or 10.6% of the total were allegations substantiated against professional carers (Lillistone 2013).
Compared with London Comparator boroughs Southwark has fewer uncategorised outcomes and has shown a rise in police action and/or criminal prosecution from 13 cases in 2011/2012 to 58 cases in 2012/2013. This is partly explained by the length of time safeguarding adults cases can take to come to court (a year between referral and court appearance is not uncommon), but it also indicates an increased awareness and willingness in the criminal justice system to prosecute adult abuse cases where criminality is involved.

Overall, as Appendix 2 shows, Southwark is very similar to its London Comparator Boroughs in terms of the prevalence and types of adult abuse but is responding robustly to allegations of abuse when they are made.

Mental Capacity Act/DoLS Activity 2012/2013

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA/DoLS) came into effect on 1st April 2009.

This amended a breach of the European Convention on Human Rights and provided for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

CCG's and local authorities (designated as 'supervisory bodies' under the legislation) have the statutory responsibility for operating and overseeing the MCA/DoLS whilst hospitals and care homes ('managing authorities') have responsibility for applying to the relevant CCG or local authority for a Deprivation of Liberty authorisation.

The legislation includes a statutory requirement for all care homes and hospitals as well as local authorities and CCG's to keep clear and comprehensive records for every person deprived of their liberty. This includes records of applications for authorisations, details of the assessment process, information about the relevant person's representative and the documentation related to termination of authorisation.

The Safeguarding Adults Team manages the Deprivation of Liberty Safeguards for both the local authority and Southwark CCG. In 2012-2013 the team processed a total of 36 DoLS applications of which 20 were authorised and 16 refused. The number of refusals for health settings reflects the fact that a number of referrals are made for people suffering from delirium who regain capacity within a few days and as a result are ineligible for a DoLs authorisation when assessed for a full standard authorisation but have been given an urgent authorisation lasting 7 days for their period of temporary incapacity by the hospital acting as the managing agent. Whilst the DH asserts that Southwark together with many other London boroughs should be processing twice as many applications, available data suggests that this is an average total for a London borough although at 14.1 applications per 100,000 of population

London's figures are the lowest in England. However, this may be accounted for by the relatively youthful demographic of London's population (HSCIC 2013).

Figure 1 : End of Year 2012/2013 Total for DoLS

	Requests Received (Urgent and Standard)	**Total Refused**	**Total Authorised**
Local Authority	27	10	17
CCG	9	6	3
Total	***36***	***16***	***20***

Priorities for 2013/2014

- Implement the recommendations of the SAPB and Safeguarding Service review to ensure requirements of the Care Bill are met when it is enacted in spring 2014

- Develop thresholds for determining safeguarding action

- Implement the Residential Services Improvement Plan when it is published and adopted.

- Develop and begin to implement a workforce development programme to ensure the Southwark Safeguarding Partnership has the necessary skills to combat adult abuse.

- Continue to develop the response to the Winterbourne View Hospital Concordat.

- Continue to improve Safeguarding Adults data collection to provide greater information to enable strategic decision making by the SAPB

- Survey service users to understand their experience of the safeguarding process

References:

Adult Social Care Statistics Team:

Abuse of Vulnerable Adults in England 2012-13. Provisional Report Experimental Statistics: Health and Social Care Information Centre 2013

Care Quality Commission:

The State of Health and Adult Social Care in England: HMSO 2013

Francis, Robert QC:

Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry: HMSO 2013

Lillistone, Jonathan:

Analysis of Safeguarding Alerts Where the Alleged Perpetrator is a 'Care Professional': report to the Southwark Safeguarding Adults Partnership Board 2013

APPENDIX 1
Winterbourne View Steering Group
NHS Southwark CCG and Southwark Council
Action Plan
April 2013

Work Area : Strategies and care pathways		
Aims/objective(s)	**Action(s)**	**When**
1.1 Challenging Behaviour pathway ▪ Better early intervention and support for service users and families to prevent escalation of CB and avert crisis ▪ Leadership and systemic approach across partner agencies to ensure capable environments for people to live in the community and avoid punitive long term consequences including a life in care homes as a result of incidents of challenging behaviour or offences ▪ Culture change across system driven by engagement and co-production with service users, parents and carers – need to listen and understand what help families need and key lessons for agencies from their perspective ▪ Build trust in services so that families feel able to ask for and accept help from services, preventing breakdown and crisis ▪ Better support for struggling families – Ensure access to respite and strengthen joint working between psychology/ behavioural support and residential respite services (Orient St)	▪ SLaM leading on mapping CB pathway, identifying where GSTT and LBS fit in. To identify/develop links with Forensic Pathway. ▪ SLaM proposals to inform a business case for enhancing local services via consultancy and support for families/parents/networks and crisis intervention ▪ LBS talking with CCG about a business case for health funding dedicated psychology and therapy provision for the Transition Team to enable MDT approach i.e. prevention, early intervention, and enablement.	Jan 2013 May 2013 April 2013

Work Area : Strategies and care pathways		
Aims/objective(s)	**Action(s)**	**When**
1.2 Autism pathway ▪ To provide assessment, support and information to adults with Autism and their families to enable them to live an ordinary life in the community and reduce or delay the need for services and avoid care home admission in crisis ▪ To publish an adult ASD strategy and ensure the JSNA reflects this priority given high prevalence in Southwark ▪ ASD training and awareness for health and social care staff including council front line workers with customer contact ▪ Establish a multidisciplinary health and social care community support team for adults with Autism to offer diagnosis, intervention and support for the growing numbers of people living with ASD in Southwark.	▪ Engage support from strategy/policy officers in LBS Children & Adult services to produce and publish the strategy ▪ Training underway ▪ CCG funding commitment given for health posts in the Autism Community Team ▪ Business case for Adult Autism community team to LBS Children and Adult Services SMT	April 2013 From March 2013 March 2013 May 2013

Work Area : Review and move people on from hospital placements/ settings		
Aims/objective(s)	**Action(s)**	**When**
2.1 Identify from SLaM, CCG, and LBS records the cohort of Southwark children and adults who need to be reviewed by 31 May 2013 and moved out of hospital settings by June 2014	▪ List of people agreed with record of reviews completed/ to be completed. List submitted for DH return including adults only – need to identify children for inclusion, if any.	April 2013
2.2 Undertake person centred outcome based reviews of all service users in health funded and joint funded placements and including inpatient MH wards, assessment and treatment including hospital placements, medium and low secure units, continuing care placements. To consider joint reviews for social care funded specialist placements where there is evidence of challenging health needs and/or challenging behaviour.	▪ Reviews all social care service users in residential care or supported living in and out of borough. Address quality/ safety issues and plan move ons ▪ Support social care service users to move on from residential care to SL/ own tenancies	First reviews completed Jan 2013 (then ongoing) Ongoing
2.3 To undertake person centred support planning with users and families to inform commissioning of accommodation and support in the community so that all service users in the cohort agreed with the DH move out of hospital settings by June 2014	▪ Joint health/ social care reviews of all health and joint funded placements (CHC, assessment & treatment, medium and low secure) ▪ Agree a common review protocol between SLaM, CCG, and LBS to ensure that reviews: ▪ Are person centred ▪ Are outcome based ▪ Focus on abilities rather than deficits ▪ Identify and facilitate independence choice and control ▪ Trigger access to independent	Underway – on target for completion by 31May 2013 April 2013

Work Area : Review and move people on from hospital placements/ settings		
Aims/objective(s)	**Action(s)**	**When**
	advocacy ▪ Provide a basis for person centred support planning ▪ Identify cohort of people in the community known to agencies who are seen to be at risk of admission/ placement and plan MDT person centred support (including those currently refusing to accept any services) ▪ Agree case management arrangements across health and social care for people who need to be moved out of hospital settings by June 2014.	 May 2013 June 2013

Work Area : Quality Improvement and Quality Assurance Review		
Aims/objective(s)	**Action(s)**	**When**
3.1 Establish joint LD Care Quality Improvement Group to be led by LBS with representation from CCG, GST, SLaM to provide leadership, strategic direction, and commitment across the partnerships and to commission the support for providers to embed personalisation, choice and control and improve quality across the range of LD provision in Southwark. Purpose of Group is; ▪ To embed a culture of quality and improvement and accountability ▪ To work in collaboration with providers and users and carers to drive quality improvement and culture change ▪ To report into the Winterbourne View Steering Group to demonstrate better outcomes and quality ▪ To encourage innovation, creativity, and bespoke solutions for those with the most complex needs	Workplan to be produced but likely to include:- ▪ Adopt standards/ good practice re managing CB, communicate expectations, embed in service specs ▪ Guidance for staff ▪ Training and support for providers ▪ Strengthening links between providers and MDTs ▪ Quality assurance systems that ensure continuing improvement including audit and learning from incidents and complaints ▪ Identify options / models for engaging family carers in monitoring safety and quality – NDTi recommendations (eg Family Consultants, pwld employed to inspect services) ▪ Benchmark quality of placement providers ▪ RAG rating for providers to identify & address under performance/quality issues ▪ Staff competency framework re ASD & CB & personalisation ▪ Recruitment practices in providers. ▪ LBS to increase CMO capacity to jointly review placements with health	First meeting to be held in May 2013

Work Area : Quality Improvement and Quality Assurance Review		
Aims/objective(s)	**Action(s)**	**When**
	and social care and support quality assurance/improvements.	

Work Area : Contracting and Brokerage of LD care Quality.		
Aims/objective(s)	**Action(s)**	**When**
4.1 To ensure that contracting and brokerage of all commissioned care for people with LD is of good or excellent quality and provides value for money, achieving safe services and promoting independence choice and control for all service users. 4.2 To identify opportunities for joint working between CCG and LBS to strengthen contracting and brokerage and obtain better value for money	▪ Produce and implement a common Out of Area Placement Protocol across LBS, CCG and SLaM to ensure safer placements in homes offering quality and value for money ▪ Revise specifications and contracts for A&T and specialist challenging behaviour placements. ▪ Agree a common spot residential contract to cover: ○ Open access for visitors ○ Personalised support ○ Positive behavioural support and restraint ○ Record Keeping ○ Risk assessment ○ Staff training ○ Access to independent advocacy ○ DOLS ○ Quality healthcare and support ○ GLTK standards and guidance ▪ Revise review/monitoring process to cover above, include pwld and families monitoring	

Work Area : Advocacy.		
Aims/objective(s)	**Action(s)**	**When**
• Ensure access to independent advocacy for all pwld but particularly to ensure quality advocacy for people who lack capacity, cannot communicate their needs easily eg non verbal, and those who are isolated from families, friends and communities. • To ensure that all staff offer access to advocacy where this would be of benefit to empower the service user • To make sure health and social care staff undertaking assessments and support planning with service users are supported by senior managers as required where there are difficult negotiations with providers and professionals within specialist placements and assessment and treatment eg psychiatrists, where we need to advocate on behalf of the service user to help move them to independent living	▪ Check quality and capacity within the Cambridge House spot contracting arrangements for supporting the anticipated volumes of people involved in this project ▪ Common review protocol, supervision ▪ Service managers and senior managers to be alert to need to support decision making and planning processes with families professionals and providers	April 2013

Southwark Council

Appendix Two

Safeguarding Adults Datasets
Reporting Year: 2012-13

Safeguarding Referrals in 2012-13

Chart 1: Quarterly Safeguarding Referrals

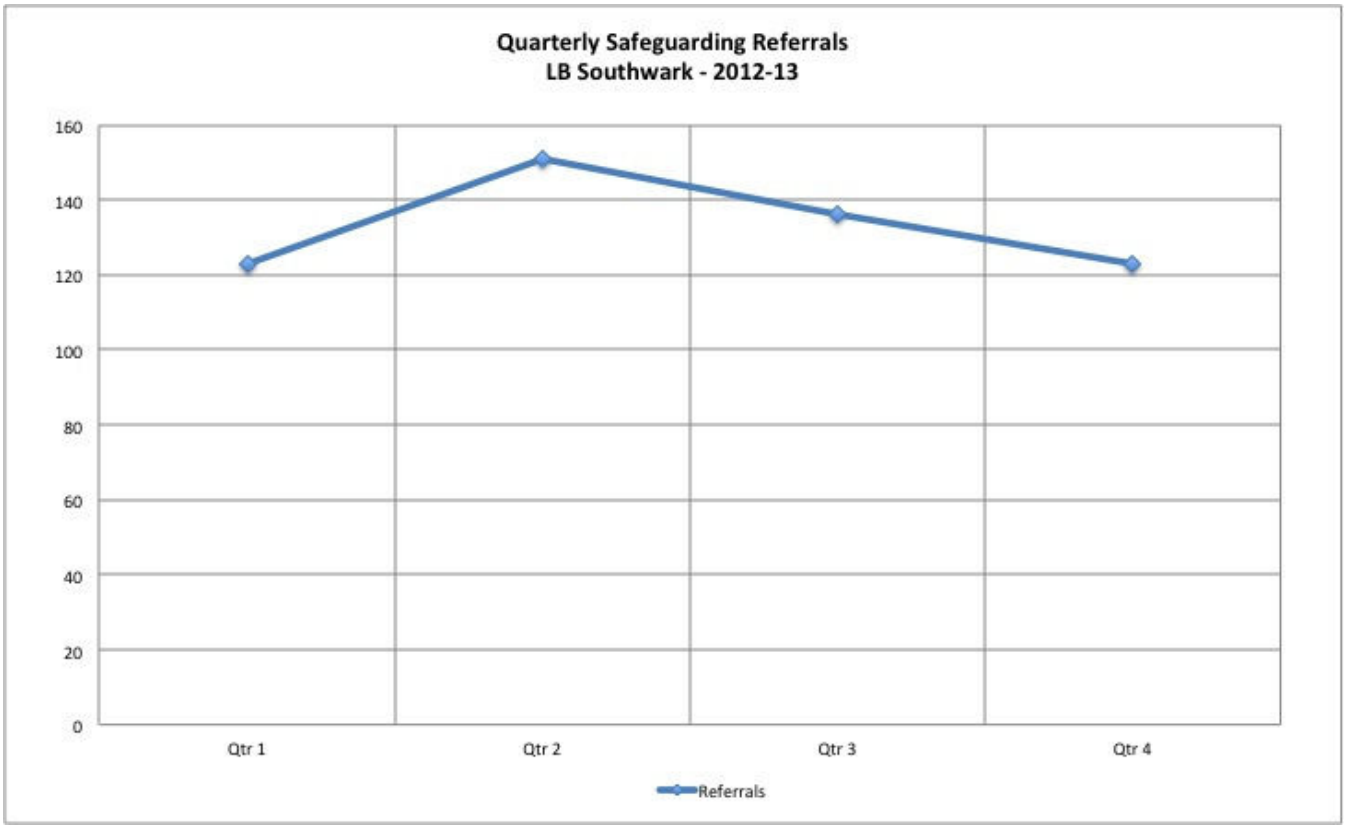


Figure 1.1: Quarterly Safeguarding Referrals

Quarter	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Grand Total
Total	123	151	136	123	533
%	23.1%	28.3%	25.5%	23.1%	100.0%

- 6.6% increase in total referrals over 2011-12
- Referrals broadly comparable with London Comparator Group

❖ *London Comparator Group: Brent, Camden Ealing, Greenwich, Hackney, Haringey, Hounslow, Islington, Lambeth, Lewisham, Merton, Newham, Tower Hamlets, Waltham Forest, Wandsworth*

- **Chart 2: Monthly Safeguarding Referrals**

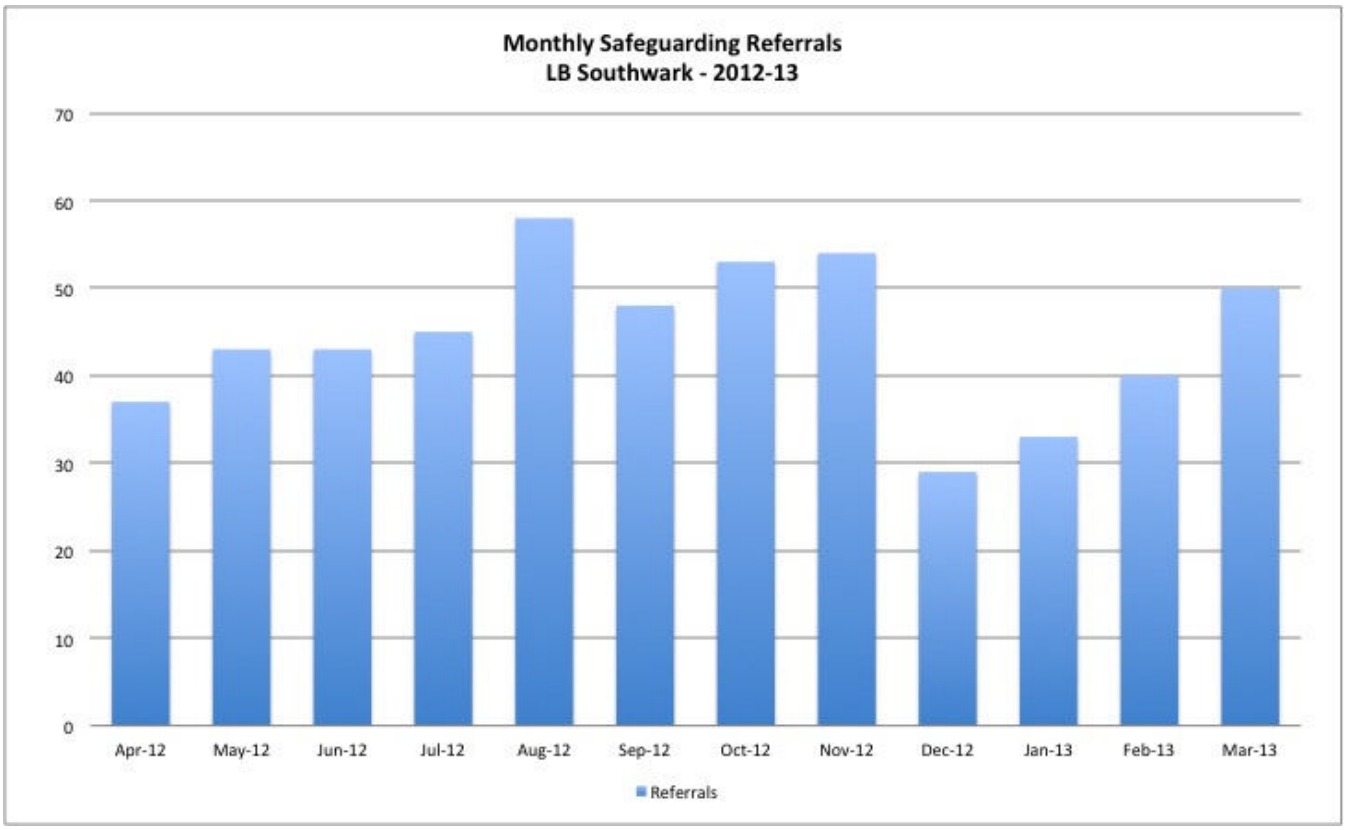


Figure 1.2: Monthly Safeguarding Referrals

Month	Total	%
Apr-12	37	6.9%
May-12	43	8.1%
Jun-12	43	8.1%
Jul-12	45	8.4%
Aug-12	58	10.9%
Sep-12	48	9.0%
Oct-12	53	9.9%
Nov-12	54	10.1%
Dec-12	29	5.4%
Jan-13	33	6.2%
Feb-13	40	7.5%
Mar-13	50	9.4%
Grand Total	**533**	**100.0%**

