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

MINUTES of the OPEN section of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Monday 24 March 2014 at 7.00 pm at

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PRESENT:

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

OTHER MEMBERS PRESENT:

OFFICER SUPPORT:

Mike Marrinan, Medical Director, King's College Hospital Trust (KCH)

Briony Sloper, Emergency Head of Department, KCH

Katrina Cooney; Deputy Chief Nurse, Guy's & St Thomas' Trust (GST)

Cliff Bean, Associate Director, Quality and Assurance, Soul London & Mausdsley

(SLaM)

Rebecca Walker, Southwark Drug and Alcohol Action Team (DAAT) Interim Commissioning Manager

Dr Emily Finch, Clinical Director, Addictions CAG & Consultant Addiction Psychiatrist, SLaM

Gwen Kennedy, Director of Client Group Commissioning , Southwark Clinical Commissioning Group (CCG)

Rabia Alexander; Head of Mental Health, CCG

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Rowenna Davies and for lateness from Councillor Jonathon Mitchell.

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

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the committee meetings held on the 27th January and 5th March were agreed as an accurate record.

5. KING'S COLLEGE HOSPITAL FOUNDATION TRUST (KCH)

5.1 King's College Hospital NHS Foundation Trust (KCH) representatives: Mike Marrinan, Medical Director and Briony Sloper, Emergency Head of Department presented on the emergency department at the Denmark Hill site and the acquisition of Princess Royal University Hospital (PRUH).

5.2 The Medical Director explained that the KCH is short of nurses at PRUH but it is hard to appointment. He reported that Orpington Hospital was scheduled to close but KCH expressed an interest and opened an elective care orthopedic unit. This has proved popular, particularly as acute admissions had been impacting on elective planned procedures. He emphasized the inexorable increase in emergency admissions.

5.3 He reported that there is a small pilot with elective gynecology operations moving to the PRUH from King's College Hospital at Denmark Hill . This is a response to rising demand and increased admissions adversely impacting on planned care. He said that KCH are now looking at the elective gynecology service changes as part of a much wider plan for the entire KCH Trust.

5.4 The Head of the Emergency Department explained that the emergency departments are seeing an increase in patients arriving by ambulance, increasing numbers of patients needing resuscitation and an increase in admissions from major incidents. Patients are illler and staying longer which is creating pressure on

the system. KCH are looking at ways to avoid increased admissions and have been successful in this as the proportion has not grown. One way of doing this is to undertake more tests, but this takes more time.

5.5 A member asked why there has been a shift towards more high dependency patients and the underlying cause. The Head of the Emergency Department said that there had been an increase in older people with chronic diseases, more co-morbidity, and more patients who are poorly. The member asked if population increase and bigger increase in the elderly population is a factor and she agreed that this is factor in more significant acuity. The Medical Director responded that local Southwark admission rates are declining; however KCH as a whole is seeing admissions rates going up. Kings College Hospital, Denmark Hill, is a tertiary centre for a big area. Southwark Clinical Commissioning Group and KCH are working well on local issues and we are now looking at he bigger issue of decompression.

5.6 A member asked if the number of newly arrived people who are not registered with a GP is static or going up. The Medical Director said that numbers were static. 80% of patients at King's College Hospital, Denmark Hill, are from Lambeth and Southwark.

5.7 A member referred to the committee report that that indicated that some people were going to A & E who might be able to access better care via local GP hubs or via the 111 service. The Medical Director commented that multifaceted issues are driving the A & E pressures however he emphasized that that it is the rise in admissions that is the problem: there are not enough beds so A & E backs up.

5.8 The Head of the Emergency Department reported that A&E s had input from a number of bodies to improve, including CQC & Monitor. She referred to the recent Safer Faster Hospital exercise which focusing on the emergency pathway for a week at the King's College Hospital, Denmark Hill ; this is now going to be done at the PRUH. This is a very intensive exercise.

5.9 A member asked of plans for improvement would be combined, and actions were measureable or quite broad. The Head of the Emergency Department responded that there are some quick fixes, like phones and wireless, however some are more complex, for example appointing a consultant decision maker, and some are about increasing physical capacity and include providing more beds.

5.10 The Medical Director was asked why complaints at the PRUH had gone down but were now going up. He explained that there is more capacity to accept and process complaints ; KCH had added a PALs so it is easier to report .There has been a change in culture , it is now more collaborative rather than 'command and control'. He explained that hospital staff were reluctant to put down adverse incidents, however KCH encourage this as both adverse incidents and complaints can expose problems and help make changes. PRUH has been the worst performing A & E for 6 months or so.

