

HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 2 December 2019 at 7.00 pm at 132 Queens Road, London, SE15 2HP Rooms G05 & 6.

PRESENT: Councillor Victoria Olisa (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Paul Fleming
Councillor Darren Merrill
Councillor Charlie Smith
Councillor Bill Williams

**OTHER MEMBERS
PRESENT:**

OFFICER & Genette Laws, Director of Commissioning , Southwark Council
PARTNER Julie Timbrell, Scrutiny Project Manager
SUPPORT: Catherine Negus, Healthwatch Manager

1. APOLOGIES

Councillors Maria Linforth-Hall and Helen Dennis sent apologies, the latter because of maternity leave. Councillor Bill Williams attended as a substitute for Councillor Helen Dennis.

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Bill Williams disclosed that he works for Guys and St Thomas'

Foundation Hospital Trust.

4. MINUTES

The Minutes of the meeting held on 14 October were agreed as an accurate record.

5. REVIEW: CARE HOMES QUALITY ASSURANCE - OFFICER OVERVIEW

Genette Laws, Director of Commissioning, provided an overview of care homes and extra care domiciliary care, with reference to the report circulated in advance. The Director of Commissioning highlighted the following points:

- There is a commitment to open two new nursing homes by 2022, so that those needing care will live closer to their loved ones and are in services that are subject to a tendered contract. One of Partnership Southwark priorities is improving nursing homes.
- There is also a commitment to establish a residential care charter which officers intend to take to Cabinet in the spring of 2020. This charter will focus on supporting homes to focus on the drivers related to delivering high quality care.
- There is more work to be done to involve the service user voice and wider community in quality assurance. Currently the council are working with Age UK to deliver the Lay Inspectors scheme, however the Lay Inspectors only work with older people. The council would like to ensure similar work with wider groups.

The chair invited questions:

- Members asked if 6 monthly visits are enough. The Director explained that commissioners take a risk based approach, which means that visits can take place more frequently – some are done some quarterly, some even weekly if there is higher risk.
- The Director was asked about the consequences of poor performance and she explained that one outcome is the provision of a default notice on the contract, and ultimately to remove people from the care provision.
- Members asked about the number of safeguarding concerns and complaints received and how these are dealt with. The Director commented that Southwark does seem to receive less than other councils she has worked with. This could be because these Local Authorities were in areas of more affluence and therefore have

more self funders and so there could be more confidence and sense of more entitlement. However, she emphasised, that everybody is entitled to complain and this could be an area that warrants more focus. Members asked how the council might ensure that there is an improved ability to raise a complaint and the Director suggested that this could be looked at through the nursing contract and the monitoring process. The Director also offered to provide some comparison with another borough to attempt to benchmark performance, but she cautioned that would be difficult as no two boroughs are alike in terms of types of provision or deprivation.

- Joan Thomas, former coordinator of the Lay Inspection service, spoke from the public audience, and said that often people do not understand safeguarding or what good quality looks like, for example the ability to de-escalate conflict and calm things down, or change a pad regularly. Lay Inspectors are trained in dementia. She added that she is concerned that the Lay Inspector coordinator post has not been filled since her retirement. She said the absence of a coordinator means the volunteers in place are not able to sustain the number of visits, which previously would sometimes be as many as 10 over a period of 4 or 5 months. These visits address both qualitative and quantifiable good practice.
- Another audience member agreed that the Lay Inspection scheme is currently not functional; there is one inspection in the pipeline and they are finishing off another, but no coordinator means that the work cannot be sustained.
- A different audience member explained that he was also a former Lay Inspector volunteer and that the services was able to make comparisons between homes with similar management, and as a consequence have learned that a good manager is crucial. He added that the Lay Inspectors also ask if there are times set aside for relatives and carers to visit and speak meet and speak with care home staff.
- The Lay Inspectors asked about funding and the Director explained this is year on year.
- The Lay Inspector volunteers cautioned that while they are able to establish trust with other older people they would not have the ability to visit younger people, however they did think young people, for example with disabilities, would also benefit from a Lay Inspector programme by peers.
- The Director responded that the council do want to make the Lay Inspection work all age functional, however that does not mean it would necessarily be delivered by Age UK.
- A member of the audience commented that when she complained to a provider about a service the complaint was investigated by the

home, rather than someone impartial. One of her complaints was the inadequacy of the GP service. The Director said the council do monitor homes they fund. She said commissioners are on a journey with monitoring, and they are now improving this through quicker writes ups and more focus on quality. She added that the CCG are responsible for the quality of GPs services, as this is part of nursing provision.

- The Director was asked if monitoring officers go to the relative meetings. She said that sometimes they do. Healthwatch suggested this could be useful. Lay Inspectors present cautioned this could involve quite a lot of meetings. A focus on bigger Southwark providers and going quarterly could make best use of resources.

RESOLVED

Officers will provide a comparison with a comparable borough on number of complaints

6. REVIEW: CARE HOMES QUALITY ASSURANCE - HEALTHWATCH

Catherine Negus, Healthwatch Manager, provided an update on Tower Bridge Care Centre with reference to a published report.

7. REVIEW: MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE - HEALTHWATCH

Catherine Negus, Healthwatch Manager, provided an overview of work done on mental health, with reference to a published report.

The chair then invited questions. Members asked if there is any repeat work planned and the Healthwatch Manager said that they are doing follow up on Talking Therapies - with a work stream on young people. Healthwatch have also identified the need to do more research on drug use and are recruiting someone to do this.

RESOLVED

Two groups were recommended by the Healthwatch Manager to contact to contribute to the review:

- Southwark Independent Advisory groups - set up with SLAM and equivalent to Lambeth Black Thrive
- Cambridge House's mental health work with young people

8. LAMBETH HOSPITAL REDEVELOPMENT PROPOSAL

The scrutiny project manager, Julie Timbrell, reported that SLaM and CCG Commissioners have approached scrutiny regarding a proposal to move acute mental health services from the current site on Lambeth Hospital to a new site on the Maudsley Hospital. They have indicated that this is a substantial variation and as this would impact on both Lambeth and Southwark a Joint Health Overview and Scrutiny Committee (JHOSC) ought to be considered. There is limited information available in the public domain at the moment because of the pre-election period. More information is due to come to Southwark's OSC in January where members will be able to take a final decision.

Members commented that this proposal could raise similar issues as the single Place of Safety, which relocated patients to Southwark. The JHOSC, which was established to look at this, ensured that arrangements were put in place to ensure that Southwark social care services were not unfairly impacted.

9. WORK PROGRAMME

The work programme was noted and the Healthwatch recommendations will be taken forward. Outreach is also planned to Lambeth's Black Thrive project.