Chart 3: Safeguarding Referrals by Vulnerable Adult Categories

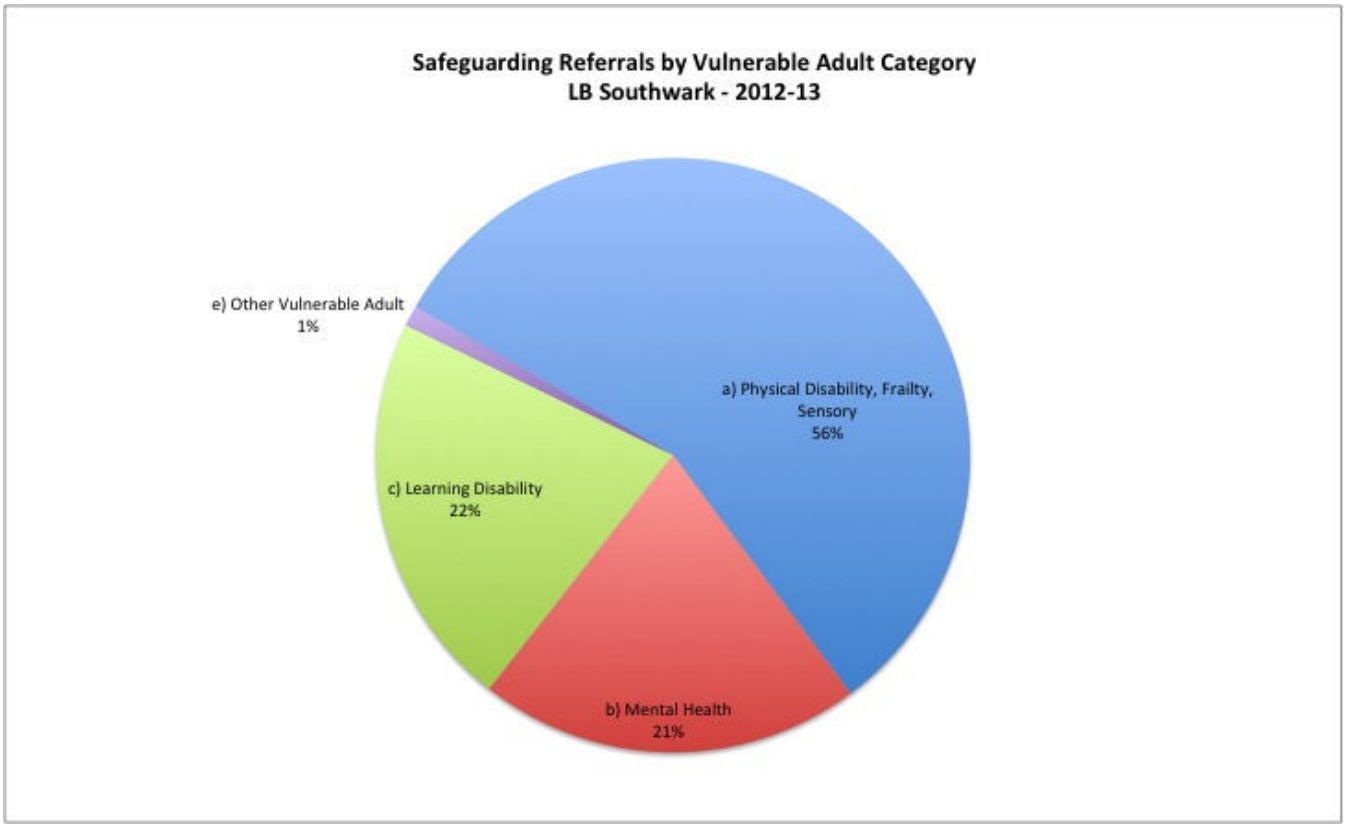


Figure 1.3: Safeguarding Referrals by Vulnerable Adult Categories

Vulnerable Adult Category	Total	%
a) Physical Disability, Frailty, Sensory	301	56.5%
b) Mental Health	111	20.8%
c) Learning Disability	115	21.6%
e) Other Vulnerable Adult	6	1.1%
Grand Total	533	100.0%

- Physical Disability, Frailty, Sensory includes older people
- Mental Health referrals increased by 11.7%
- Learning Disability referrals reduced by 13.5%

Broadly similar to London comparator group except fewer substance misuse referrals which are reflected in higher than average mental health referrals

Chart 4: Safeguarding Referrals by Age Group

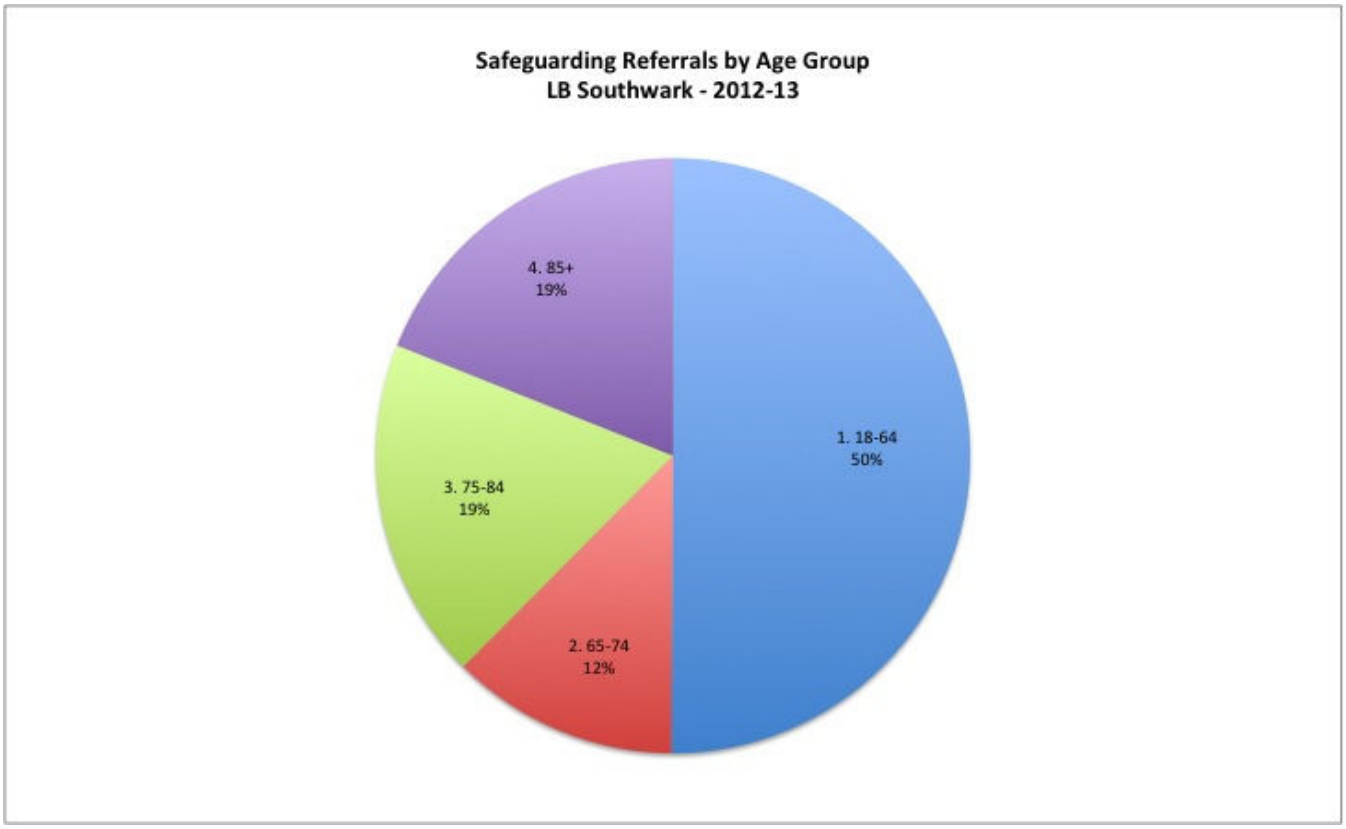


Figure 1.4: Safeguarding Referrals by Age Group

Vulnerable Adult Age Group	Total	%
1. 18-64	267	50.1%
2. 65-74	66	12.4%
3. 75-84	99	18.6%
4. 85+	101	18.9%
Grand Total	533	100.0%

- Broadly similar to London comparator group

Chart 5: Safeguarding Referrals by Type of Abuse

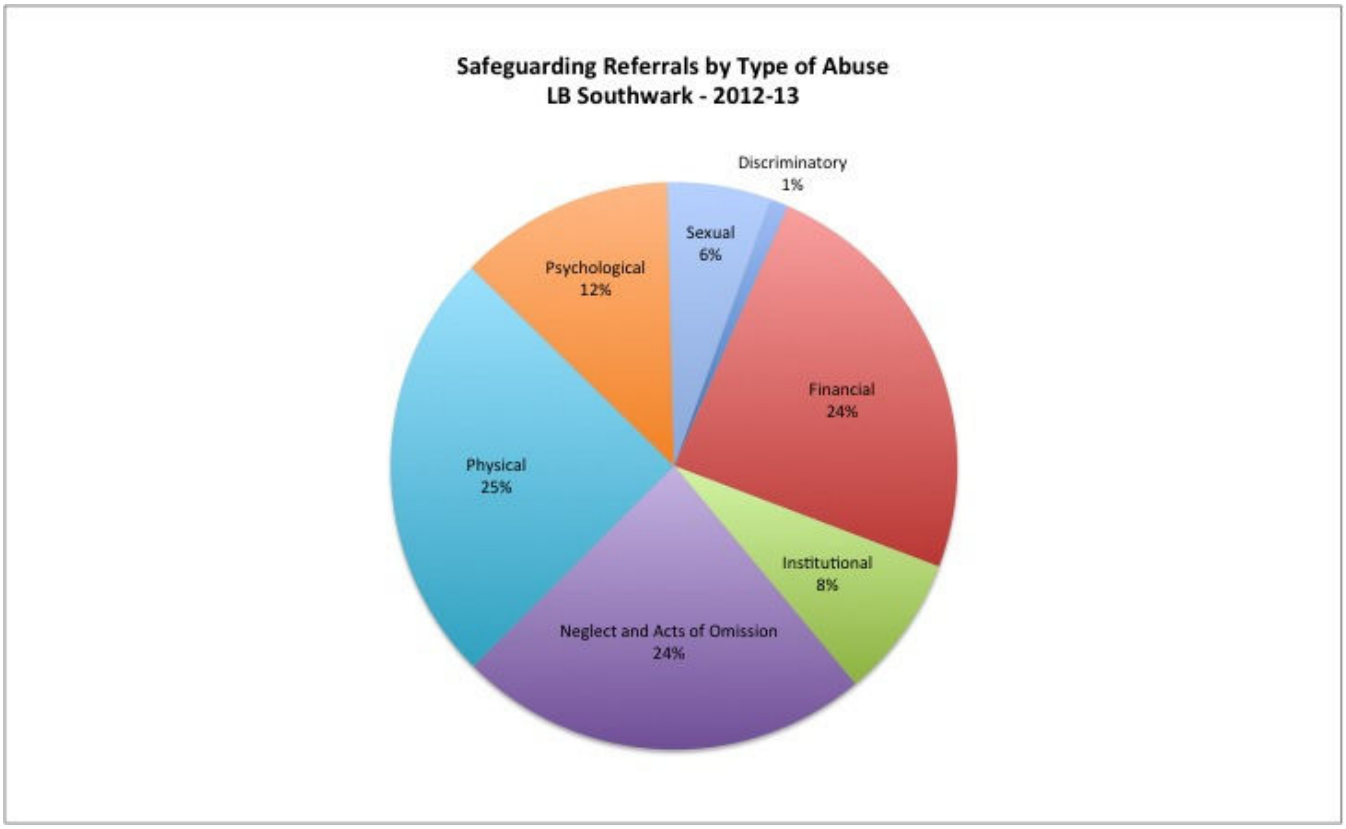


Figure 1.5: Safeguarding Referrals by Type of Abuse

Alleged Abuse Type*	Total	%
Discriminatory	7	1.0%
Financial	163	24.2%
Institutional	55	8.2%
Neglect and Acts of Omission	159	23.6%
Physical	167	24.8%
Psychological	83	12.3%
Sexual	40	5.9%
Grand Total	**674**	**100.0%**

*Please note each referral can contain 1 or more alleged abuse types

- As in previous years physical, financial, and neglect and acts of omission were the most prevalent abuse types.

Chart 6: Safeguarding Referrals by Ethnicity

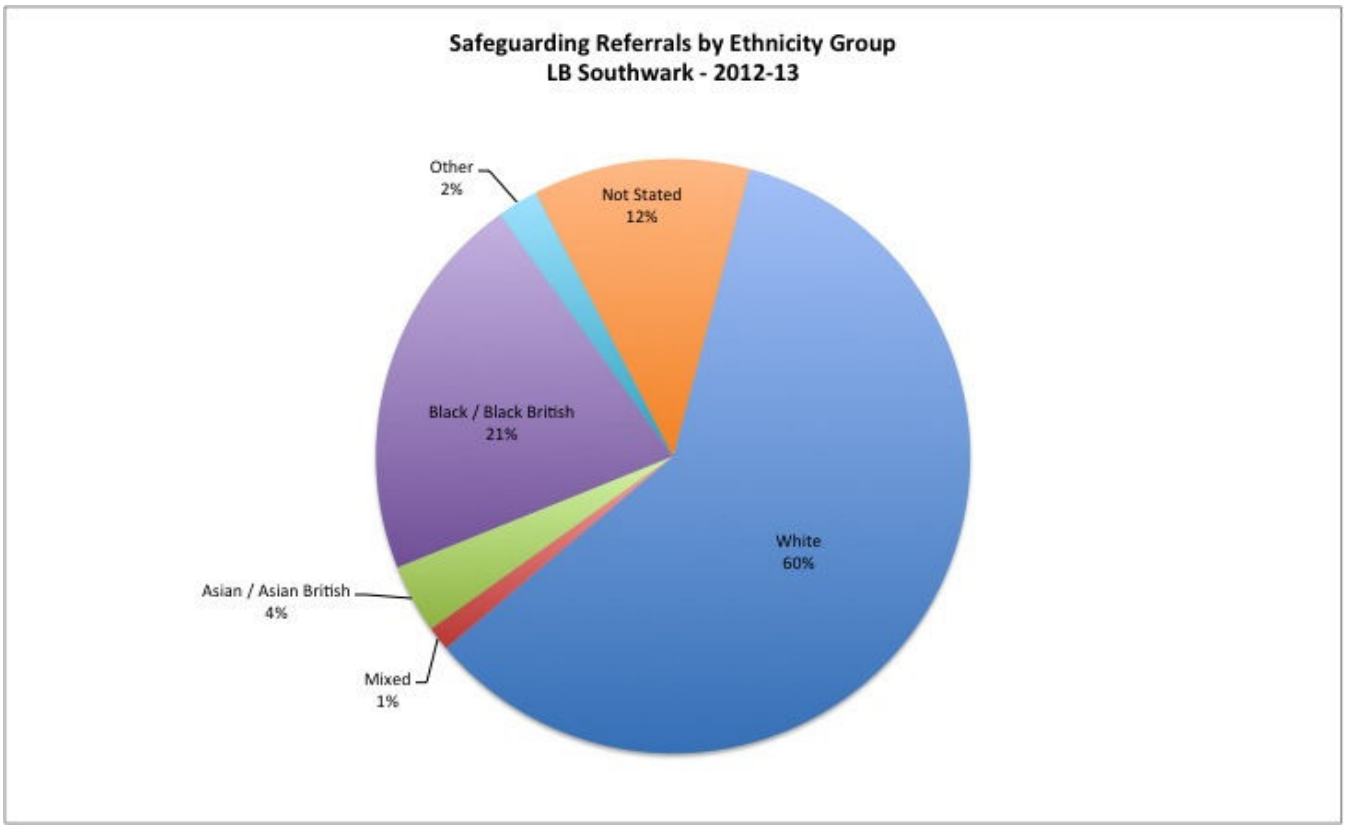


Figure 1.6: Safeguarding Referrals by Ethnicity

Ethnicity of Vulnerable Adult	Total	%
a) White: British	280	52.5%
b) White: Irish	22	4.1%
e) White: Any other White background	16	3.0%
h) Mixed: White and Asian	6	1.1%
i) Mixed: Any other Mixed background	1	0.2%
j) Asian / Asian British: Indian	2	0.4%
k) Asian / Asian British: Pakistani	2	0.4%
l) Asian / Asian British: Bangladeshi	3	0.6%
m) Asian / Asian British: Any other Asian background	13	2.4%
n) Black / Black British: Caribbean	46	8.6%
o) Black / Black British: African	24	4.5%
p) Black / Black British: Any other Black background	43	8.1%
r) Other Ethnic Groups: Any other ethnic group	12	2.3%
s) Not Stated: Refused	1	0.2%
t) Not Stated: Information not yet obtained	62	11.6%
Grand Total	**533**	**100.0%**

- These figures are comparable with the overall ethnic break down of the borough (cf London Councils London Facts)

Chart 7: Safeguarding Referrals by Alleged Abuse and Vulnerable Adult Group

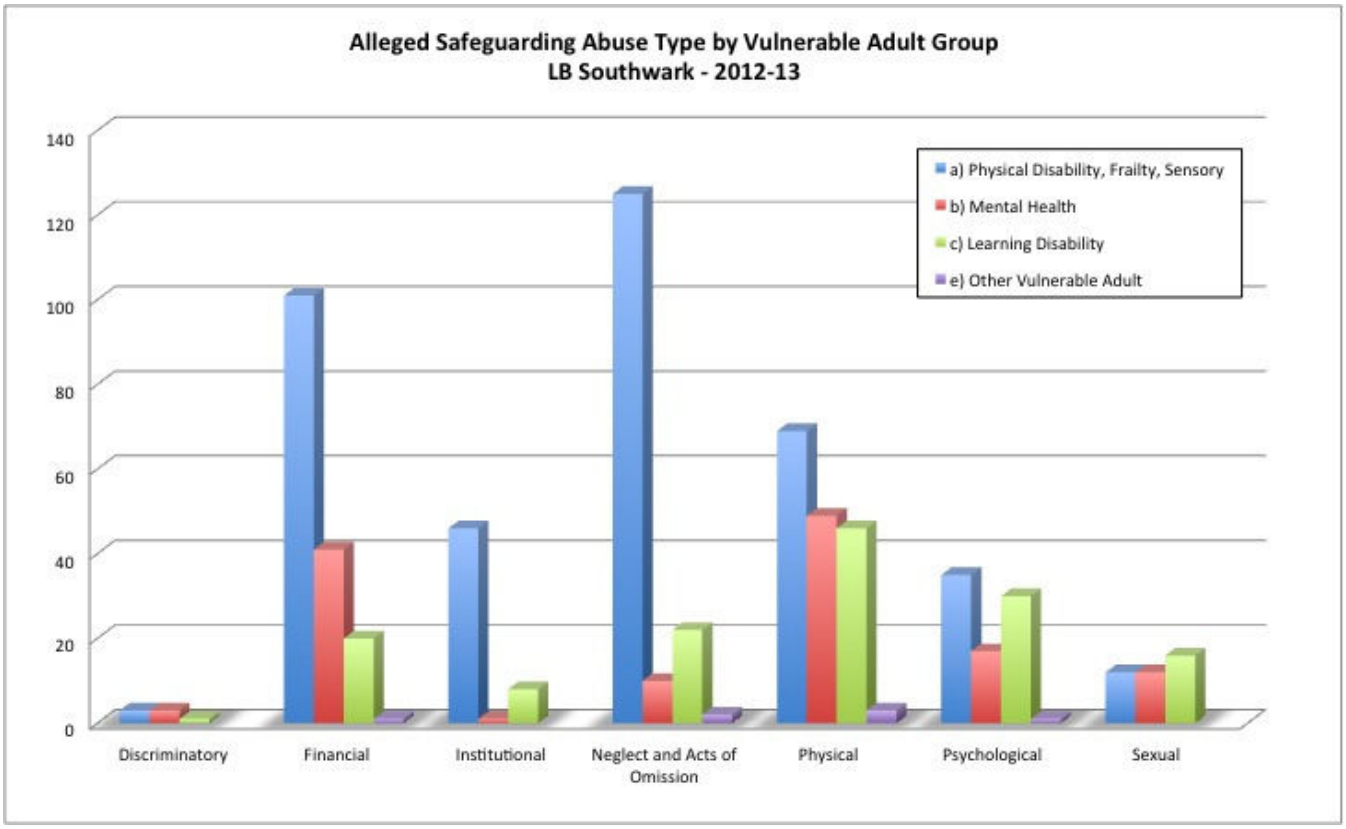


Figure 1.7: Safeguarding Referrals by Alleged Abuse and Vulnerable Adult Group

Abuse Type*	a) Physical Disability, Frailty, Sensory	b) Mental Health	c) Learning Disability	e) Other Vulnerable Adult	Grand Total	%
Discriminatory Abuse	3	3	1		**7**	**1.0%**
Financial	101	41	20	1	**163**	**24.2%**
Institutional Abuse	46	1	8		**55**	**8.2%**
Neglect and Acts of Omission	125	10	22	2	**159**	**23.6%**
Physical	69	49	46	3	**167**	**24.8%**
Psychological	35	17	30	1	**83**	**12.3%**
Sexual	12	12	16		**40**	**5.9%**
Grand Total	**391**	**133**	**143**	**7**	**674**	**100.0%**
%	**58.0%**	**19.7%**	**21.2%**	**1.0%**	**100.0%**	