5.11 A member asked more about the culture and he explained that there has been lots of input from KCH and the NHS director noticed a change. There is now better

engagement from consultants. The CQC noted that consultants were over satisfied, whereas the nurses are doing well but struggling and using difficult systems and the Junior Doctors were feeling unsupported. He explained that prior to KCH acquiring the PRUH staff were unsure if the hospital was going to be asset striped and it was understaffed. KCH radically increased the staffing.

5.12 A member asked how long it would take to see an improvement and the Medical Director said that there would be 15 months of difficulty before the PRUH was fully up to speed.

6. DRAFT HOSPITAL QUALITY ACCOUNTS

6.1 The chair invited the Trust representatives to present their reports briefly. Guy's & St Thomas' (GST) Foundation Trust representative Katrina Cooney; Deputy Chief Nurse, presented the draft Quality Account report and supplementary information. Elizabeth Palmer, Deputy Director, Assurance & Compliance (GST) gave her apologies. The Deputy Chief Nurse explained that next year's draft priorities continue to focus on improving care to older people, particularly patients with dementia, in conjunction with Barbara's Trust. The Trust will also continue to focus on Complaints and PALs. There will also be various initiatives promoting Integration, better use of IT and a consolidation of progress on patient safety. She then spoke about progress on achieving last years priorities and reported that everything was mostly achieved however a review and consultation recommended the merger of PALs and complaints, but this has been put on hold pending national guidance following the Clwyd-Hart report. This means work will continue on this priority this year.

6.2 King's College Hospital NHS Foundation Trust (KCH) representatives: Mike Marrinan, Medical Director and Briony Sloper, Emergency Department Head of Department explained that the draft Quality Accounts priorities for the year are close to being completed.

6.3 South London and Maudsley NHS Foundation Trust's (SLaM) representative Cliff Bean, Associate Director, Quality and Assurance, referred to the draft priorities circulated in the report. He noted that SlaM is not bound to report on mortality rates however they do consider suicide rates and the Trust is aware that mortality rates are higher for people with poor mental health – this is one of the reasons that there is a draft quality priority to continue to improve the quality of patients physical health by screening patients for cardio-vascular and metabolic disease.

6.4 The chair invited questions and a member referred to a constituent who made a complaint about the removal of a canualar at GST; it took him a year to get this resolved. The member noted that the complaints timescale indicates that a response will be given in 3 days but he would like to know how long GST takes to resolve a complaint. The Deputy Chief Nurse responded that this is normally 35 days, however that depends on if it is a major incident. She said that GST do carefully investigate but she agreed that a year is concerning. She explained that while the GST plans to merge PALs and the complaints service had to be shelved,

the Trust has an agreement to secure more funds for investment in the service.

6.5 SlaM was then asked about the high level of complaints in the Psychosis CAG. The Associate Director for Quality and Assurance explained that Psychosis is about half of SlaMs activity. He said that the Trust is undertaking a programme with staff to impact on attitude, treatment and care. He reported that workshops held on complaints have been really helpful in finding more informal resolution. A member responded that he was pleased to see this investment in staff skills and attitude, but he asked if complaints were really an outcome of overwork. The Associate Director said there is a broader issue about staffing levels and drew members' attention to the report which detailed that how levels vary from service to service; there is no magic number. He added that SLaM have been surprised by the variation in levels of staffing. The member asked if SLaM need more staff and if there is sufficent funding made available. The Associate Director responded that commisioners allocate the funding and so can better address this. The member asked if the Psychosis service had enough funding & staff and the Associate Director said that it is not as simple as increasing staff as sometimes the services required a complex mix of the right socially appropriate interventions and ethnically diverse staffing. He added that some services are good on fewer resources.

6.6 GST was then also asked about staffing levels and the Deputy Chief Nurse referred to the papers submitted that explain the process, which include detailed impatient analysis and monthly reports to board. She emphasized that there is good governance in place and they are looking at workforce plans. They actively manage nurse placements and there is a recruitment nurse.

6.7 KCH Medical Director explained that PRUH is understaffed and KCH have been recruiting to improve this, whereas the issue at Demark Hill is too many bank and agency staff. He explained that the hospital do meet and usually exceed the staffing ratio target of nurse to patients of 8:1. Ratios are reported to the board and there is a red system in place to act urgently. He explained the problem is recruiting full time staff paid at the proper level.