*Please note each referral can contain 1 or more alleged abuse types

- As in previous years people with learning disabilities (PWLD) raise more alerts concerning sexual abuse than other groups
- Proportionately (PWLD) suffer a greater frequency of abuse than other groups

Chart 8: Location of Abuse – Victim aged 18-64

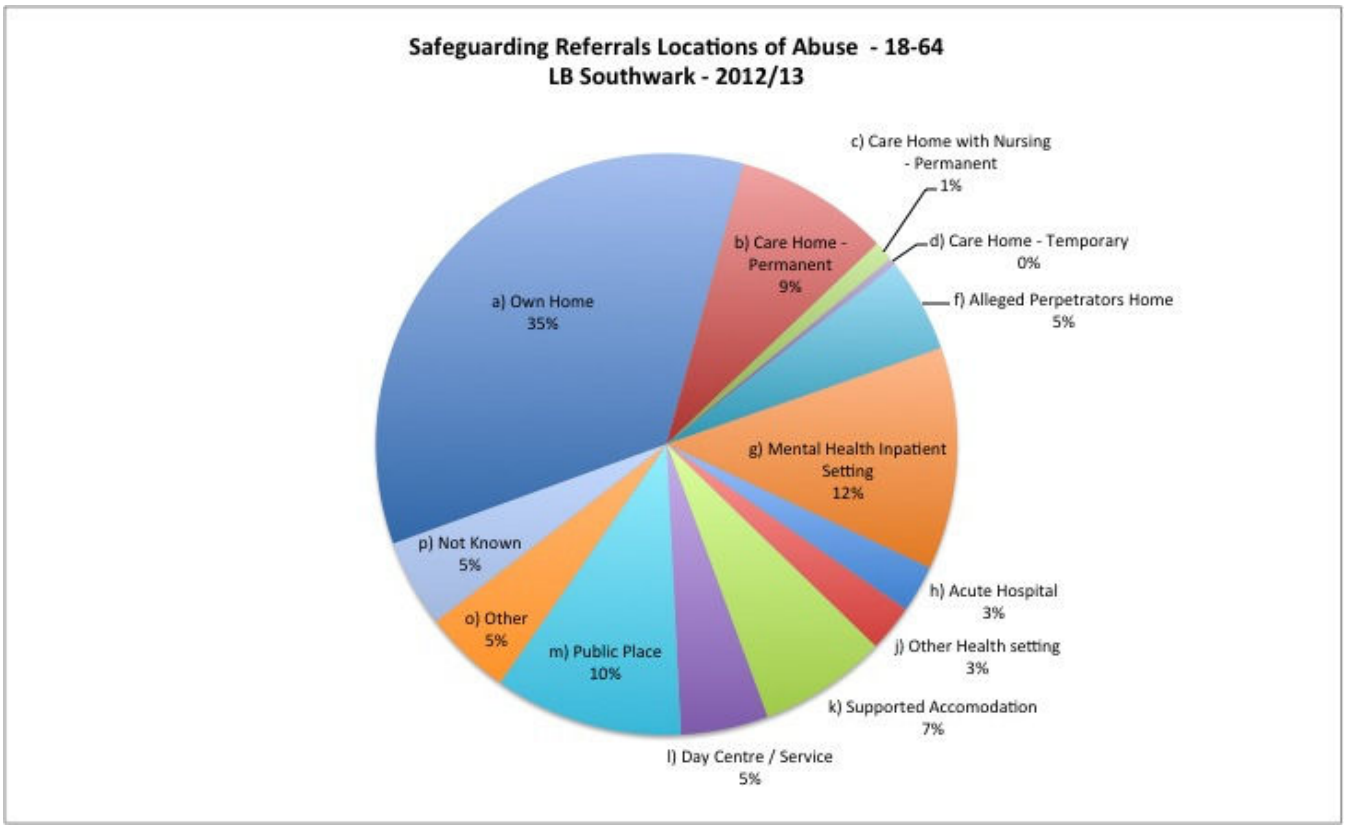


Chart 9: Location of Abuse – Victim aged 65+

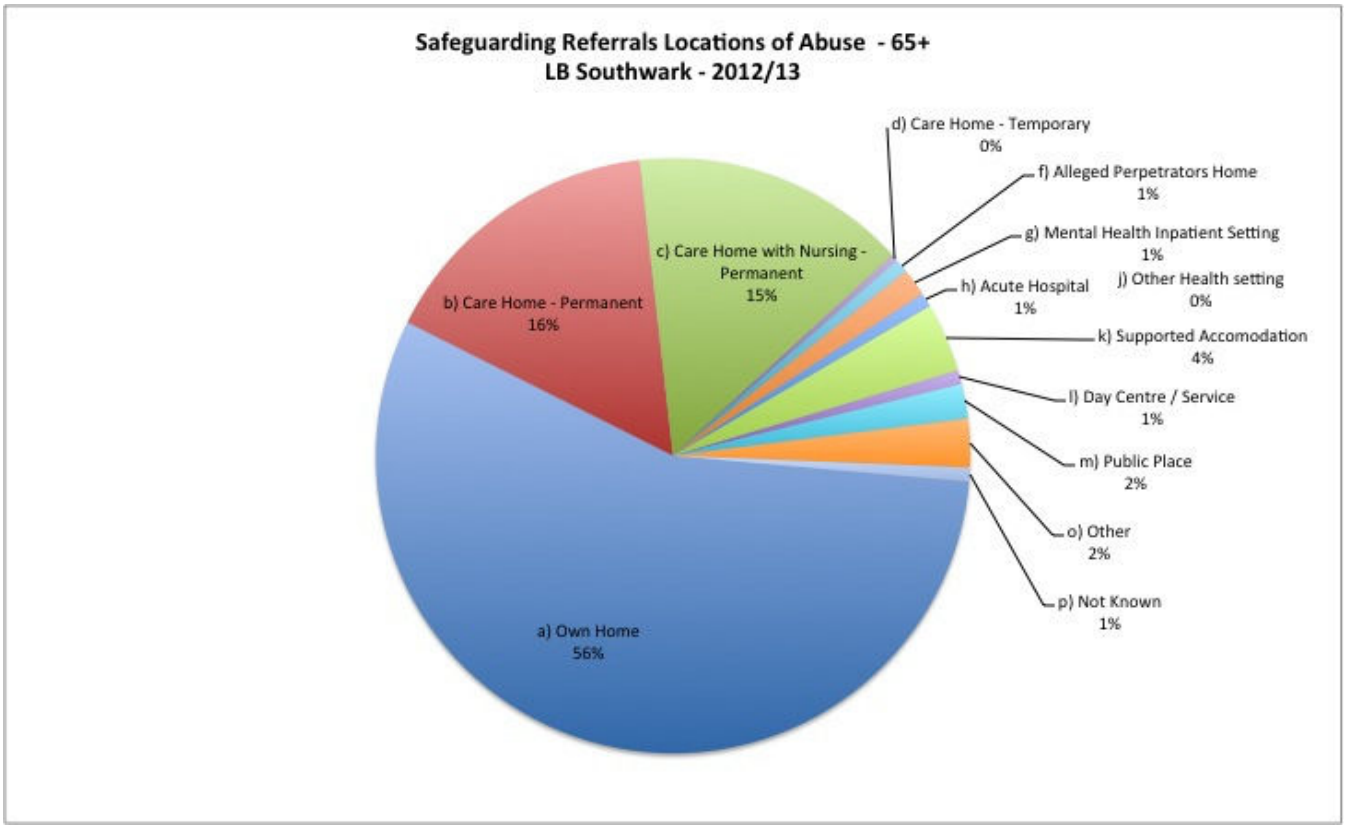


Figure 1.8: Location of alleged abuse by age group

AVA Abuse Location	1. 18-64	2. 65-74	3. 75-84	4. 85+	Grand Total	%
a) Own Home	93	39	54	56	242	45.4%
b) Care Home - Permanent	23	7	19	16	65	12.2%
c) Care Home with Nursing - Permanent	3	6	15	19	43	8.1%
d) Care Home - Temporary	1			1	2	0.4%
f) Alleged Perpetrators Home	14	1		1	16	3.0%
g) Mental Health Inpatient Setting	33	2	1	1	37	6.9%
h) Acute Hospital	7	1	1		9	1.7%
j) Other Health setting	7				7	1.3%
k) Supported Accommodation	19	2	5	3	29	5.4%
l) Day Centre / Service	13	1		1	15	2.8%
m) Public Place	28	2	2	1	33	6.2%
o) Other	13	4	1	2	20	3.8%
p) Not Known	13	1	1		15	2.8%
Grand Total	**267**	**66**	**99**	**101**	**533**	**100.0%**
% of Total	**50.1%**	**12.4%**	**18.6%**	**18.9%**	**100.0%**	

Reported location of abuse in Southwark is very similar to the London Comparator Group

Chart 10: Safeguarding Referrals by the Relationship of the alleged perpetrator to the victim

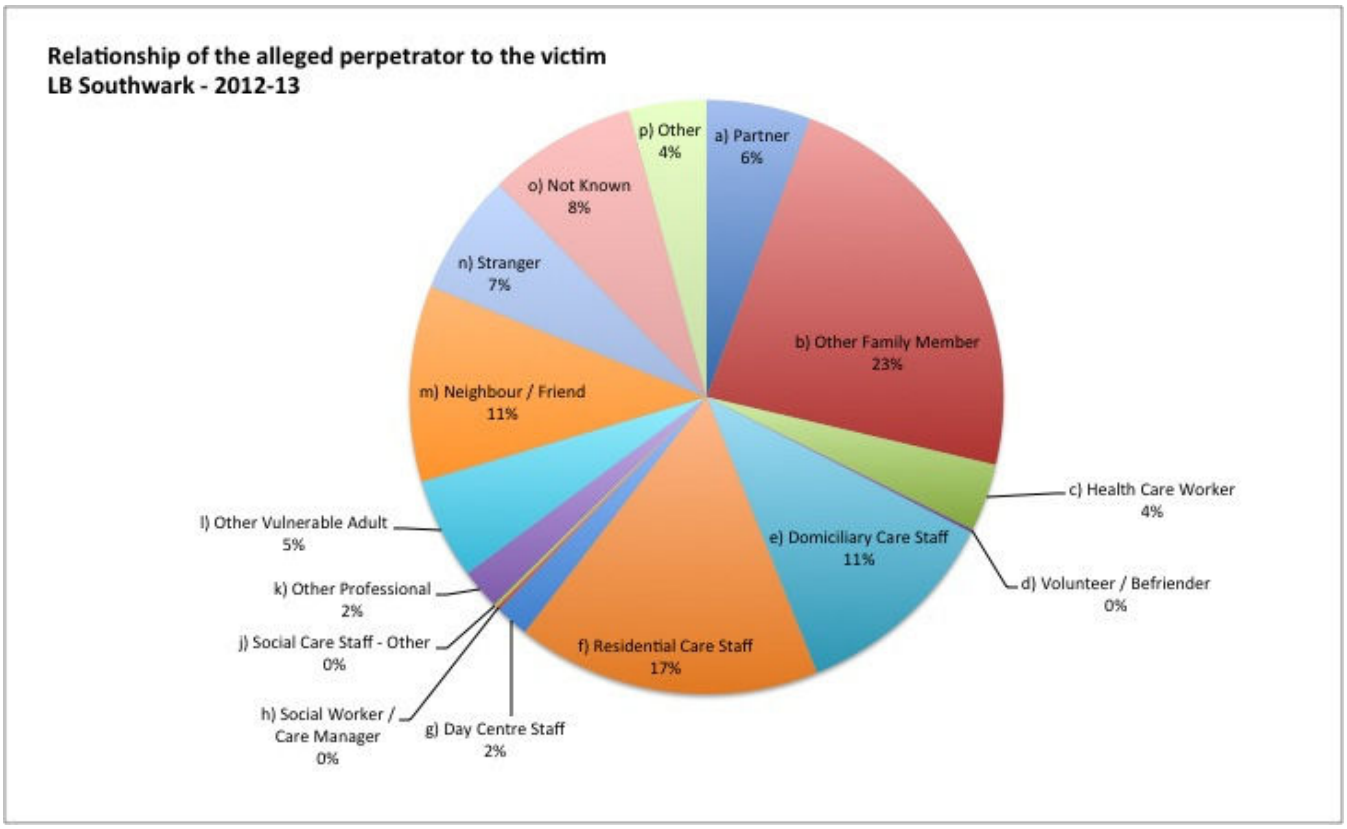


Figure 1.9: Safeguarding Referrals by the Relationship of the alleged perpetrator to the victim

Perpetrator Relationship	Total	%
a) Partner	31	5.7%
b) Other Family Member	125	23.0%
c) Health Care Worker	20	3.7%
d) Volunteer / Befriender	1	0.2%
e) Domiciliary Care Staff	62	11.4%
f) Residential Care Staff	90	16.5%
g) Day Centre Staff	10	1.8%
h) Social Worker / Care Manager	1	0.2%
j) Social Care Staff - Other	1	0.2%
k) Other Professional	12	2.2%
l) Other Vulnerable Adult	30	5.5%
m) Neighbour / Friend	58	10.7%
n) Stranger	36	6.6%
o) Not Known	44	8.1%
p) Other	23	4.2%
Total	**544**	**100%**

Safeguarding Case Completions

Chart 10: Safeguarding Referrals by Case Conclusion and Vulnerable Adult Category

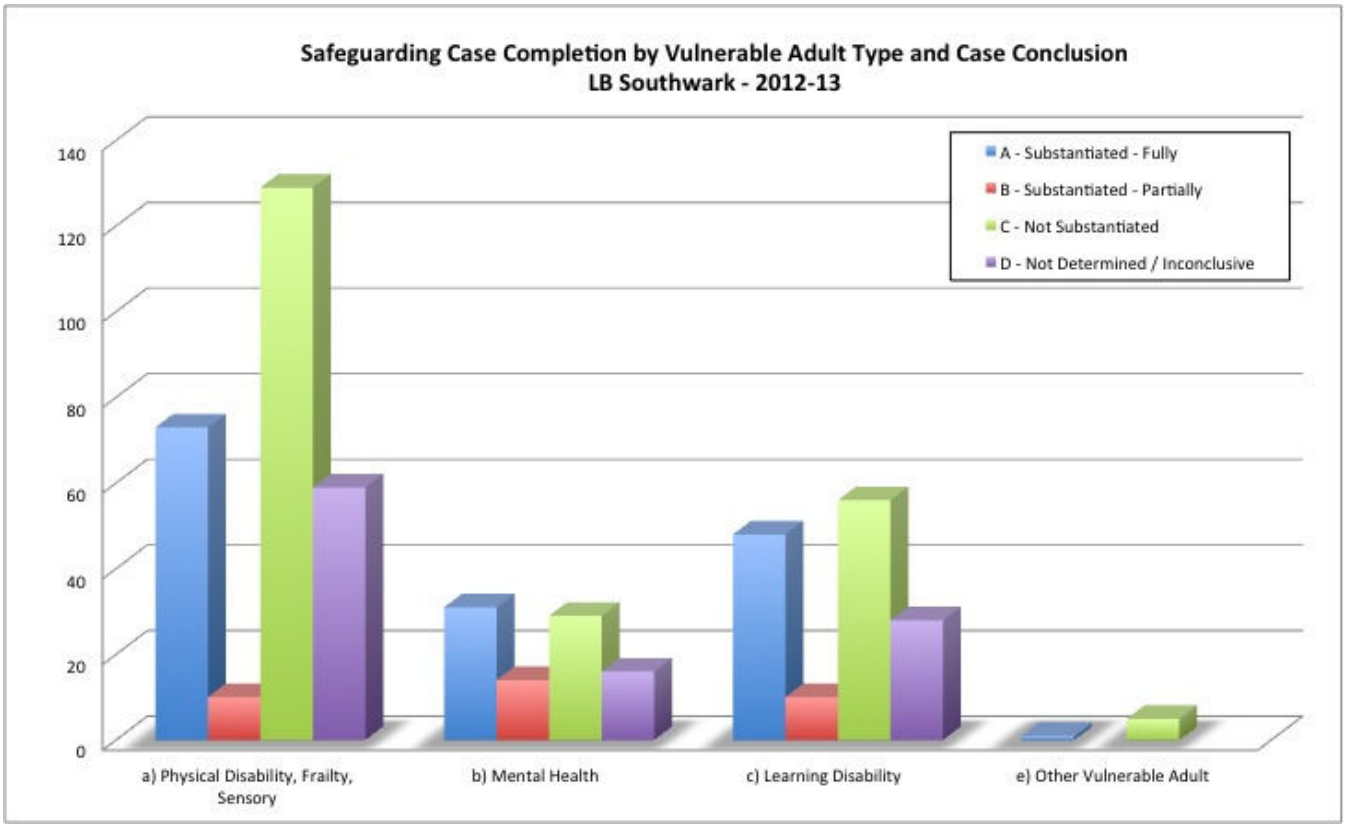


Figure 2.1: Safeguarding Referrals by Case Conclusion and Vulnerable Adult Category

Case Conclusion	a) Physical Disability, Frailty, Sensory	b) Mental Health	c) Learning Disability	e) Other Vulnerable Adult	Grand Total	%
A - Substantiated - Fully	73	31	48	1	153	**30.1%**
B - Substantiated - Partially	10	14	10	0	34	**6.7%**
C - Not Substantiated	129	29	56	5	219	**43.0%**
D - Not Determined / Inconclusive	59	16	28	0	103	**20.2%**
Grand Total	**271**	**90**	**142**	**6**	**509**	**100.0%**
%	**53.2%**	**17.7%**	**27.9%**	**1.2%**	**100.0%**	

- Numbers of cases substantiated are very similar to the London Comparator Group
- Numbers of cases not substantiated are higher than the London Comparator Group
- Numbers of cases not determined/inconclusive are lower than the London Comparator Group

Chart 11: Safeguarding Referrals by Case Conclusion and Age of Victim

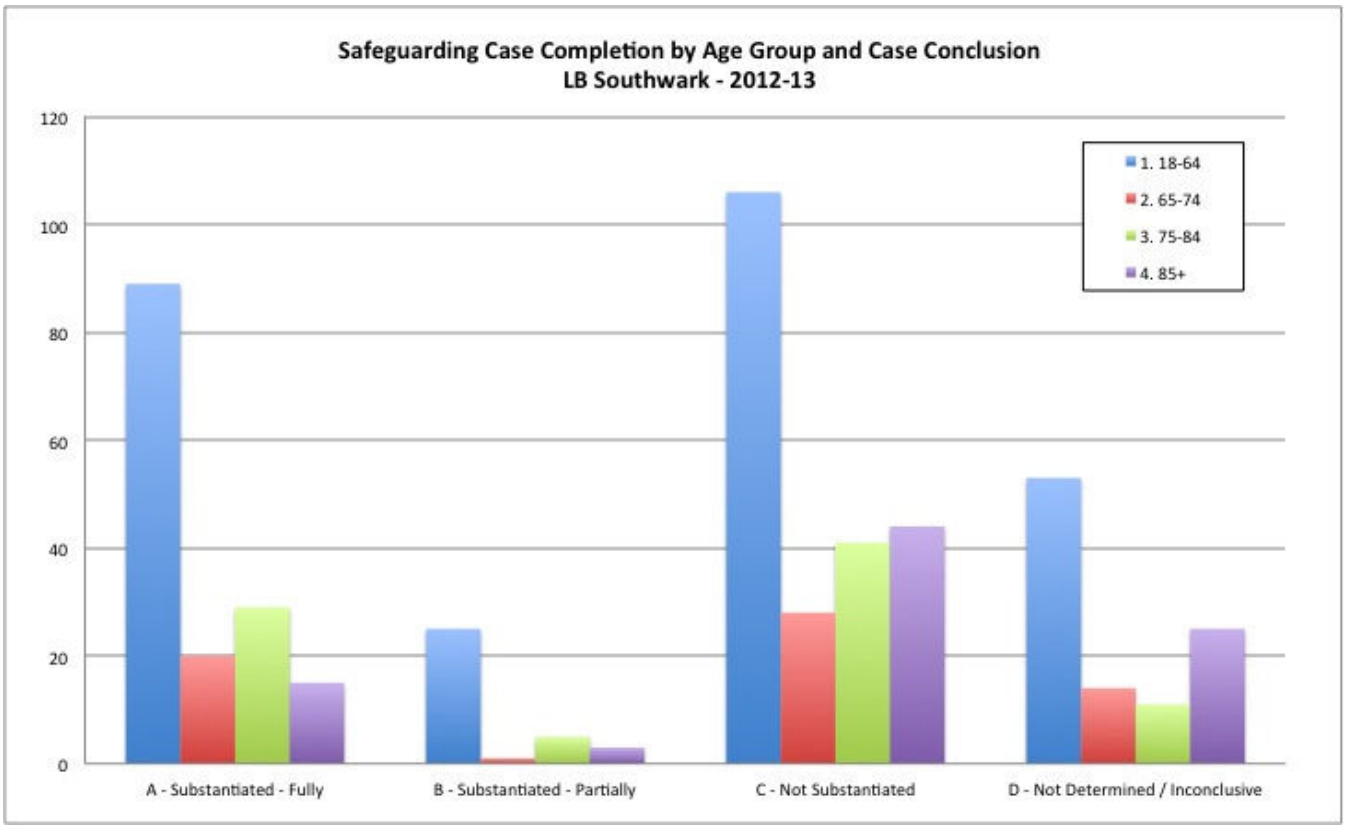


Figure 2.2: Safeguarding Referrals by Case Conclusion and Age of Victim

Case Conclusion	1. 18-64	2. 65-74	3. 75-84	4. 85+	Grand Total	%
A - Substantiated - Fully	89	20	29	15	**153**	**30.1%**
B - Substantiated - Partially	25	1	5	3	**34**	**6.7%**
C - Not Substantiated	106	28	41	44	**219**	**43.0%**
D - Not Determined / Inconclusive	53	14	11	25	**103**	**20.2%**
Grand Total	**273**	**63**	**86**	**87**	**509**	**100.0%**

Chart 12: Safeguarding Case Outcomes – Vulnerable Adult

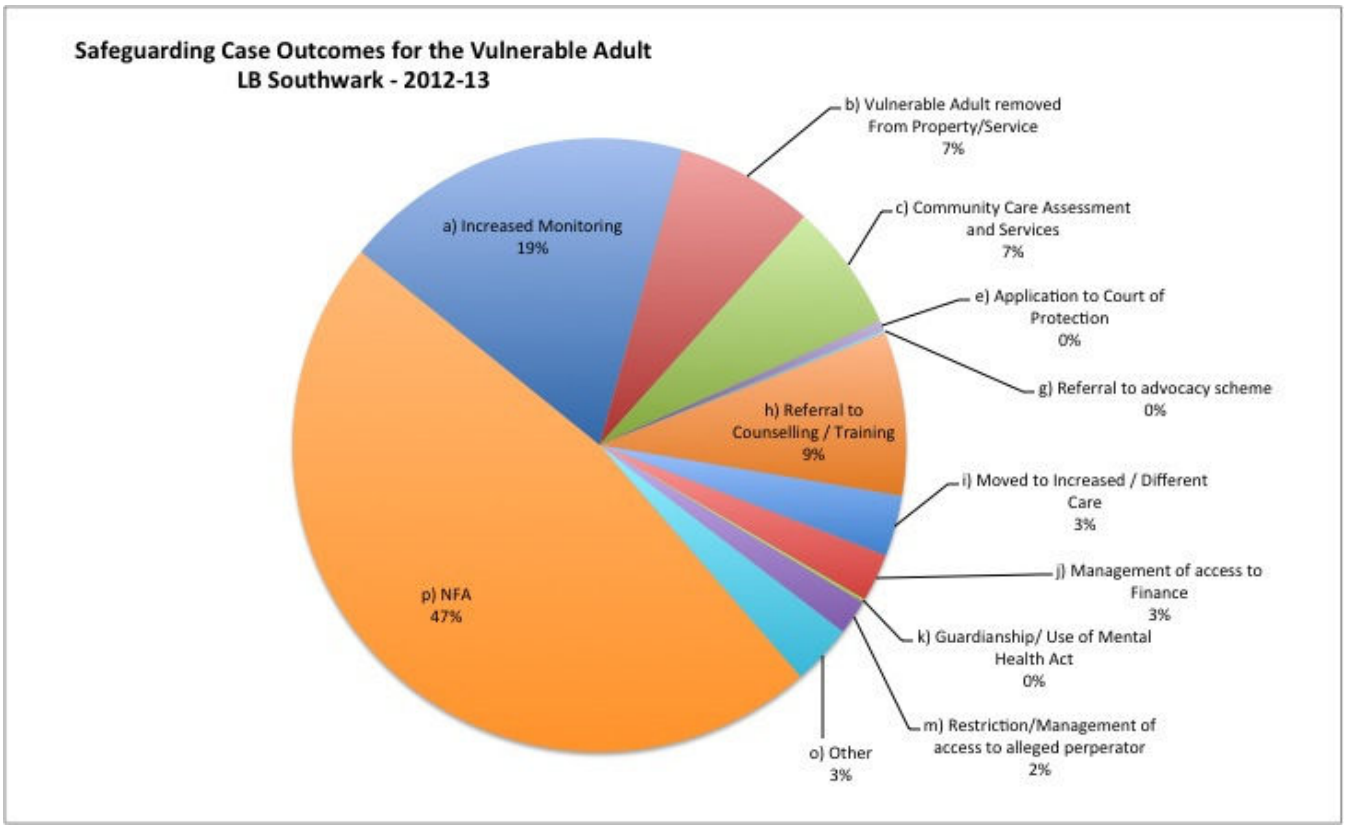


Figure 2.3: Safeguarding Case Outcomes – Vulnerable Adult

Case Outcomes for Victim *	Total	%
a) Increased Monitoring	110	18.5%
b) Vulnerable Adult removed From Property/Service	43	7.3%
c) Community Care Assessment and Services	40	6.7%
e) Application to Court of Protection	3	0.5%
g) Referral to advocacy scheme	1	0.2%
h) Referral to Counselling / Training	51	8.6%
i) Moved to Increased / Different Care	19	3.2%
j) Management of access to Finance	15	2.5%
k) Guardianship/ Use of Mental Health Act	1	0.2%
m) Restriction/Management of access to alleged perperator	11	1.9%
o) Other	19	3.2%
p) NFA	280	47.2%
Grand Total	593	100.0%

*Please note each completed referral can contain 1 or more outcomes for the victim

- There are a larger number of 'no further action' outcomes in Southwark than London Comparator Boroughs

Chart 13: Safeguarding Case Outcomes – Alleged Perpetrator

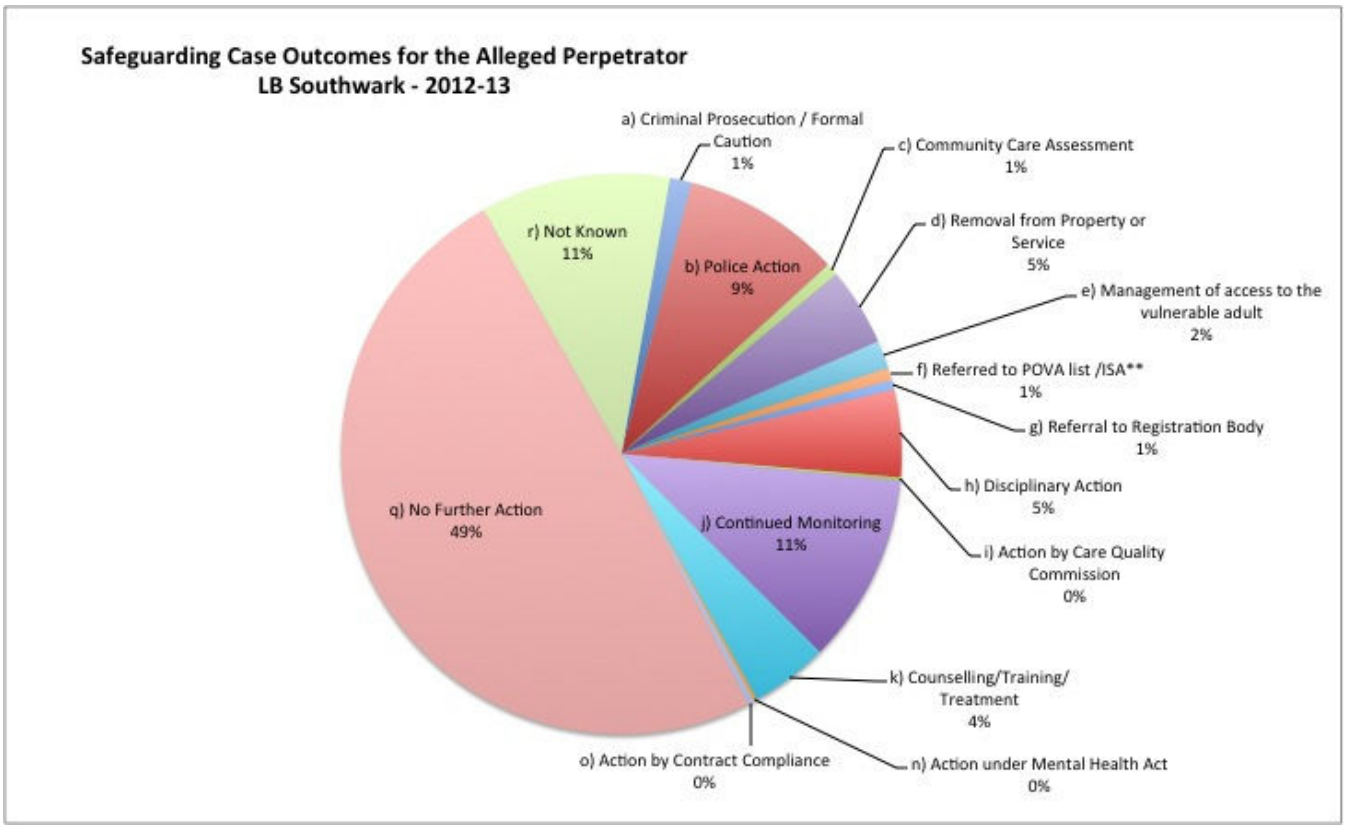


Figure 2.4: Safeguarding Case Outcomes – Alleged Perpetrator

Case Outcomes for the Alleged Perpetrator *	Total	%
a) Criminal Prosecution / Formal Caution	7	1.3%
b) Police Action	51	9.2%
c) Community Care Assessment	4	0.7%
d) Removal from Property or Service	25	4.5%
e) Management of access to the vulnerable adult	9	1.6%
f) Referred to POVA list /ISA**	4	0.7%
g) Referral to Registration Body	3	0.5%
h) Disciplinary Action	28	5.0%
i) Action by Care Quality Commission	1	0.2%
j) Continued Monitoring	61	11.0%
k) Counselling/Training/Treatment	25	4.5%
n) Action under Mental Health Act	1	0.2%
o) Action by Contract Compliance	2	0.4%
q) No Further Action	274	49.3%
r) Not Known	61	11.0%
Grand Total	556	100.0%

*Please note each completed referral can contain 1 or more outcomes for the alleged perpetrator.

- Southwark has fewer uncategorised outcomes than London Comparator Boroughs

Agenda Item 6

NHS Southwark Clinical Commissioning Group

Extended Primary Care in Southwark

1. Background

NHS Southwark CCG undertook a review of the Lister Walk-in Centre in South Southwark during November 2013. The Lister Walk-in Centre contract will come to an end in September 2014 and it was agreed to use this opportunity to more broadly review the commissioning of urgent access to primary care services within both this locality and Southwark as a whole. In December 2013, the Southwark Commissioning Strategy Committee (CSC) supported the recommendation to explore the commissioning of an alternative urgent primary care access model based on extended access to GP practices on a neighbourhood basis.

The Oversight and Scrutiny Committee (OSC) considered the review of the Walk-in Centre and recommendation supported by the CSC in January. The paper also described the programme of engagement undertaken to date and summarised the key messages. The OSC did not view the proposed changes to the Walk-In Centre and primary care access as a significant change in service, on the assumption that there is an extended access clinic at the Lister under any future model. Members gave some initial positive feedback on the approach being taken by the CCG to improve access for all Southwark patients. It was agreed that a further paper would be taken to the 5 March 2014 OSC providing details of impact upon the health economy, both financially and service provision, in addition to plans for engagement.

This paper provides an update on progress since January.

2. CCG Commissioning Strategy Committee

The CSC considered a further paper on 18 February 2014 which described the proposed service model in greater detail, outlined initial modelling of the costs of the service and plans for engagement. The CSC were supportive of the proposed service model outlined and highlighted a number of issues to be addressed as part of the next phase of development, including the importance of effective communication and marketing in managing the service change, in addition to the proposed stakeholder engagement.

The committee agreed that a full business case and service specification would be developed and brought back to the April meeting for consideration and recommendation.

3. Service model

Feedback from patients has highlighted the variation in service provision, difficulties accessing care for both routine and urgent care needs and the complexity of the current system which is difficult to navigate. Our work with our local residents has helped us define what the proposed service model could look like which is described below.

- Provide clear and responsive access to clinical advice and treatment in and out of core GP hours
- Provide consistent extended access across the borough

- Ensure acute, community and primary care implement an agreed Southwark access and treatment policy to ensure that patients receive consistent messages and redirection where appropriate
- Facilitate closer working with local community pharmacies
- Support alternative ways of providing and accessing care (e.g. neighbourhood based models of care, telephone and online consultations) in a flexible way that caters to individual patient needs
- Support patient education and effective communication

The proposed service addresses the issues raised through our programme of engagement. It is an extension of current primary care provision across the borough with practices providing urgent and routine appointments to their registered patients. Close alignment with core primary care services and exploring opportunities to deliver care in a different way should improve accessibility, quality of service and patient experience and satisfaction. The service aims to

- Ensure improved and consistent access to high quality primary care services from 8-8, 7 days a week with extended access clinics in each neighbourhood - there will be between two and four sites across the borough
- Support patients to find the right service at the right time, through integration of access routes to urgent and core primary care services, with consistent redirection at all points.
- Improve and enhance current primary care capacity through pooling of resources from different out of hours funding streams, practices (SELDOC) and additional CCG funds
- Free up capacity within practices to manage scheduled care and care of patients with long-term conditions
- Reduce variation in access between practices
- Improve patient experience and health outcomes
- Facilitate information sharing between primary care settings providing both urgent and scheduled care, thus enabling greater continuity of care
- Provide care in a flexible and effective way that responds to patient needs e.g. exploring use of technologies and non-face to face contacts.
- Work closely with local pharmacists

4. Impact assessment

An equality, human rights and health inequalities impact assessment (EIA) was carried out on Southwark's Primary and Community Care Strategy 2013/2014 – 2017/2018. This assessed each of the workstreams, including access. The assessment was positive about the use of a locality based approach to service delivery. It also felt that the development of neighbourhood working providing integrated services across a geographical area would provide quicker and easier access to relevant services, particularly for those people with mobility problems, mental health issues and/or little disposable income, which can act as a major barrier to accessing dispersed services across the borough, leading to health inequalities. We will build on this work moving forward.

It should be noted that the proposed service represents an increase in service provision, delivered through the investment in additional primary care capacity and more effective integration of existing services. We will ensure that robust contractual levers are in place and activity levels are closely monitored.

5. **Financial impact of the proposal including an assessment of the financial impact on providers**
Currently there are a number of routes through which patients access both routine and urgent primary care. The range of services available across Southwark are funded and commissioned in different ways. The proposed model seeks to use existing resources in a more effective way, in addition to making additional investment to extend primary access consistently across the borough. Initial financial modelling has been undertaken to assess the costs associated with the proposed service – this is still a work in progress and will be developed further as part of the next phase of development. A full business case will be considered by the CSC in April 2014.

In terms of impact upon activity demands, the proposed service has implications for our GP Out of Hours provider, SELDOC, who cover 6.30pm – 8.00pm Monday to Friday and 24 hours at weekends. SELDOC is supportive of the direction of travel proposed by the CCG and has submitted a bid to the Prime Minister's Challenge Fund in partnership with Southwark practices and the CCG to support the realisation of the vision to deliver extended primary care access. The CCG and SELDOC have had productive discussions about diverting the expected freed up clinical capacity in the Out of Hours service into the proposed extended access clinic model.

6. **Proposed process for further engagement with patients and stakeholders to support the implementation of the new service model**
A programme of engagement with the public and key stakeholders is in progress. The previous paper set out the engagement undertaken to date and forthcoming plans. Below is an update on progress

a) Patient engagement
Building on the patient engagement meeting held in November 2013, a follow up event is taking place on Tuesday 26 February 2014 at Cambridge House, which also includes other stakeholders, thus enabling discussion between potential service provides and patients. The CCG will present the key principles of the proposed service model; discuss how this could be delivered and what this would mean to our local residents. We wish to understand what drives positive healthcare seeking behaviours in order to support patients to self-care and access the right services. A key focus for discussion will be how to effectively manage the communication around the service change to ensure a seamless transition. We recognise the importance of using clear and consistent language with both the public and across healthcare settings. In parallel with this we will continue to work with Locality Patient Participation Groups (in developing the service and plans for implementation).