6.8 A member asked the Trusts if money pressures would lead to a cut in staffing. KCH and GST said that while there are saving targets nursing and medical directors can veto proposals and on the grounds of patient safety and the views of medical consultants trump money.

RESOLVED

The final quality accounts will be put in front of the next committee.

7. SOUTHWARK ALCOHOL STRATEGY AND SUBSTANCE MISUSE TREATMENT & POLICY

7.1 The chair invited the speakers to present : Rebecca Walker, DAAT (Southwark Drug and Alcohol Action Team) & Interim Commissioning Manager and Dr Emily

Finch, Clinical Director, Addictions CAG & Consultant Addiction Psychiatrist, South London & Maudsley NHS Trust (SLaM).

7.2 Rebecca Walker referred to the papers, which summarised the substance misuse treatment services. She explained that the intention was to bring the Substance Misuse Needs Assessment to the committee; however this will not now be cleared until April. The needs assessment over all shows good services delivering good outcomes with some reservations. The DAAT is looking at services commissioned in 2014/15. The budget is a key issue. There is work with Public Health and service user involvement to decide what is needed and the service plans to use the STAR process. The majority of providers have 6 month grants until 31 September 2014. At the moment the plan is not to do a complete change but there will be minor changes; for example there is less opiate and more alcohol use so there will be a change in the services invested in.

7.3 A member asked what is being done to reduce alcohol and sexual violence. She explained that Southwark recently changed its domestic violence provider. The member said that he was a barrister and he was worried about the quality of care and investigation for sexual violence and also the extent of underage drinking. Rebecca Walker said that there was a recent Mystery Shopping exercise on underage drinking and as a result one place was shut down. She went on to offer to provide more data on the underage drinking and how the Domestic Abuse service tackles alcohol & substance misuse.

7.4 Another member suggested that Sexual Health Clinics could be used to provide counselling for those at risk. He commented that he used this service but had never been offered alcohol or substance misuse advice. Rebecca Walker explained that Sexual Health Clinics do screen for alcohol/substance misuse and refer to treatment, and suggested that the member probably does not drink enough to trigger a service response.

7.5 A member asked about the differing rates of substance and alcohol misuse. Dr Emily Finch explained that party drugs like GHB are seeing a rise and opiate use is seeing a drop, however users are older and iller. Rebecca Walker explained that the Evolve service provided by Blenheim and commissioned by DAAT (Drug and Alcohol Action Team) works with party drug/ club drug users and they are seeing more users requesting treatment; this is a double edged as it could indicate either better use of treatment services or increased consumption – people can self refer at a low threshold. More complex party drug users also access Community Drug and Alcohol Team (based at Blackfriars and provided by SLAM),or one of the inpatient services, if they need a detox. A member asked if there were more gay or straight users of party/club drugs and she responded that the service was seeing more gay users.

7.6 The chair invited Tom White to comment. He began by criticizing the closure of most front facing drug treatment services at Marina House and accused the previous health scrutiny committee of going ‘soft’ on this. He then went on to highlight the increase in alcohol consumption and noted that since 2009 there has been a 54% increase in hospital admissions for alcohol as well as more emergency admissions for liver problems . Drinking is also often a contributory

factor for suicide & violence.

7.7 Dr Emily Finch referred to the letter from SlaM to the committee which outlined plans for more addictions services to be located in Marina House, including the resumption of face to face treatment service for older people as well as creative & art services. Gwen Kennedy, Southwark CCG, explained that a needs assessment sets out plans for services, some of which will delivered at Marina House. Rebecca Walker explained that some services are spread throughout the borough, with Blackfriars a site for specialist service. She said that a recent performance report identified that outcomes for treatment are better than ever.

7.8 A member asked about work to prevent misuse of alcohol and commented that the focus seemed to be more on treatment. Dr Emily Finch said that the key issue for prevention were availability and price, however the government has not responded to policy recommendations on this. She added that early intervention was also important. The Addictions service has a range of treatment professionals and effective interventions depended on the harm profiles, for example some people will consume large amounts and act out in harmful ways, while other will consume at home. Gwen Kennedy explained that whole raft of awareness rising around health & wellbeing.

7.9 A member asked about prevention approach and how the licensing committee consider these issues. Rebecca Walker agreed that the prevention agenda was very important, however it was more the remit of Public Health as her role is more focused on treatment. She agreed that licensing is a key issue and reported that Public Health are now working on this and this might well impact on new premises. The member commented that drug use is generally down nationally. He added that he was very angry that government did not take forward the recommendation for minimum pricing on alcohol. He reported that Richmond Council has a saturation policy which he thought was much more effective than Southwark's present licensing arrangements. Members indicated that they would like to see more proactive work on licensing and a strong Public Health message on alcohol. Officers agreed.