The Southwark Engagement and Patient Experience Committee (EPEC) will consider the current plans at the March 2014 meeting and will be asked to provide views on the programme going forward, including communication and marketing.

b) Practices
The previous paper considered by the OSC described the CCG structure of meetings and forums to engage with its membership. These include monthly locality meetings for member practices, a weekly electronic GP bulletin, monthly Protected Leaning Time meetings for practice staff and a quarterly Council of Members meeting which is formal part of our governance structures as well as a six monthly programme of individual practice visits undertaken by clinical leads and staff. This is in addition having nine clinical leads in place from members practices on our Governing Body who attended monthly Clinical Strategy Committee meetings.

A clinical working group is being established, which will oversee the development of the service specification, with CCG leads having a role in facilitating discussions and seeking views from their colleagues in general practice.

c) Other stakeholders

The CCG met with senior leads at King's College Hospital in late January to discuss the findings of the Walk-in Centre review and the proposal to develop an alternative model of care. The Trust was very supportive of this direction of travel, particularly of primary care being consistently able to offer same day appointments across the borough, and take diversions from A&E. The importance of effective patient communication in managing the transition was acknowledged and agreement that using the Lister as one service hub would help in minimising confusion. The CCG have had positive discussions with NHS England regarding commissioning this in a way that reflects the interplay with the core GMS/PMS contract – the likelihood is that this would be an APMS jointly commissioned service.

As described earlier, SELDOC is engaged with this approach, having developed a joint bid to the Prime Minister's Challenge Fund to support the delivery of extended primary care access model of care across the borough.

Harprit Lally
Service Redesign Manager – Unplanned Care
20 February 2014

NHS
Southwark
Clinical Commissioning Group

CCG Performance Highlight Report

Southwark Council

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

5 March 2014

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

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan
KCH						89.7%	90.4%	87.9%	**89.4%**	**87.6%**
KCH (Denmark Hill)	**96.3%**	94.5%	95.2%	95.4%	**95.0%**	94.5%	94.5%	93.6%	**94.2%**	**93.3%**
GSTT	**95.9%**	94.5%	95.8%	96.9%	**95.7%**	96.9%	96.8%	96.6%	**96.8%**	96.9%

Cause of Reported Performance Position

•A&E 4 hour performance at KCH at Denmark Hill has been below the required level of performance since October 2013.

•A hospital's performance against the 4 hour target can be an important barometer of the performance of the hospital as a whole.

•A number of issues have contributed to the current performance position over the past four months. These include a reported increase in the acuity of presenting patients; challenges in repatriating patients to other hospitals; and issues with staffing.

•A norovirus outbreak in late December affected a number of departments within the Trust. This resulted in significant bed pressures and significantly restricted flow through the hospital at this time.

Urgent Care (2 of 3)

NHS Southwark Clinical Commissioning Group

Actions Taken by Trust to Address Emergency Pressures

1.Denmark Hill site capacity – Additional capacity is now open, including Infill block 4; CDU; majors and Brunel Ward. CDU opening was slightly delayed and Infill block 4 was delayed more significantly from the original Q3 plan. Additional critical care capacity is also available and flexed as required.

2.Staffing – Increased nursing levels on acute medicine, sickle cell and neurosurgery wards to support increased acuity of patients and secure optimal staffing levels, underpinned by an acute medical nursing shift review. Increased medical and nursing support for paediatric A&E. Enhanced medical and Emergency Nurse Practitioner staffing for twilight shifts. Additional nursing and administrative support to facilitate London Ambulance Service handover and performance.

3.Monitoring – The trust are holding internal site specific weekly Emergency Care Board meetings, which Southwark CCG are attending. There are daily breach meetings in order to rapidly identify and address issues. Weekly teleconferences will also be held with the Southwark CCG Chief Officer and the Chief Operating Officer of KCH to monitor and address any performance issues. Monthly clinical summits will also be held for senior leadership review of the performance position and action planning.

Urgent Care (3 of 3)

NHS Southwark Clinical Commissioning Group

Out of Hospital Actions to Address Emergency Pressures

***1.GSTT@home* roll out** – Across the whole of Southwark & Lambeth, with the additional 25 beds to be in place in Q4. 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 – Testing of senior multidisciplinary assessment at admission and rapid transition back to home once ready for discharge, with a trajectory to upscale this in Q4. This includes piloting of seven day working within health and social care elements of model.

3.Mental health – Increased consultant cover and out-of-hours psychiatric liaison nurse cover to support more timely assessments, reduce ED breaches and reduce emergency admissions. Agreed SLaM overspill capacity and enhancement of Home Treatment Teams.

4.Nursing home support – Coordinated approach to improving the quality of care within nursing homes involving consultant gerontologists; Southwark and Lambeth multi-disciplinary teams and General Practice.

5.A&E attendance rates – Analysis of Southwark A&E activity has shown a 4% decrease in presentations at King's College Hospital at M7, relative to 2012/13.

6.Primary care access – On-going work with general practice to review A&E activity, develop improvement plans including identification of high risk patients.

7.Winter communications campaign – Across south east London, including website aligned to local service directory to support patients to access the most appropriate service.

8.The CCG will undertake a clinically-led assurance visit of the A&E department at the Denmark Hill site on 5 March 2014.

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	Sep	**Q2**	**Oct**	**Nov**
SCCG	83.3	90.2	82.4	**85.9**	100	83.3	81.1	**86.3**	**78.4**	94.4
KCH	93.3	87.9	76.7	**86.7**	97.2	83.1	92.5	**88.1**	86.2	84.0
GSTT	68.6	80.5	79.7	**75.5**	77.9	80.0	70.1	**70.8**	**71.0**	**78.0**

Cause of Reported Performance Position

- Southwark and KCH have met the 2 week GP referral, 31 days and 62 days target for Q1 and Q2.
- All Southwark patients in November were treated at KCH or GSTT

Actions Agreed to Meet Performance Standard

- 62 day pathway performance at GSTT associated with receipt of tertiary referrals and for some patients with pathways within the trust.
- Department of Health Intensive Support Team (IST) has reviewed processes at GSTT for patients whose total journey is within GSTT.
- The IST has also recently separately reviewed all old South London Healthcare Trusts (SLHT) providers focussing on pathway access issues for 62 day patients who start their journey at the old SLHT and are referred to GSTT.
- The final report was received by trusts in December 2013 and the SLCSU is now organising a review group to ensure recommendations from the report are taken forward. This was held in mid-January.
- GSTT does not expect to meet this target before the end of the financial year.

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	Oct	Nov
Southwark CCG	90.6%	88.0%	90.7%	89.3%	88.4%	87.3%	86.0%	87.3%
KCH	88.8%	88.2%	89.7%	88.1%	87.1%	88.7%	88.1%	87.8%
GSTT	92.1%	92.0%	92.7%	92.4%	92.8%	90.7%	90.7%	90.4%

Cause of Reported Performance Position

- Admitted performance for Southwark CCG patients below the 90% target for the last five months.
- KCH are below the performance threshold. They are however within the planned improvement trajectory of 87% agreed with the trust and therefore amber rated.
- This trajectory was agreed to allow the trust to focus on reducing 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, KCH and NHS England.
- KCH have a combination of increased internal capacity and outsourcing to private providers in place. KCH has also transferred some orthopaedic patients to GSTT.
- Acquisition of the PRUH site along with Orpington and development of the Centenary Wing at Denmark Hill has given further capacity from October and November respectively.
- The trust will not achieve the RTT target until Q1 2014/15.

Referral-to-Treatment: 52 + week waits

NHS Southwark Clinical Commissioning Group

52 + Week Waits	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Southwark CCG	3	5	7	3	8	8	10	6	14
KCH	49	44	31	24	28	29	33	27	78
GSTT	9	5	0	1	0	0	0	0	0

Cause of Reported Performance Position

•All Southwark long waiters are patients at KCH. In December the specialities with long waits for Southwark patients at King's were 6 in gastroenterology for benign HpB surgery, 4 for neurosurgery, 2 for trauma and orthopaedics and 2 general surgery/bariatric surgery.

Actions Agreed to Meet Performance Standard

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

•For bariatrics, some activity continues to be outsourced to private providers and additional ring-fenced beds are now also available in the Centenary Wing.

•A cohort of HpB patients are being outsourced to private providers and ring-fenced beds are available in the Centenary Wing. Weekend lists occurred to the end of December and in January.

•The trust keeps long waiters under regular clinical review to ensure there is no clinical risk to 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	Oct	Nov	Dec
Southwark CCG	1.86%	1.95%	1.85%	2.63%	2.41%	2.48%	1.52%	1.71%	2.02%
KCH (Denmark Hill)	3.00%	4.20%	2.77%	2.57%	1.23%	0.94%	0.87%	1.40%	1.6%
GSTT	2.00%	2.10%	3.08%	3.83%	5.13%	4.44%	2.17%	2.46%	3.17%

Cause of Reported Performance Position

•The main driver for under-performance is endoscopy at GSTT.

•Although GSTT has opened a new larger endoscopy suite, temporary limited staffing levels has resulted in an increased number of plus 6 week waiters in recent months.

•KCH Denmark Hill had an issue with sleep studies in November due to the loss of a staff member. Activity has now restarted with additional sessions arranged to clear the backlog, this is expected to be cleared by late January 2014 and the CCG will receive the performance outturn in late February.

Actions Agreed to Meet Performance Standard

•GSTT has put additional sessions in place to increase staffing capacity using clinical fellows.

•GSTT is however likely to show a further increase in performance in January 2014 (data available Feb/March). Patient choice over the Christmas period has caused an additional temporary pressure effecting the first week after the Christmas period. The trust expects to clear the backlog by early February 2014.

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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Southwark CCG	12	6	7	11	1	0	25	35	32
KCH	49	19	29	40	16	0	27	99	85

Cause of Reported Performance Position

•All Southwark breaches in November and December occurred at KCH Denmark Hill.

•All of the October, November and December breaches were in the Clinical Decision Unit (CDU) at Denmark Hill.

Actions Agreed to Meet Performance Standard

•KCH opened a new 8 bedded CDU at the end of December, and now has 16 CDU beds in total. Although this is a net increase of 2 beds, the new configuration allows males and females to be more easily separated.

•Contractual penalties are being applied to breaches.

•A clinically-led assurance visit of the emergency department and CDU is scheduled to take place on 5th March 2014.

IAPT

NHS Southwark Clinical Commissioning Group

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Monthly 1st contacts to equal 12.5% trajectory	389	389	431	436	431	447	454	454	436	454
Number of first contacts	330	335	326	383	322	403	438	465	308	488
Recovery Rate (target 50%)	42.1	47.8	42.7	40.2	40.4	37.0	31.3	40.7	36.5	37.5

Cause of Reported Performance Position

- 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.

Actions Agreed to Meet Performance Standard

- Audit and review of all practice-based counselling completed.
- Additional temporary low intensity support by Psychological Well-being Practitioners (PWPs) have been in place at SLaM since the end of August.
- Case management support role recruited and started 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 administration tasks from counsellors.
- Programme to increase IAPT-accredited activity being completed by practice-based counsellors.
- The actions above were planned to impact performance by the end of Quarter 3 2013/14. This improvement is evident in November 2013 and January 2014 data.

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

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	YTD
Southwark CCG	**1**	0	0	0	**0**	0	1	1	**2**	**3**

- This table now only shows cases assigned to the CCG following Post Infection Review.

- All MRSA bacteraemia cases reported via the HCAI Data Capture System (DCS) are assigned to either an acute Trust or a CCG through the completion of a Post Infection Review (PIR). A case is deemed to be CCG assigned where the completed PIR indicates that a CCG is the organisation best placed to ensure that any lessons learned are completed.

c. difficile

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	YTD
Southwark CCG	**2**	7	3	5	**15**	5	4	5	**14**	**31**
Breakdown:										
Non - Acute	**0**	5	3	2	**10**	1	3	0	**4**	**14**
GSTT	**1**	2	0	0	**2**	3	1	1	**5**	**8**
KCH	**1**	0	0	3	**3**	1	0	4	**5**	**9**

Healthcare Acquired Infections (2 of 2)

NHS Southwark Clinical Commissioning Group

c. difficile - providers

	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	YTD	13/14 Target
KCH*	8	4	4	5	13	7	6	6	19	40	49
GSTT	3	6	3	6	15	6	4	3	13	31	47

***Denmark Hill only**

Actions Agreed with Providers to Meet Performance Standard

•Infection Control including MRSA and *Clostridium difficile* (CDI) 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 cases and all *CDI* cases attributed in their organisation.

•Following the transfer of community services to GSTT, GSTT provide community infection control support to primary care through training and *CDI* surveillance (currently based on GSTT lab data). It is planned that King's lab data will also soon be included for the purpose of enhanced surveillance.

•The Lambeth and Southwark Public Health Team review local HCAI data regularly. Following a local *CDI* summit, a multiagency *CDI* Task and Finish Group is addressing surveillance, raising awareness, antibiotic prescribing and care pathway development. Post Infection Reviews of MRSA bacteraemias are producing information on the detail of local cases and learning. Most cases are very complex with numerous healthcare contacts.

•Southwark CCG is undertaking a Deep Dive Review of Infection Control within its local acute and community providers. It will include recommendations on how to improve local infection control arrangements.

Friends & Family Test – Response Rates

NHS Southwark Clinical Commissioning Group

	Inpatient Response Rates (target 15%)						
	Quarter 1	July	August	September	October	November	December
KCH – Denmark Hill	40%	32%	34%	40%	50%	35%	43%
GSTT	28%	32%	36%	35%	33%	28%	26%

	A&E Response Rates (target 15%)						
	Quarter 1	July	August	September	October	November	December
KCH – Denmark Hill	8.0%	5.0%	12.9%	9.5%	9.9%	12.8%	9.6%
GSTT	6.0%	4.3%	5.4%	5.5%	5.5%	10.8%	16.1%

	Combined Response Rates (target 15%)						
	Quarter 1	July	August	September	October	November	December
KCH – Trust wide	13.4%	9.5%	15.3%	14.6%	13.7%	13.4%	15.2%
GSTT	12.5%	13.4%	14.3%	14.4%	13.9%	16.3%	18.9%

Note: Q2 data is not collected; only Q1 and Q4 data is collected.

Friends & Family Test - Scores

NHS Southwark Clinical Commissioning Group

	Inpatient Score						
	July	August	September	October	November	December	Dec. national ave.
KCH – Denmark Hill	62	62	61	60	64	63	71
GSTT	78	79	79	79	82	79	

	A&E Score						
	July	August	September	October	November	December	Dec. national ave.
KCH – Denmark Hill	30	43	40	47	51	49	56
GSTT	34	52	63	60	62	61	

	Combined Score						
	July	August	September	October	November	December	Dec national ave.
KCH – Trust wide	48	50	50	55	54	56	64
GSTT	68	71	75	74	73	68	

- RAG ratings are based on national average scores
- Quarterly data is not collected for scores

Q1 Serious Incidents & Never Events requiring investigation

NHS Southwark Clinical Commissioning Group

Never Events

- All Never Events at King's College Hospital
- Misplaced naso-gastric tube (April). Investigated. 3 month Action plan follow up at 12/9 SI Committee
- Maternal death of cystic fibrosis patient (April). Investigated. 3 month Action plan follow up at 12/9 SI Committee
- Retained object - femoral guide-wire (May). Investigated. 3 month Action plan follow up at 10/10 SI Committee

Provider SIs (EXCL NEs)	Q1 2013/14			Notes
	April	May	June	
KCH – All SIs (Southwark patients in brackets)	4 (2)	9 (3)	11 (4)	9 are Southwark residents (brackets) 8 LAS black breaches 1 prevented NE (surgery)
GSTT hospital and community - Southwark patients only	2	0	1	All hospital SIs , no community 1 maternity, 1 surgery, 1 ward based Reports late and being chased (Lambeth)
SLaM - Southwark patients only	2	0	0	2x unexpected Deaths: 1 = in patient with low BP taken to A&E 1 = community suspected suicide May/June v quiet but 5 SIs in July
Other Commissioned Provider - Southwark patients only	0	0	1	Tower Bridge nursing home. Inappropriate care and PU

***Excludes SIs not attributable to KCH e.g. pressure ulcers detected within 72 hours**

Q2 Serious Incidents & Never Events requiring investigation

NHS Southwark Clinical Commissioning Group

Points to Note

- 0 KCH Never Events
- 2 KCH Level 1 SIs notified in July now de-escalated
- 1 SLaM Level 2 mental health homicide (investigation due January 2014)

Provider SIs (EXCL NEs)	Q2 2013/14			Key themes & Notes
	July	August	September	
KCH – All SIs (Southwark patients in brackets)	14 (7)	7 (1)	9 (7)	• Pressure ulcers attributable • Fall/fractures • Delayed diagnosis/patient deterioration • Communication/documentation • Security • Maternity • Discharge error Total = 30 (15)
GSTT hospital and community - Southwark patients only	3	6	4	• Pressure ulcers attributable and non • Police investigating incident of staff fall/jump from roof of GST Total = 13
SLaM - Southwark patients only	5	1	3	• Homicide • Assault • Suspected/actual suicides Total = 9
Other Commissioned Provider - Southwark patients only	0	1	0	• Tower Bridge nursing home Single investigation into the death of 2 patients underway Total = 1

Q3 Serious Incidents & Never Events requiring investigation

NHS Southwark Clinical Commissioning Group

Points to Note

- 3 KCH (Denmark Hill) Never Events : 2 retained foreign objects (arterial line guidewire & cleaning pad); 1 wrong tooth extraction.
- 10 SIs logged at the PRUH have not been included in the below figures as NHS Bromley CCG review and assure these incidents. None of these SIs were for Southwark residents.

Provider SIs (EXCL NEs)	Q3 2013/14			Key themes & Notes
	October	November	December	
KCH – All SIs (Southwark patients in brackets)	15 (2)	14 (2)	11 (4)	• Higher number of SI/NEs than in previous quarters, (40 Q3 .v. 30 Q2) though lower of Southwark patients (8 Q3 .v. 15 Q2). • 3 NE, 10 serious falls, 8 hospital acquired PU 3 or 4 (mainly unavoidable). • 4 were Ambulance Black Breaches, 1 was an attributable MRSA death.
GSTT hospital and community - Southwark patients only	4	2	4	• 9 of 10 SIs are Pressure Ulcers grade 3 + 4, acquired both within the hospital and whilst under care of community staff. • Other SI is unexplained death (Grade 2).
SLaM - Southwark patients only	0	1	0	• Numbers are unusually low this quarter, though have been checked. Incident was suspected suicide of community outpatient.
Other Commissioned Provider - Southwark patients only	0	2	0	• Both incidents at nursing homes • One drug incident, one patient absconded.

National Audit Office Report: Elective waiting times

NHS Southwark Clinical Commissioning Group

- On 23 January 2014 the National Audit Office published a report on *NHS waiting times for elective care in England.* The report examines the performance, recording and management of elective care waiting times.
- The report found that with few exceptions, the waiting time standards have been met nationally. It further identified a significant degree of local variations in how national waiting time rules applied and highlighted a number of errors in the trusts' recording of patients' waiting times.

Recommendations included in the NAO Report

The over-arching recommendation in the NAO's report was that the Department of Health should take steps to satisfy itself that NHS England has effective arrangements for making sure trusts' recording and reporting of waiting times is consistent and reliable.

The report also set out a number of recommendations for CCGs to consider:

1.Clinical commissioning groups and trusts should work together to impress on patients their rights and responsibilities.

2.Trusts and clinical commissioning groups should encourage patients to take ownership of their pathway to treatment by ensuring that each trust access policy is up to date, patient friendly and publicly available.

3.NHS England should increase the work it does with clinical commissioning groups and trusts to identify and spread good practice in waiting list management.

4.Clinical commissioning groups and trusts should work with referral management centres to ensure clock start dates are correctly recorded and passed on to trusts with supporting documentation.

National Audit Office Report: Elective waiting times

NHS Southwark Clinical Commissioning Group

Current local actions relevant to the NAO Review

•NHS England have not yet issued guidance to CCGs or trusts following the NAO report

•Both King's and GSTT run regular internal audits of their waiting times data to ensure that it consistently complies with national requirements.

•As part of the current contracting round both KCH and GSTT are working with commissioners to update their access policies. Part of this work will be to clearly establish and communicate with patients agreed policies for patients missing single appointments or requiring quick access back to specialist care following discharge by the trust to their GP.

•The CCG will act to ensure that trusts' access policies are easily accessible to patients and made available online and further consider additional communications with patients about their rights and responsibilities when accessing NHS services.

Agenda Item 8

Southwark Health, Adult Social Care, Communities and Citizenship Committee

Inquiry into Access into Health Services in Southwark

Introduction

Access to health services throughout the Borough of Southwark is varied, with differing issues presenting at each access point.

Each of these issues is interlinked, and an under-performance in one sector will necessarily impact on other health services.

With increased, sustained pressure on health service it is important, now, more than ever, to have services which are truly delivering for our residents.

This Committee therefore decided to consider the range of health services provided in Southwark, and the ways in which our residents interact with these. In doing so, we found a number of key issues which are leading to strains being placed on other health services.

In this report, we set out a number of recommendations to help alleviate some of this pressure and ensure that Southwark residents are able to access the highest quality of healthcare services.

Terms of the inquiry

The inquiry focused on four areas of concern:

1. **Access to out of hours care** – specifically the 111 Service and rollout in Southwark
2. Understanding the reasons for **increased use of A&Es** over winter and how this could be reduced
3. **Access to individual GP surgeries and walk-in centres**
4. The **implications of the TSA and KHP merger** on access to emergency and urgent care

Oral evidence session attendees

Evidence was received from:

- Kings College Hospital
- Guys and St Thomas' Hospital
- South London and Maudsley (SLaM)
- Southwark Clinical Commissioning Group
- Public Health, Southwark & Lambeth
- Healthwatch
- Southwark Council Cabinet Member for Health
- NHS England
- London Ambulance Service
- Local Medical Committee
- Southwark Residents through an online survey

The following appeared in person before theHealth, Adult Social Care, Communities and Citizenship Committee:

- HarjinderBahra, Equality and Human Rights Manager (SCCG)
- Andrew Bland - Chief Officer, (SCCG)
- Kevin Brown, Assistant Director Operations for South London, London Ambulance Service
- Steve Davidson, Service Director, Mood Anxiety and Personality Clinical Academic Group, SLaM
- Angela Dawe - Director of Community Services, GST
- Dr Roger Durston, GP Clinical Lead for Mental Health (SCCG)
- Dr Katherine Henderson - Clinical Lead, Guy's & St Thomas' NHS Foundation Trust (GST)
- James Hill - Head of Nursing for the Emergency Dept, GST
- Dr Patrick Holden - Urgent Care clinical Lead, Southwark Clinical Commissioning Group (SCCG)
- Tamsin Hooton, Director of Service Redesign (SCCG)
- Gwen Kennedy, Director of Client Group Commissioning (SCCG)
- Alvin Kinch, Healthwatch
- Sarah McClinton, Director of Adult Care, Southwark Council
- Cllr Catherine McDonald, Cabinet Member
- Keith Miller, Ambulance Operations Manager at Waterloo, London Ambulance Service
- Hayley Sloan, 111 lead, (SCCG)
- BrionySloper - Deputy Divisional Manager for Trauma and Emergency Medicine, King's College Hospital (KCH)
- Dr Ruth Wallis, Public Health Director, Southwark and Lambeth
- Jill Webb Deputy Head of Primary Care (South London) NHS England
- Nicola Wise, General Manager, Guys and St Thomas'
- Dr Amr Zeineldine, Chair of the NHS Southwark Clinical Commissioning Group (SCCG)

Contents

1. Summary of recommendations

The 111 Service

1. We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.

2. We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.

3. We recommend that the Health & Wellbeing Board places signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the Borough.

Accident and Emergency Departments

4. We recommend that the Trusts regularly report to the Committee on current staffing levels and the ways in which they are working to ensure that they are adequate.

5. The Committee recommends that Hospital Trusts should report quarterly on the number of beds available to A&E patients and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.

6. The Committee commends the 'Not Always A&E' campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.

7. We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.

8. We recommend that the Health & Wellbeing Board make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year.

9. We recommend that Public Health undertakes a programme to look specifically at older people and the further support that we, as an Authority, can be giving them.

10. This Committee commends the work of the CCG, jointly with the Local Authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

11. This Committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next Committee.

12. We recommend that further work is done by the Adult Social Care team within the Council, looking specifically at the ways in which we can identify and support older people to prevent admissions to A&E.

13. We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The Committee recommends that the Health & Wellbeing Board place this as a priority for 2014/15.

14. We also recommend the establish of a joint working group, led by Public Health and including the Council, Hospital Trusts, the CCG and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.

15. We recommend that the Trust Mental Health Working Group presents its final Action Plan to the Committee for further comment.

16. We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.

17. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

18. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.

19. The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

Access to GP Services

20. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.

21. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting.

22. This committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the Committee recommends that the CCG provides an update as necessary.

23. We recommend that the CCG report back to the Committee on the Lister Urgent Care Centre once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.

24. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.

25. We recommend that NHS England report to the Committee with an update on proposed opening hours of GP surgeries.

26. We recommend that the Clinical Commissioning Group undertake a study into the best method for providing appointments consistently across the borough.

The Kings Health Partners Merger

27. The Committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the Committee for further scrutiny.

2. The 111 Service

The NHS 111 Service was set out by the Secretary of State for Health as

'[an] underlying concept...that everyone can agree with: it is a simple number that everyone can remember; the fact that you are connected directly to a clinician, if you need to speak to one, rather than being called back is something people like; the idea that you are triaged only once and do have to repeat your story lots and lots of times is a good one; and the fact you have a service that is broader than the old NHS Direct.' (House of Commons, Health Select Committee Report: Urgent and emergency services, 24 July 2013, p.41)

However, there have been a number of problems with its initial rollout. Performance in Southwark's surrounding boroughs - Bexley, Bromley and Greenwich, continues to be below national standards for clinician referrals and call-backs. The initial problems were further compounded with news that NHS Direct is seeking to withdraw NHS 111 contracts across England.

In Southwark, the decision was taken to delay the rollout of the 111 Service in Southwark, Lambeth and Lewisham. As the CCG highlighted in their report to this Committee, 'A stable, high standard of service is what we wish to be available for our patients across the whole area' (CCG Submission, South east London NHS 111 service update, July 2013) and there are concerns that this will not be the case with the service at its current levels of operation.

No decision has yet been reached on the future provision of the service, but the Committee believes that any change to the service should be brought to the Committee for further scrutiny. We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.

At the same time, the NHS Direct number (0845 4647) was switched off in March 2013.

As the CCG set out in their evidence, a Southwark resident who calls the NHS Direct number will be advised to call 111. The call handler will be able to deal with the call, and redirect Southwark residents to the local out-of-hours provider (SELDOC) if they require GP out of hours services.

This has obviously led to some complications, with residents having to phone multiple different telephone numbers in order to be able to access the right service.

The Southwark Healthwatch service has been monitoring the feedback provided on the NHS 111 Service and highlighted in their evidence a number of key issues, including access and awareness of GP out of hours service (SELDOC) and the process by which residents are redirected to the NHS 111 Service. (NHS 111 Feedback Report, Healthwatch, 30 August 2013)

The Committee is concerned with the process by which patients have to access out of hours services.

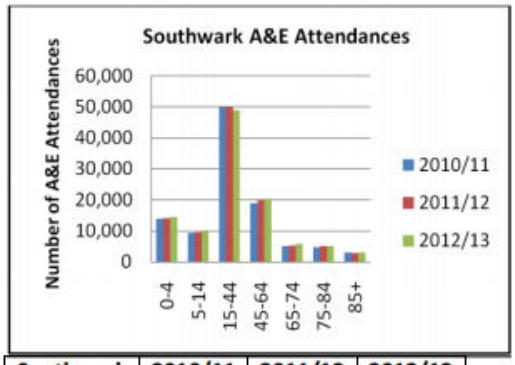
We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.

We recommend that the Health & Wellbeing Board places signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the Borough.

3. Accident and Emergency Departments

Problems in Accident and Emergency Departments

It is fair to say that there is an increased pressure on Accident & Emergency departments in Southwark. Whilst the number of attendees has not changed significantly over the past two years, there are a number of problems, which when combined together are affecting the way in which the service operates. There has been an increase in thevolume and acuity of both older people presenting at A & E and in demand for emergency mental health services.



Southwark	2010/11	2011/12	2012/13
0-4	13,945	14,238	14,607
5-14	9,307	9,576	9,887
15-44	49,949	49,993	49,029
45-64	18,904	19,846	20,474
65-74	5,194	5,379	5,877
75-84	4,789	5,073	5,205
85+	3,047	2,975	3,130
Total	**105,135**	**107,080**	**108,209**

Figure 6. (Source: Local SUS data)

Figure 1: Trends in Acute Care Usage in Lambeth and Southwark: Public Health Analysis, Public Health Southwark, January 2014

As the Lambeth and Southwark Urgent Care Board noted in their evidence to the Committee, both Kings College Hospital and Guys and St Thomas' have experienced issues with capacity.

Briony Sloper from Kings College Hospital said in her evidence that Denmark Hill A&E was not well set up for the volume, and the acuity of patients with mental health, and this was confirmed too by Guys and St Thomas' who said that a lot of their overspend is around mental health issues. Both hospitals also raised the issue of increased economic pressures contributing to the rise in acuity of patients. Clinical staffing was also raised as an issue, with Kings College Hospital nothing that there was a particular problem with approved social workers.

i. Staffing levels in hospital A&E departments

There have been increasing reports of the number of locum doctors that are being drafted in to support A&E departments. On 14 January 2014, the BBC reported that spending on locum doctors to plug the gaps in A&E units in England had risen by 60% in the last three years. Spending rose from £52million in 2009-10, to £83.3m last year. (Sharp rise in spending on A&E locum doctors, 14 January 2014, http://www.bbc.co.uk/news/health-25713374)

This same issue was raised as part of the Committee's inquiry. As a result, the Lambeth and Southwark Urgent Care Board, in their evidence to the Committee told us that both Hospital Trusts are implementing large scale emergency department developments over the next two years which will create additional physical capacity.

This Committee notes with concern that staffing levels are an issue in Accident & Emergency departments. We recommend that the Trusts regularly report to the Committee on current staffing levels and the ways in which they are working to ensure that they are adequate.

ii. Numbers of beds for admissions

The numbers of beds for hospital admissions has been reducing consistently over the past two and half decades. This isn't a new problem. As The Guardian reported in January 2014 *'successive governments have closed over 50% of NHS beds. In 2013/14 there were 135,000 NHS beds compares with 297,000 in 1987/88.'* (Why A&E departments are fighting for their life, 14 January 2014, The Guardian)

The Lambeth and Southwark Urgent Care Board noted in their evidence that there were issues with numbers of beds, particularly at Guys and St Thomas'. Guys and St Thomas' addressed this issue within their own evidence, stating that *'bed management models...are used by GSTT to monitor occupancy and capacity...GSTT have reviewed elective bed requirements and have plans in place to reduce Length of Stay and internal delays.'* (Guys and St Thomas' Report on Emergency Care, September 2013)

The issue of not having enough beds for patients is a worrying one. The Committee recommends that Hospital Trusts should report quarterly on the number of beds available for admissions from A&E and how this compares to the number of beds needed, **with particular reference to emergency admissions for older people and people in mental health crisis.**

iii. Length of stay and discharge processes

Matthew Cooke, an academic and clinical director of Heart of England Foundation Trust suggested in the Health Services Journal in October 2013, that the reason for increased pressure on A&E services was in fact down to delayed discharges from hospitals.(Delayed Hospital Discharge to blame for A&E pressure, October 2013, http://www.hsj.co.uk/acute-care/exclusive-delayed-hospital-discharge-to-blame-for-ae-pressure/5063876.article#.UwSNqPl_tnE)

Public Health in their evidence, told the Committee that the proportion of short (1-2 day) admissions had increased in Southwark, whilst the proportion of long-stay admissions had decreased. Dr Wallis suggested that one possible explanation for this was a lower number of delayed discharges.

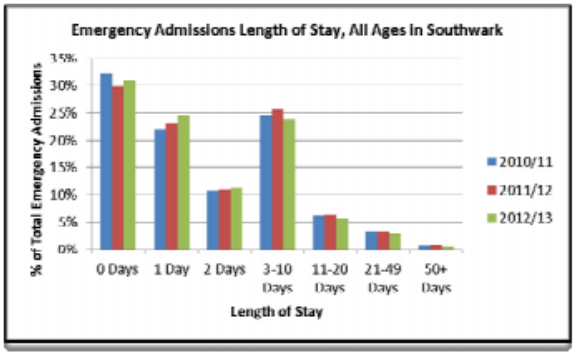


Figure 17. (Source: Local SUS Data)

Length of Stay	% change 2010/11 - 2011/12	% change 2011/12 - 2012/13	% change 2010/11 - 2012/13
0 Days	-13.51%	10.38%	-4.53%
1 Day	-1.74%	12.86%	10.90%
2 Days	-5.99%	11.05%	4.40%
3-10 Days	-2.65%	-1.23%	-3.84%
11-20 Days	-2.44%	-7.90%	-10.15%
21-49 Days	-6.68%	-4.20%	-10.60%
50+ Days	15.32%	-25.94%	-14.59%

Figure 2: Emergency admissions length of stay, all ages in Southwark, Public Health, January 2014

However, she also noted that whilst hospital data suggested that delayed discharges have reduced, it is importance to ensure that pressures in the system so not lead to premature discharges.

The Hospital Trusts addressed this in their evidence to the Committee. Kings College Hospital told the Committee that they had initiatives such as 'home for lunch' and a discharge suite, to help speed up the process.

And Guys and St Thomas' told the Committee that they had plans to further improve discharge planning, looking at the ways in which they can use community support to help patients outside of hospitals. They also hoped that this would help to reduce readmissions in the future.

Type of people presenting at A&E departments

i. People presenting with non A&E conditions

Both GSTT and KCH emergency staff reported that around 20% of presentations at A&E are more minor ailments that could be treated outside of A&E or urgent care.

However, their concern was that it is hard to turn people away, especially when they are presenting in person at the A&E department. For those that present at an A&E department without an urgent medical condition, they will get streamed to a GP or emergency nurse. This has a cost implication for the hospitals, who said in their evidence that a hospital may get paid the lower tariff for providing care, but none of the emergency tariffs actually covers the cost of providing the service.

The London Ambulance Service also gave evidence as part of this review, explaining that the calls that they receive have been increasing by about 3% year on year. However, around half of all patients are not being taken to A&E.

London Ambulance Service suggested that there are people dialling 999 when it is not an emergency, because they don't know what to do and don't know how to access help and support from other parts of the healthcare system.

The Committee notes with interest the high proportion of people contacting, or presenting at A&E departments who do not have an immediate medical emergency. We believe that there is continued confusion about where residents can access minor care, versus urgent care.

The Clinical Commissioning Group in Southwark have taken steps to help educate residents about when to access A&E services through the 'Not Always A&E' campaign, launched in Winter 2013.

Figure 3: Not Always A&E Campaign, notalwaysaande.co.uk

The NHS campaign explains that people should only go to A&E when it is absolutely necessary and reminds people of the alternative services that are available. The campaign is focused around yellow men, with different minor ailments, highlighting the alternative places that they can go to get expert advice and treatment if they need it.

The Committee commends this campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.

We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.

We recommend that the Health & Wellbeing Board make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year.

ii. High acuity patients

The Public Health function of the Council has looked into the changing demographic of Southwark and found that GLA predictions indicate that the population of Southwark will grow by 15% by 2025, but the age structure will stay similar, with approx. 7% of the population between 65 and 84.

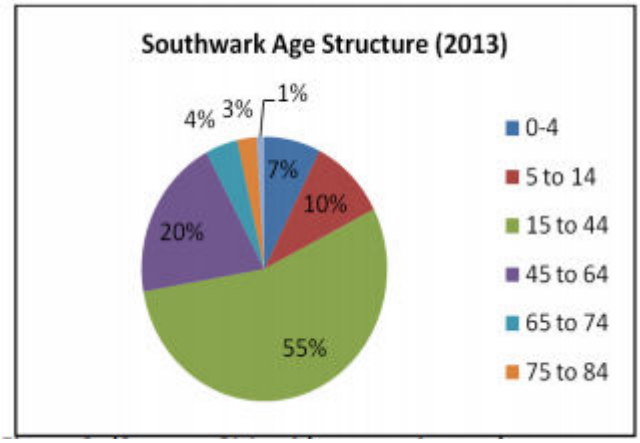


Figure 4: Southwark Age Structure, 2013, Public Health Southwark and Lambeth, January 2014

As part of their evidence, they suggest that A&E attendance and admission rates increased amongst 65 - 84 year olds, but fell amongst younger groups.

This was reinforced by the Lambeth and Southwark Urgent Care Board which noted that there is an increase in activity amongst the over 65 age group across Lambeth & Southwark in accessing A&E services. (Lambeth and Southwark Urgent Care Board Briefing, September 2013)

The Council took over responsibility for Public Health in April 2013, which means that we as an Authority now have responsibility to ensure that the right services are available for our residents for public health related concerns.

Dr Ruth Wallis, Director of Public Health for Southwark & Lambeth set out in her evidence a number of ways in which the Council should be focusing its efforts on public health concerns, especially for older people.

Focusing on issues that affect people as they become older may be one way in which increased older people A&E admissions can be combated. Dr Wallis suggested that long-term conditions need care and there should be an increased focus on diabetes and flu immunisation. In doing so, the causes of accessing A&E services by older people can be prevented through intervention by another part of the healthcare system.

The committee notes with interest that public health drivers can play a part in reducing admittance to A&Es. We recommend that Public Health undertakes a programme to look specifically at older people and the further support that we, as an Authority, can be giving them.

Alongside an increase in the number of older people presenting at A&E departments, Hospital Trusts reported an increase in the acuity of these patients.