RESOLVED

More information will be supplied on :

- Underage drinking
- Domestic Abuse , alcohol and substance misuse
- Licensing and reducing alcohol misuse.

8. TALKING THERAPY SERVICES

8.1 The chair invited Gwen Kennedy, Director of Client Group Commissioning ,

Southwark Clinical Commissioning Group (CCG) and Rabia Alexander; Head of Mental Health (CCG), to present the papers circulated.

8.2 A member asked if there would be any anticipated reduction in the overall budget spent on the service. The Head of Mental Health said there would be additional budget. There will be more focus on increased access as the service had indentified gaps in existing provision for young people aged 16 to 18 years, older people drinking at home and Black and Ethnic Minority communities. The service also want to improve provision for people with long term conditions , eating disorders and dual diagnosis. There will be work with churches to increase outreach and provision to the BME communities. The services also have to meet targets.

8.3 A member asked how the service will be restructured to meet the needs of older people and BME communities. The Head of Mental Health explained that there will be work with churches to increase outreach and provision to the BME communities and this will include work with Pastors and there will also be a 'Help Bus' where people can access provision. Another member asked who would be the losers and the Head of Mental Health explained that the CCG have quality issues on GP counselors. There will be a change in provision at doctors surgeries and in the future people will need to go to local hubs, but the quality will improve. She said that the feedback the CCG have received from paitents is that people are prepared to travel if the provision is better.

8.4 The Director of Client Group Commissioning explained that there will be a streamlined process in terms of access. A member asked if existing providers could lose out and the Director of Client Group Commissioning said that current providers are at risk; they could lose out through the procurement exercise. She said there will be consortium bids involving current providers and there will be a bidder's day. They are all on board with the single point of access. The Head of Mental Health commented that they expect the bids to be IAPT and NICE compliant.

8.5 A member asked about public engagement and the Head of Mental Health said that so far feedback from consultation has identified inequality around service provision and that people can use – for example some people can not access family therapy. There will be another event and also there is an online survey. A member commented that the engagement looks good and the Director of Client Group Commissioning agreed and explained the CCG have been doing extensive engagement including talking to people who do not use services, including asked why people have disengaged.

8.6 A member queried the increased access, given the number of practices offering counseling will actually be going down. He said while he understand the case being made that services will actually be concentrated he was concerned that there will be a pruning of provision. The Head of Mental Health responded that the service will be working with people to ensure there is an adequate space to access thereapy - this could be in a hub, at home or on a bus. The member went on to question if the ' most effective use of resources' meant a reduction in resources and the Head of Mental Health assured members that there would be more overall

spent and that CCG have done an audit and more will be spent on delivery rather than management . The Director of Client Group Commissioning said that therapy will be offered at the right level; currently people are accessing high level qualitative treatment that they do not need. She said that often people are not on the right level and then they are less likely to complete.

8.7 A member asked how many people would be treated and the Director of Client Group commissioning commented they the CCG want substantial access but there are negotiations which will affect the outcome and resources available, for example the rent paid to GPs. A member voiced concerns over the lack of detail on this.

RESOLVED

The CCG will provide feedback form community engagement meetings and come back after the elections.

9. UPDATE ON HEALTH AND WELLBEING BOARD STRATEGY

9.1 The paper was circulated, but no there was no presentation.

RESOLVED

It was recommended that the new health scrutiny committee request the Health & Wellbeing Strategy, when it is available, and that scrutiny of this is added to next year's work-plan.

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

10.1 The chair invited the committee to comment on the final report circulated with the agenda. The vice chair remarked that the recommendations looked good. He went on to comment on the committee's capacity to adequately deliver on its responsibilities to take an overview and undertake in-depth scrutiny reviews. There was a discussion about whether scrutiny is better placed to look in detail at issues or take a wider look at the health system. A member commented that it has been hard to make comment on what are still draft reports on Mental Health strategies for the CCG, and other partners, and that over the course of the meeting various plans were referred to, but not seen. A member agreed that there was a virtue in raising issue of concern, however there was a need to take a proper look at Mental Health, which has been a theme for a while. A member returned to the issue of capacity and resources and suggested the committee needed to either nail down the issue or raise a red flag.

RESOLVED

The report was agreed and will be sent to the Overview and Scrutiny Committee on Monday.

It was recommended that the next committee take a further look at Mental Health, and as part of that consider BME communities.