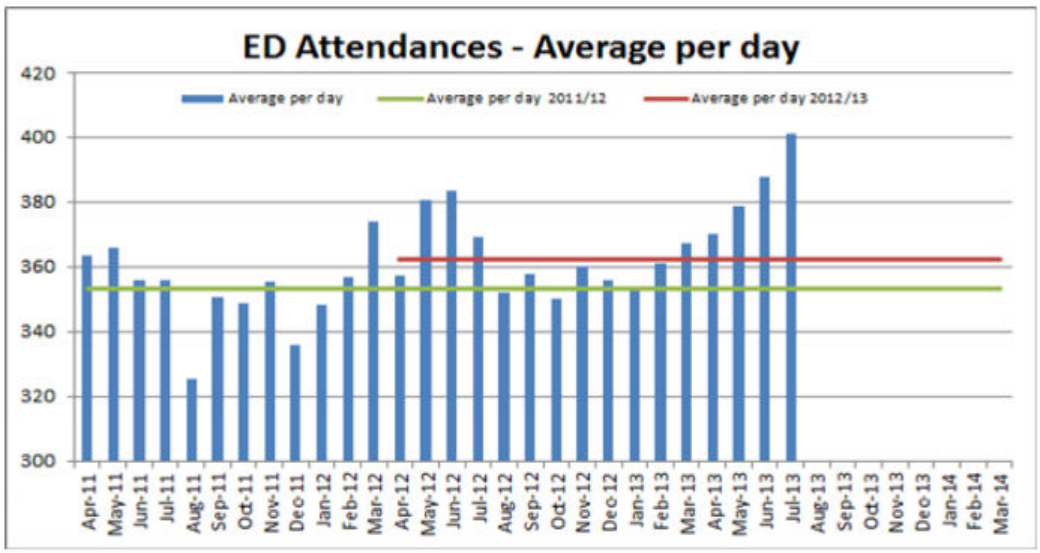
In Southwark, the number of emergency admissions in 2012/13 was 1.5% lower than in 2010/11, but the rate per 1,000 population fell by a more significant 4.66%. However A&E attendance rate per 1,000 population had risen by around 10% in both 65-74 and 75-84 age groups since 2010/11, but the emergency admission rate per 1,000 population actually fell by 2.50% in the 65-74 age group, whilst rising 11.56% in the 75-84 age group.

This may indicate that the increase in attendances by 65-74 year olds is predominantly amongst less seriously ill individuals, whereas the increase in the older 75-84 year old age group consists of more seriously ill individuals who then require admission.

Age group	% change 2010/11-2011/12	% change 2011/12-2012/13	% change 2010/11-2012/13
0-4	-4.92%	0.18%	-4.74%
May-14	-3.45%	-0.31%	-3.75%
15-44	-3.39%	-6.58%	-9.74%
45-64	-4.79%	-5.36%	-9.90%
65-74	-1.37%	-1.15%	-2.50%
75-84	11.25%	0.28%	11.56%
85+	2.43%	-2.03%	0.35%
Overall	-1.47%	-3.24%	-4.66%

Figure 5:CCG data on older people and acuity February 2014

In their evidence, Kings College Hospital said that this increase in patients with acute conditions presenting at A&E departments meant that the number of people being admitted to the hospital was increasing, and they were staying longer. This necessarily puts more pressure on hospitals.



	A&E attendances	Average Daily
Jan-13	10944	353
Feb-13	10106	361
Mar-13	11400	368
April-13	11112	370
May-13	11747	379
Jun-13	11651	388
Jul-13	12443	401

Figure 6: Report to the Southwark Health and Adult Social Care Scrutiny Sub-Committee on Emergency Care, Emergency Department Attendances, Kings College Hospital, September 2013

As Public Health set out in their evidence, the proportional increase in attendance of patients of older age may mean a greater proportion of patients with co- morbidities as elderly patients are more likely to present with a number of conditions. Managing chronic conditions during an acute illness presents challenges, and this could be part of the explanation for the increased 'acuity' noted by local clinicians.

Providing support for those with high acuity in hospitals

Hospital Trusts however have set up a number of programmes to try and relieve the pressure caused by patients presenting with high acuity. The CCG in their evidence suggests that the provision of 'soft care' can help to keep people at home. They talked in their evidence to the Committee of an increased focus on community based admission avoidance schemes.

As part of the Southwark and Lambeth Integrated Care Programme's (SLIC) frail elderly pathway, the CCG has worked with the Local Authority and community services to keep people well and cared for in the home. This plan includes enhanced rapid response and home wards, which allow people to be discharged from hospital earlier.

However, when probed, the CCG admitted that whilst the use of 'rapid response' has been very good, the effectiveness of 'home wards' was less effective.

Guys and St Thomas' further detailed their work as part of the frail elderly pathway, highlighting a focus on simplified discharge process, enhanced seven day working arrangements, redesign of the falls pathway, Community Multi-Disciplinary Team registers holistic checks and case management.

This Committee commends the work of the CCG, jointly with the Local Authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

Providing support for those with high acuity conditions in the community

The Adult Social Care Department also presented evidence on their actions to support those older people with high needs in our community.

Sarah McClinton highlighted that *'risk of hospital admission is a key factor in assessing eligibility for social care, and services are put in place to minimise the risk.'* (Adult Social Care, Access to Health Services, January 2014)

A key objective of the social services that the Authority provides is to prevent, delay or avoid the need for people to access more intensive health and care services including A&E, by helping people to live independently and safely in the community.

Sarah McClinton went on to say that:

'for older people identified as at risk of admission we take a multi-disciplinary team approach with a single lead professional co-ordinating support from different agencies that should help prevent avoidable admissions through A&E. This priority is recognised nationally and will be taken forward in 2014/15 through the Better Care Fund which necessitates pooled funding and joint working in areas that will reduce pressure on health and care services.'(Adult Social Care, Access to Health Services, January 2014)

This Committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next Committee.

Southwark Council provides a large number of services as part of its social care package, which further helps to enable people to remain safely and independently in the community. This includes a 24 hour 7 day social care service, increased telecare resources, support for care homes to manage the health of residents, occupational therapy service and community equipment services.

Councillor Catherine McDonald, Cabinet Member for Health, in her annual scrutiny interview with the Committee also highlighted the work being done by GPs to provide assessments for older people to prevent demand at a later point in time - for example recommending the installation of grab rails to prevent falls in the home.

She also talked about the council's work looking at housing policy, including the re-introduction of wardens and the plans for expansion of extra care, which would provide nursing on-site.

The Committee is pleased to know that the Adult Social Care teams within the Council are working hard to ensure that Southwark residents are receiving the best levels of care to help them stay safely and independently in the community. We recommend that further work is done to specifically look at the ways in which we can identify and support older people to prevent admissions to A&E.

We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The Committee recommends that the Health & Wellbeing Board place this as a priority for 2014/15.

We also recommend the establish of a joint working group, led by Public Health and including the Council, Hospital Trusts, the CCG and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.

iii. Helping people with mental health conditions

In 2011, the Department for Health published 'No Health without Mental Health', a cross-government mental health outcomes strategy for people of all ages.

The report emphasised the importance of mental health, stating this:*'Mental health is everyone's business...good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.'* (No Health without Mental Health, February 2011, p.5)

The impact of mental health problems is estimated to continue to increase. As the CCG set out in their evidence, there are suggestions that the cost of treating mental health problems could double over the 20 years from the current estimated cost of £105billion per year. (NHS England statistics)

The Committee established that there are two distinct working groups looking at addressing the issues around mental health in Southwark.

First, a sub-group of the Lambeth and Southwark Emergency Care Network has recently been formed, which includes Gwen Kennedy, Director of Client Group Commissioning at the Clinical Commissioning Group, with representatives from the hospital trusts. This group is looking directly at supporting patients who present with mental health conditions at A&E.
The group is currently working on an Action Plan, which sets out the activities the Trusts will be undertaking to help relieve the pressures.

We recommend that the Working Group presents its final Action Plan to the Committee for further comment.

Secondly, the Council and the Clinical Commissioning Group commissioned a review of the partnership arrangements that were in place for delivering mental health services in the borough. The review made a number of recommendations, including the developments of a new Mental Health Strategy for Southwark.

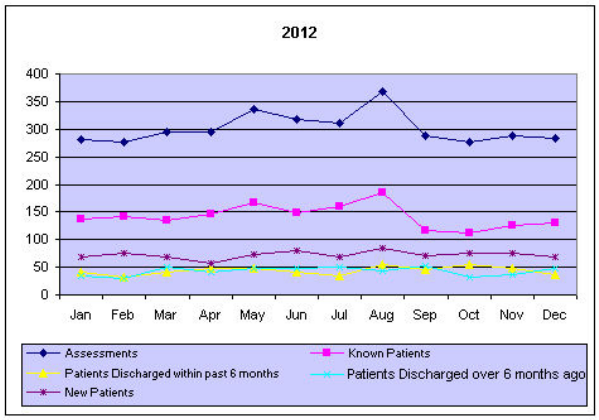
The initial thoughts on this document were presented to the Committee by the Clinical Commissioning Group in October 2013.

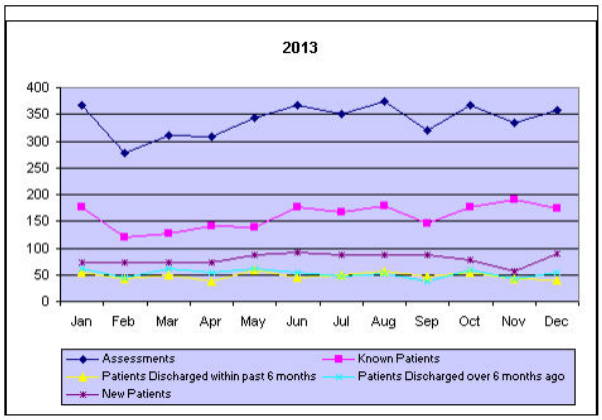
We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.

Numbers of people presenting at A&Es

The Committee heard from the Hospital Trusts specifically about the increasing numbers of people presenting at A&E departments with mental health conditions, alongside increased acuity and increased co-morbidity.

Hospital Trusts reported the worrying statement that the number of mental health patients presenting at A&E departments requiring assessment and appropriate interventions has increased significantly. In terms of numbers of presentations, Kings College Hospital reported that there was a 10.2% increase in assessments between 2011-2012 and 2012-13 (3370 to 3717). At the same time, there was a 32% increase in MHA admissions in the same time period from 88 to 117.





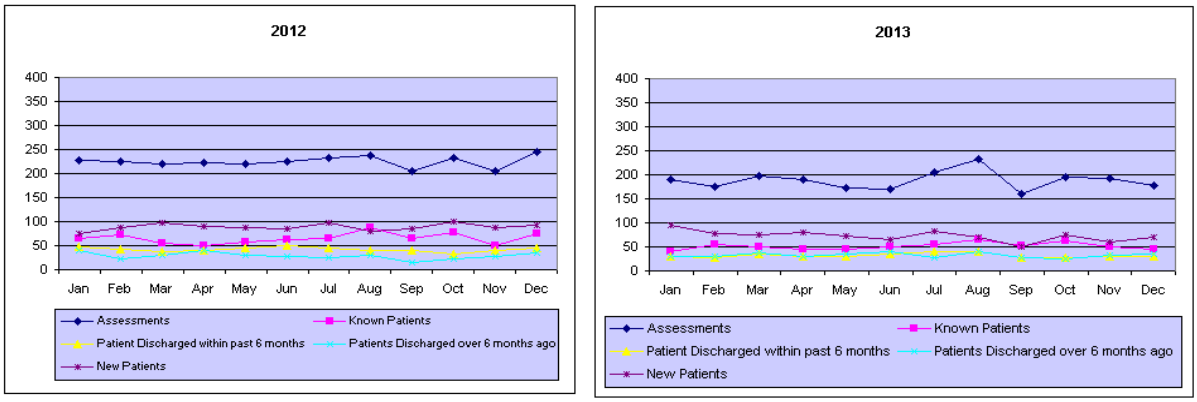
2012

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	282	277	295	294	336	318	312	369	287	276	287	284
Known Patients	138	141	136	147	168	149	159	185	117	113	126	131
Patients Discharged within past 6 months	42	31	41	47	47	41	34	55	46	55	49	37
Patients Discharged over 6 months ago	34	30	50	42	47	48	50	44	52	33	37	48
New Patients	68	75	68	58	74	80	69	85	72	75	75	68

2013

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	366	277	311	308	344	367	351	374	319	368	333	357
Known Patients	176	119	127	142	138	176	168	180	147	177	190	175
Patients Discharged within past 6 months	55	42	50	37	58	44	49	56	48	55	43	39
Patients Discharged over 6 months ago	62	44	62	55	62	55	46	52	38	59	43	54
New Patients	73	72	72	74	86	92	88	86	86	77	57	89

Figure 7: Kings College Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014



2012

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	227	225	220	222	220	225	232	238	205	232	205	245
Known Patients	66	72	55	51	57	63	65	88	64	77	49	74
Patient Discharged within past 6 months	48	43	37	40	44	50	44	40	39	32	41	44
Patients Discharged over 6 months ago	39	22	31	40	31	27	26	31	16	23	27	34
New Patients	74	88	97	91	88	85	97	79	86	100	88	93

2013

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
189	174	198	189	172	170	205	232	161	195	192	178
39	55	50	45	45	50	54	64	53	63	50	44
30	28	34	31	31	35	41	39	27	27	30	31
29	31	38	31	35	40	27	39	27	26	32	34
94	77	75	80	73	64	83	69	50	76	60	69

Figure 8: Guys and St Thomas' Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

The Trusts also noted that there was an increase especially amongst local people who are unknown to the service and this is further complicated by the complexity of the social problems that these individuals are facing.

South London and Maudsley also told the Committee that they do not have detailed records of the numbers of different classifications of presentations to Emergency Departments, but are now in the process of collating this information.

The Committee finds these statistics concerning, especially in light of the comments that this increase seems to be amongst local people who are unknown to the service. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

Providing support for those with mental health conditions in hospitals

Individual Trusts also told us about the work that they are doing to support patients presenting with mental health concerns. Kings College Hospital has a KPI that all patients are to be seen by the specialist psychiatric team within 30 minutes from referral. It is also encouraging to see that they are up-skilling their staff through specialist psychiatric training and increase provision of Psychiatric Liaison Nurses (PLN).

Guys and St Thomas' also have PLNs available 24/7, in conjunction with SLAM to ensure that patients are receiving the highest levels of care at all times. They currently also have two cubicles which can be separated from some of the noise and the lights can be dimmed, but this is not an ideal situation.

The main issueraised by both Trusts was the provision of beds to admit patients to,and physical spaceswithin A&E departments to treat those presenting with mental health conditions.

As Guys and St Thomas set out in their evidence, this is a key issue, with patients from across the country utilising mental health bed provision in South London. In their experience, patients can wait for up to 24 hours to gain access to an appropriate bed in their local area, and during this time they are in a suboptimal environment for their condition.

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**

Figure 9: Guys and St Thomas' Hospital, Mental Health Paper, January 2014(is this complete??)

Both Hospital Trusts however are taking steps to change the way in which they provide support for mental health patients.

Kings College Hospital is in the process of an organisational reconfiguration in their outpatients department. This will support the final phase of the mental health assessment suite which will then provide a separate space for the treatment of these patients.

Guys and St Thomas' are also in the process of a rebuild for the emergency floor which is due to begin in early 2014. This will lead to the creation of two specifically designed and located cubicles for the treatment of mental health patients in the Major Treatment Area.

The Committee notes with concern the current facilities for patients presenting with mental health conditions at A&E wards. We recommend that Kings College Hospital and Guys and St

Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.

Providing support for those with mental health conditions in the community

The Council's Adult Social Care team currently has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community and away from A&E wards.

The mental health services in Southwark are provided by integrated health and social care teams, under the auspices of SLaM. They use a holistic approach which enables teams to support all health and social care needs under one service. These teams also 'in-reach' onto wards to enable earlier discharges.

The Adult Social Care team in their evidence, told the Committee about the services that are provided, including

- Home Treatment Teams (HTT) who provide 24/7 care to service users in a crisis in their own homes, accept out of hours referrals from GPs, provide peer support for people in leaving HTT.
- Psychiatric Liaison Nurses (PLN) who are based in A&E and provide 24/7 mental health triage, as well as assessing for HTT.
- 13 weeks support through reablement with a Recovery and Support Plan aimed at avoiding future mental ill-health episodes leading to a crisis situation.
- Maudsley's 'place of safety' which is open 24/7 and where those with mental illness who are picked up by the police can be taken to instead of A&E
- AMHP team who can undertake assessments under the Mental Health Act without a need for referral to A&E
- Emergency Duty Workers (EDT) who provide rapid assessment under the Mental Health Act as well as care planning.

The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

General Practitioner Services

Pressure on GP Services

i. Bureaucracy

GP services are experiencing ever-increasing pressures, particularly in terms of bureaucracy. The Local Medical Committee (LMC) in their evidence to the Committee said that the Department of Health recognises that there is a 35% administrative 'tail' for every consultation. For every hour a GP sees patients, there is a further 20 minutes administration. Alongside this, clinical information following outpatient consultations is not sent to GPs in a timely manner, leading to further time spent chasing for information.

This extra time spent on largely bureaucratic tasks is concerning to this Committee. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.

ii. Local Authority Support

The LMC reported to the Committee that as part of their GP Workload Survey, which was conducted Londonwide in August 2013, there were reported that whilst not contractually obliged to undertake the work, GPs are spending time dealing with local authority related issues such as assessments for blue badges and housing assessments.

The Committee requested further information on this from Council officers directly. Southwark Council told the Committee that if a resident does not qualify for automatic entitlement for a blue badge, they will need to see an occupational therapist. The Council employs two OT contractors to provide this service, to prevent redirection to GP services.

Southwark also carried out housing assessments for residents requesting re-housing. NMC registered nurses are employed to undertake these assessments, using the criteria as set out in Southwark's housing allocation policy.

The Committee is pleased to see the Local Authority supporting its residents directly, rather than directing them to healthcare services. However, we remain concerned that some residents may not know that these services exist within the Council. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting.

iii. Walk-in centres and Urgent Care

Dulwich Hospital, Dulwich

A consultation was carried out by the Clinical Commissioning Group on future health service provision in Dulwich and the surrounding areas. Between 28th February and 31st May 2013, NHS Southwark CCG undertook a formal consultation, where people were asked to comment on a proposed service model for health services in community settings and two options for how these might be delivered.

Key findings from the consultation included:

- 80% of respondents were in agreement with the overall model of delivering healthcare in the community
- Respondents were supportive of more accessible settings for healthcare in the community rather than hospital
- Having healthcare delivered locally was an important issue for many respondents
- That health care should be joined up
- That provision of out of hours care was a concern for many respondents with 92% of respondents rating access to evening and weekend primary care as an important issue

This committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the Committee recommends that the CCG provides an update as necessary.

Lister Urgent Care Centre, Peckham

The LMC further highlighted the reports in the media about reductions in the number of walk-in centres nationally. They believe that this will impact in terms of capacity and workload.

In January 2014, the CCG presented to the Committee proposals for the Lister Urgent Care Centre in Peckham. The Lister Walk-in Centre has been operating since May 2009, and the contract is due to come to an end in September 2014. The CCG agreed to review the current service, but wanted to use the opportunity to review the commissioning of urgent care across Southwark on the whole.

As part of the review into the Lister Walk-in Centre, a meeting was held on 26 November 2013, which aimed to engage the public about access and urgent care and provide information about the proposed plans for changes at Lister.

Four options for the provision of urgent primary care services were presented to the Southwark Commissioning Strategy Committee (CSC) for consideration in December 2013

- Re-commission the Walk-in Centre service in line with the existing specification
- Commission limited Walk-in Centre service – unregistered patients and Kings re-directed patients only
- De-commission Lister Walk-in Centre and focus upon improvements in primary care access

- Commission alternative model of urgent primary care access based on extended access to GP practices on a locality basis

The Committee is pleased that this was brought to their attention by the CCG, and is grateful for the time taken to attend the scrutiny meeting. We recommend that the CCG report back to the Committee once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.

Access to GP services

There is an ongoing perception within Southwark that there are difficulties in accessing GP services. This is not a view confined just to Southwark, but is being seen throughout England.

Reasons for this include the increase in patients presenting with complex conditions, which require more time to be spent by GPs in appointments, rather than the 10 minute slot allocated. At the same time, patients whose first language is not English often require extra time in consultation, which further extends the time spent with patients outside of the 10 minute slot.

Alongside this, the Health and Social Care Act 2012 made moves for secondary care to be dealt with by primary care services, which will mean that sicker patients are being cared for in primary care settings, placing further pressures on GP surgeries.

There are 45 GP practices in Southwark, with a combined registered patient list of 305,841 (as at 1 April 2013). All Southwark practices are required to be open from 08.00 – 18.30 and the majority of Southwark practices have not opted out of responsibility for Out of Hours Care and are members of South East London Doctors' Co-Operative (SELDOC), a co-operative organisation of member practices which provides Out of Hours Services across Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits.

In addition to SELDOC, there is an 8am-8pm GP Led Health Centre at the Lister Health Centre in Peckham, which provides walk-in based care for registered and un-registered patients, 7 days a week.

NHS England carried out a survey into access to GP services for the whole of England. They found that people's overall experience of GP surgeries across England showed 87% of people thought they were overall good, whilst only 82% of residents in Southwark agreed with this view.

i. Opening hours of GP surgeries

The CCG in their Community Care Strategy notes that whilst they found there to be sufficient capacity in terms of number of appointments across the borough and across days of the week, this masks the differences between practices and across days of the week.

The NHS England Access Survey looks at when patients would like to have more access to GP services, finding that this was primarily after 6.30pm, and on Saturdays and Sundays.

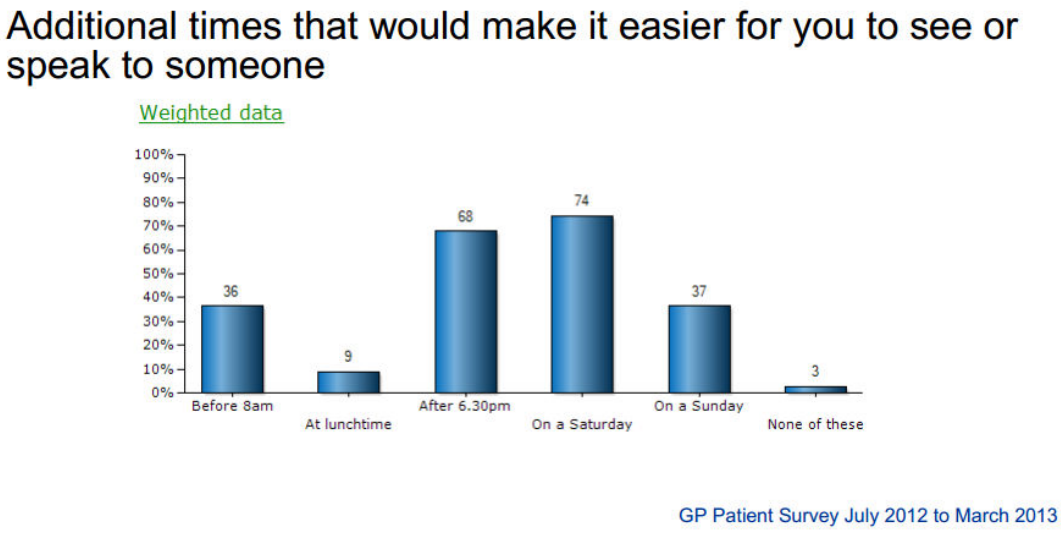


Figure 10: GP Patient Survey, Additional times that would make it easier for you to see or speak to someone, July 2012 – March 2013, NHS England Access to GP Services, October 2013

The LMC reported that most GP practices in Southwark are now offering extended hours for patients, alongside providing out of hours care through SELDOC (South East London Doctors' Co-operative).

The Committee welcomes the provision of the SELDOC service, especially in light of the delay in the rollout of the 111 Service in Southwark. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.

NHS England's GP Survey found that the percentage of people who were satisfied with the opening hours of GP surgeries was 80% for the whole of England, and 79% of Southwark residents.

As part of the Community Care Strategy, the CCG set out that it would be working to action clear arrangements for extended hours care in primary care. Jill Webb of NHS England also said as part of her evidence that 8am to 8pm opening will be considered in 2014.

The Committee welcomes this move. We recommend that NHS England report back to the committee with an update on proposed opening hours of surgeries when appropriate.

ii. Appointment booking services

The Committee's own survey showed that a large percentage of respondents found it fairly difficult/very difficult to get a timely appointment with a GP.

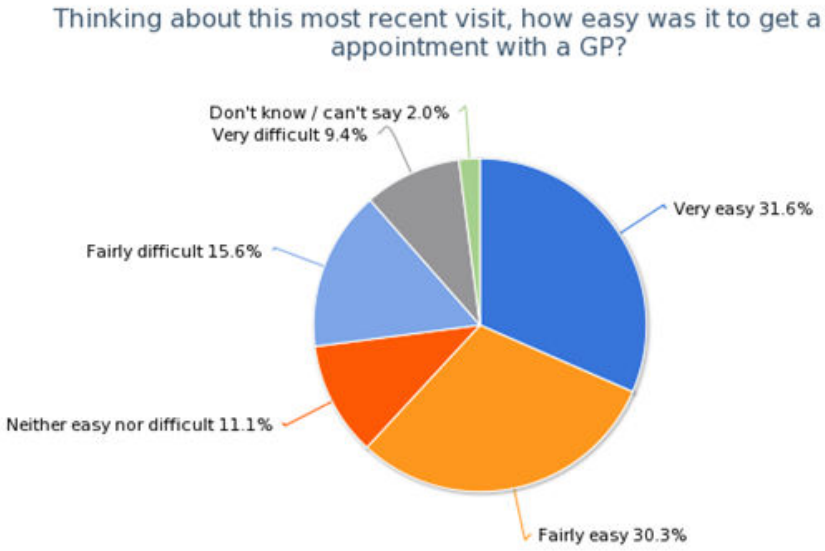


Figure 11: Access to GP appointments, Health Committee Survey, January 2014

GP practices throughout the borough do not have a consistent way of providing appointments for patients. These range from the ability to book appointments in advance, to having to call on the morning of the day you would like an appointment, through to calling for cancellations if you want an appointment on a specific day.

NHS England's Access Survey compared the responses for Southwark and the rest of England.

	Yes	Yes but had to call back	No	Can't remember
Southwark	70%	12%	13%	5%
England	74%	13%	10%	3%

Figure 12: Able to get an appointment or speak to someone, NHS England GP Patient Survey July 2012 – March 2013, NHS England Access to GP Services, October 2013

The Committee collated a number of comments from individuals who expressed their frustration with the appointment services.

"No appointments available in the next month, unless you call for an emergency one, plus they only take bookings for the next four rolling weeks

"No appointments available unless you can call at the crack of dawn - impossible for working people who can't take time off without clearing it in advance"

"You have to call right at 8am - if you're lucky you'll get something that day. Making appointments for any date in the future is absolutely impossible"

- Comments from Southwark residents

The Committee went on to look at where those who could not access a GP appointment went to for medical assistance.

From the survey conducted by the Health Scrutiny Committee, we found that a large proportion of people either went to walk-in centres, or to A&Es, thereby putting unnecessary pressure on other parts of the healthcare system.

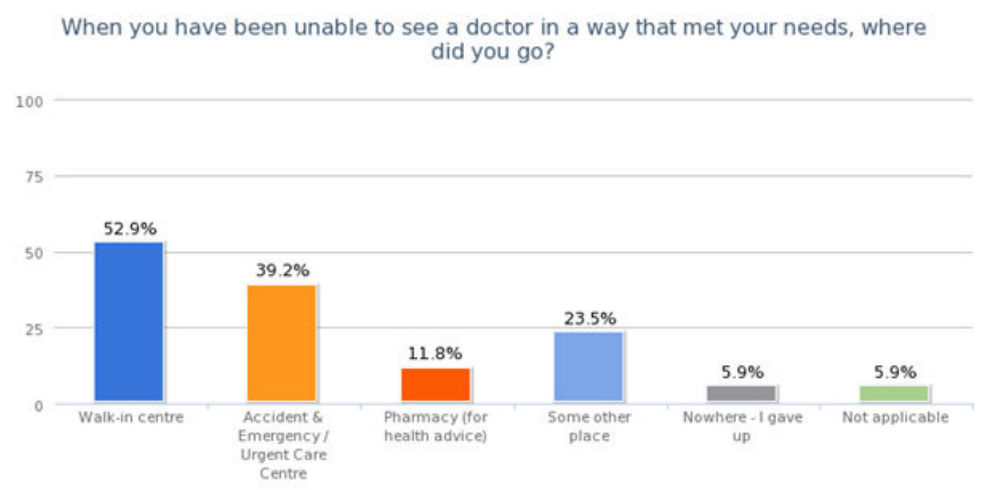
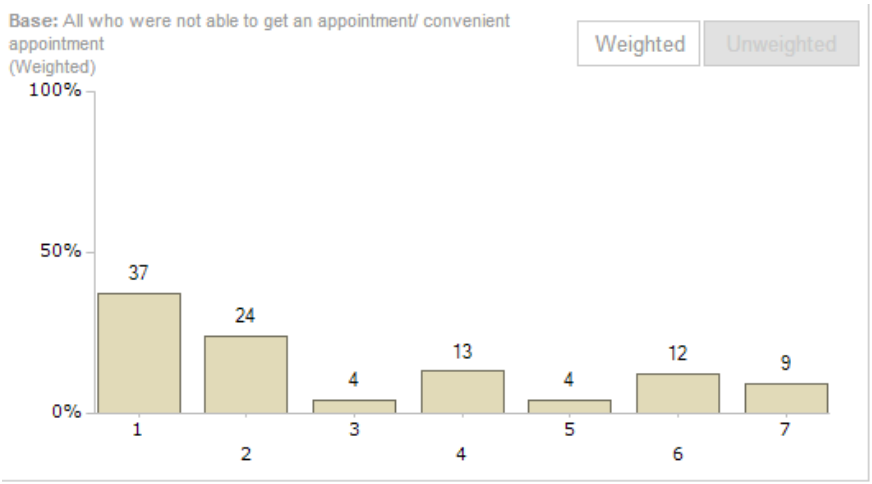


Figure 13: Health services accessed when unable to attend GP surgeries, Health Committee survey, January 2014

The Southwark CCG Health Survey, which will be more reliable, as it spoke to a larger sample of people, asked a similar question, about what a resident would do if they were not offered a convenient appointment. In that case, 13% of people went to A&E or an urgent care centre. Whilst this figure is less than the one from the Health Scrutiny Survey, it is still concerning to see 13% of people turning to urgent care services when they cannot access a GP appointment at a convenient time, thereby placing pressure on emergency services.



	%	N
1. Went to the appointment I was offered	37%	396
2. Got an appointment for a different day	24%	255
3. Had a consultation over the phone	4%	43
4. Went to A&E / a walk-in centre	13%	142
5. Saw a pharmacist	4%	43
6. Decided to contact my surgery another time	12%	127
7. Didn't see or speak to anyone	9%	93
Total		**1063**

Figure 14: GP Patient Survey: Southwark CCG. What you would do if you were not able to get an appointment/convenient appointment (December 2013)

We are also aware from the Health Committee's own survey, that there is a significant proportion of people who use GP services for managing their long-term conditions. In these cases, many patients would like appointments with their named GP, who understandably has more of an understanding of their ongoing medical needs.

The appointments system seems to be creating difficulties for many of these individuals.

"Appointments with your preferred GP have to be booked about 4 weeks in advance."

"When I try and book an appointment for more than four weeks ahead I'm told they only take bookings for the next few weeks and to call back in a week. When I do all the appointments are filled so I'm told to call again in a week. I do and again there are no appointments."

"Difficult to get an appointment with the same gp because you seem to have to always ring back as they release more appointments. This is despite then asking me to try to see the same person. It works for urgent problems but is not set up well for people like me with chronic health problems who would like to book well ahead for review."

- Comments from Southwark residents

The issue of not being able to access GP services as required is a worrying one. The Committee is concerned that whilst we are assured that there are enough appointments available within the

system, patients are struggling to get them at which they would like. This is leading to extra pressure on other healthcare services.

We recommend that the Clinical Commissioning Group undertake a study into the best method for providing appointments consistently across the borough.

The King's Health Partners Merger

The previous Committee last received an update on the King's Health Partner merger in May 2013. At that point in time, King's Health Partners were continuing with the idea of a partnership. They noted that their partnership currently is complicated, with three different NHS organisations, with different structures, cultures and ways of doing things.

The Strategic Outline Case was published in July 2012, with a more detailed Full Business Case due to be developed, which would test a range of organisational models, including creating a single academic health organisation by merging the trusts, alongside looking at alternatives short of a three way merger.

They hoped to publish the Full Business Case in Autumn 2013 and this Committee was committed to scrutinising that process. However, in November 2013, it was announced in a statement that the proposed merger would be progressing less quickly than anticipated.

In their statement, King's Health Partners stated that

"The further work we have been doing points us to the conclusion that only a merger between the NHS foundation trusts as well as closer integration with the university would enable us to maximise the benefits of our AHSC to patients.

Organisational change on this scale and complexity would need to take place at a measured pace, informed by clear evidence of the benefits for the patients and communities we serve.

If we are to proceed towards a merger then the next step would be to develop a full business case, for consideration by our boards, and in the case of the NHS partners, our councils of governors.

"This is not the right time to take that step, not least because we will only do this if we are confident that a case for merger is likely to be approved by the regulators and we have made further progress in coordinating our services." (Kings Health Partners Statement, November 2013)

Since the merger was proposed, the Committee has taken an active interest in the decision-making process. The Committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the Committee for further scrutiny.

Requests for blue badges, housing reports etc

Customers who wish to apply for a blue badge or disabled freedom pass may have an automatic entitlement based on the benefits they receive. If they do not have an automatic entitlement, they will need to see an occupational therapist (OT) in order to have their mobility to be assessed. The Council employs two OT contractors to provide this assessment service. In the event that a badge is refused, customers can appeal the decision and their case is sent to the alternative OT provider to carry out a review.

Southwark will very occasionally contact GPs directly to request information about a particular applicant, but generally contact is made with hospital consultants rather than GPs and this is only done rarely.

Customers applying for Taxi Cards are directed to their GP, but numbers for this are very small, around 20 a month.

Southwark also carries out housing assessments for residents requesting re-housing. Southwark employs NMC registered nurses to undertake these assessments, using the criteria laid down in Southwark's housing allocation policy.

Residents may believe they need to see their GP to gain support for an application. This is an area that Housing Options & Assessment and the Disabled Travel Team could review, if it is felt this would be helpful, to find ways to influence customer choice in this area. We would welcome input from Southwark LMC on this matter.

Health scrutiny overview 13/14 work-plan

Wednesday 5 March	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee (6)
	Vulnerable Adults Annual Safeguarding report & presentation. Southwark Safeguarding Adults Partnership Board Annual Report 2012-13 The Independent Chair of Southwark Safeguarding Adults Partnership Board, Michael O'Connor, will present the report. **Commissioning urgent access to primary care** Tamsin Hooton, Director of Service Redesign (CCG) **Southwark Clinical Commissioning Group (CCG) Performance report** Andrew Bland, Chief Officer NHS Southwark Clinical Commissioning Group **Review : Access into Health Services in Southwark** Agree report **Review : Prevalence of Psychosis and access to mental health services for the BME Community in Southwark** **Papers for information** Healthwatch update

Monday 24 March	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee (7)
	Kings College Hospital Foundation Trust (KCH) - update on acquisition of the Princess Royal University Hospital (PRUH) and Denmark Hill hospital performance including Emergency Department (ED) . **Update on Health and Wellbeing** **Drug Joint Strategic Needs Assessment & Alcohol Strategy** **DRAFT Quality Accounts – with reference to the below** a. Scrutinise Hospital Trusts, Adult Social Care, CCG and GP complaints, with request for some sample detail b. Scrutinise hospital mortality and morbidity statistics c. Scrutinise hospital ward staff turnover and levels of ward staffing d. Consider Serious Incident Reports, including analysis of root causes. Agree report on : **Review : Prevalence of Psychosis and access to mental health services for the BME Community in Southwark**

	Items to be slotted in as appropriate 1. Adult Mental Health review (part of Psychosis CAG – so linked to review) 2. Possibilities: Integrated Care – Frail & elderly and new long term conditions

Agenda Item 11

This paper provides information about Healthwatch Southwark Governance and Priority areas of work.

1. Governance arrangements

Prior to April 2013 Healthwatch documents stated that it was to be a body incorporate which could be a standalone organisation or subsidiary of an organisation. Since then the requirements changed and currently Healthwatch Southwark is within Community Action Southwark (CAS) as CAS has the contract with Southwark Council.

The Healthwatch Board is a formal sub-committee of Community Action Southwark (CAS) and reports to the CAS Trustee Board. They provide strategic guidance and support for the work of Healthwatch Southwark.

Board members:

- Southwark Disability and Mobility Forum - Andrew Rice
- Cambridge House - Karin Woodley
- Faces in Focus - Hazel Saunders
- Age UK Lewisham and Southwark- Jacky Bourke-White
- Forum for Equalities and Human rights and Citizen's Advice Bureau- Sally Causer
- Southwark Carers- Verinder Mander
- Southwark LGBT Network- Gaby Charing, Member
- Southwark Refugee Communities Forum- Eltayeb Hassan

The current Governance arrangements were reviewed at the September Board meeting where the Board considered three options as below:

- Option 1 - a wholly independent HWS
- Option 2 - current arrangement of HWS Sub- committee of the CAS Board and HWS being within CAS
- Option 3- establishing HWS as a subsidiary of CAS

The advantages and disadvantages of each option were discussed including the need to concentrate efforts and resources on HWS development including its legitimacy and accessibility. Potential legal issues were also considered. The Board decided that Healthwatch Southwark sub- committee to remain in place with the proviso that the Board will review the Governance arrangements in the next financial year. The July Board meeting will consider the issue again.

Board recruitment
We are currently recruiting a minimum of two new Board lay members which includes the Chair of Healthwatch Southwark. These roles are open to all residents of Southwark. Applicants will have an informal interview and we hope to have them in place by March 2014.

2. Priorities

Priorities (Completion date August 2014)	**Rationale**
Mental Health services (Access to) - IAPT (Improving Access to Psychological Therapies) - Transitions from Children's to Adult Service - Mental and Physical Health of Older People	Major changes happening in social care Day service opportunities, service user involvement within South London & Maudsley NHS Trust, primary, secondary and community care.
GP Access	Different communities have raised issues re. physical access, appointments, registration. Health & Adult Social Care CC Scrutiny Sub-committee have Access to Health services as a review subject
Social Care (focusing on those not meeting the FACS eligibility criteria)	A range of sources siting concern around the availability of support/ services for those who do not qualify to receive Personal Budgets
Sexual & Reproductive Health Services	Major issues in Southwark (& Lambeth) around HIV

A 'watch list' captures a wider range of services and issues that we will also be monitoring including services for people with Diabetes, Cancer care and Personalisation.

Local residents gave their feedback on the priorities at our Building Our Network event on 17th December. The report is available at request.

We have signed up to a joint working agreement with other 5 Healthwatch bodies in South East London to work together on pieces of work that are related to all of our boroughs.

3. Engagement

We have carried out focus groups with the Latin American Communities and the Deaf Support Group in Southwark. Throughout January and February we have been chairing the Health and Wellbeing Board 1000 Lives Engagement Steering Group. Stories have been collected based on people's experiences of accessing and receiving health and social care services, other aspects of their wellbeing which will influence the production of the next Joint Health and Wellbeing Strategy. We also carried out a small piece of engagement with Kindred Minds Group focusing on IAPT (Improving Access to Psychological Therapies).

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

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Dated: December 2013