

Health and Social Care Scrutiny Commission

Monday 22 June 2020

7.00 pm

Online/Virtual. Members of the public are welcome to attend the meeting.

Please contact FitzroyAntonio.williams@southwark.gov.uk or

Julie.timbrell@southwark.gov.uk for a link.

Membership

Councillor Victoria Olisa (Chair)

Councillor David Noakes (Vice-Chair)

Councillor Helen Dennis

Councillor Paul Fleming

Councillor Maria Linforth-Hall

Councillor Darren Merrill

Councillor Charlie Smith

Reserves

Councillor Jack Buck

Councillor Dora Dixon-Fyle MBE

Councillor Jon Hartley

Councillor Jane Salmon

Councillor Bill Williams

Councillor Leanne Werner

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

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 12 June 2020



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Health and Social Care Scrutiny Commission

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	1 - 7
	To approve as a correct record the Minutes of the meeting held on 27 February 2020.	
5.	IMPACT OF COVID 19 ON RESIDENTS AND STAFF IN CARE HOMES AND THE HOME CARE SERVICE	
	Council and CCG staff will update the commission on PPE, testing, how residents are staying in touch family, friends and with the wider world, and lessons learnt in protecting vulnerable people.	
	Unison will provide input on staff PPE and testing provision for Southwark social and home care staff.	
	A legal briefing on the Coronavirus Act 2020 Care Act easements is to follow.	
6.	SCRUTINY REVIEW: CARE HOME AND EXTRA CARE QUALITY ASSURANCE - DRAFT HEADLINE REPORT	8 - 38

The draft headline report is attached.

7. COVID 19 IMPACT ON THE NHS

The item will be an initial discussion on the impact of Covid-19 on our health systems, both directly how the health system in Southwark has been able to meet the needs of Covid-19 patients, and indirectly in regards to the wider impacts on other health conditions

8. SCRUTINY REVIEW: MENTAL HEALTH CHILDREN AND YOUNG PEOPLE - SUICIDE BRIEFING

39 - 42

At the end of January the Commission received a report from officers that had some information on Suicide. Members at the meeting and subsequently requested some more information:

- Recent suicide rates covering the period 2016 – 2019
- A race and ethnic breakdown and comparison with borough averages to see if rates are proportionate
- Age breakdown (particularly of under 25s given the focus of the review – if this is possible)
- A copy of the Suicide Strategy

A briefing is attached.

9. COVID 19 EQUALITIES IMPACT

This item will be an initial discussion on how Covid-19 has affected Southwark residents, and in particular the disproportionate impact of Covid-19 on some of our resident populations, such as BAME residents, older residents including those in our care homes and more deprived communities.

10. WORK PROGRAMME

This item will discuss the next scheduled meeting on 16 July.

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.



HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Thursday 27 February 2020 at 7.00 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Victoria Olisa (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Paul Fleming
Councillor Maria Linforth-Hall
Councillor Darren Merrill

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Kevin Fenton, Strategic Director, Place and Wellbeing
Genette Laws, Director of Commissioning , Southwark Council
Farrah Hart, Consultant - Public Health
Julie Timbrell, Scrutiny Project Manager
Ross Diamond, Chief Executive Officer Age UK Lewisham and Southwark

1. APOLOGIES

Apologies were received from Councillor Charlie Smith and Councillor Helen Dennis, who is on maternity leave, for absence and Councillor David Noakes for lateness.

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

There was none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There was none.

4. MINUTES

The Minutes of the meetings held on 2 December 2019 and the 21 January 2020 were agreed as an accurate record.

5. COMMUNITY PHARMACIES AND SUBSTANCE MISUSE SERVICES

Kevin Fenton, Strategic Director, Place and Wellbeing, and Farrah Hart, Consultant - Public Health, summarised the paper provided in advance, which outlines the proposed changes to the commissioning arrangements for Community Pharmacies to provide needle exchange and supervised consumption.

The chair then invited members who are in close contact with Community Pharmacies, to outline their concerns:

- Delivering this service can be demanding for Community Pharmacies and they would like this service valued;
- Complaints about difficulties delivering the service to go to CGL, the provider, and on occasions to the police, rather than directly to the council. There are daily complaints;
- The position with St George's Pharmacy is unclear and this may be because of complexity and miscommunication;
- Concern about coverage around Elephant & Castle;
- Concern about the tone of communication from the council regarding changes to commissioning arrangements, and if it was sufficiently collegiate given the important role Pharmacies play in the community.

The Strategic Director responded that the CGL provider ought to communicate with the council directly on any complaints, and there has been a problem here. Going forward officers will be working on improving communication and will go back to re - engage with the pharmacies , both those willing to continue and those not. This will particularly include engagement on the issues raised in the complaints conveyed to the provider, CGL.

Officers explained the benchmarking process that had taken place with neighbouring boroughs to set new tariffs, following the end of the previous three year commissioning cycle. They emphasised the strain the Public Health budget is under and the need spend money wisely.

Members asked about cold spots with poor coverage, both north and south of the borough. Officers said there is a map and they are working to ensure a good spread of geographical provision. Officers are concerned with coverage in the area St George's Pharmacy work and they will be

working with them closely.

The Strategic Director offered to return in 6 months time to review delivery once the commissioning arrangements are finalised, and members indicated this would be helpful.

6. LAY INSPECTORS

Genette Laws, Director of Commissioning, gave an overview of the future and planned commissioning arrangements between the council and Age UK Lewisham and Southwark. Historically the Lay Inspectors programme consisted of a team of 12 volunteers; the Lay Inspectors. Until recently a coordinator was employed by Age UK for 2 days per week to oversee this function. The Lay Inspector work in groups of 2/3 and conduct 3 visits (2 day time & 1 night time) per year to each of six Care Homes in Southwark. They produce reports that are submitted to Southwark Council; however there has been no recent active engagement between Contract Monitoring and the Lay Inspectors, and that is a weakness.

Ross Diamond, Chief Executive Officer Age UK Lewisham and Southwark explained that there had been a pause in the Lay Inspection work, however this will resume now the funding has been received.

The Director of Commissioning said that at a recent meeting between commissioners and Age Concern the parties agreed to redevelop the scope and role of the Lay Inspectors and vitally to establish closer working relationships and joint working. Going forward the focus of Lay Inspectors would be to complement contract monitoring activities, rather than duplicate by focusing on the areas that contract monitoring officers may not get the same outcomes – e.g. speaking with residents to get their views. The Lay Inspectors will focus on seeking the views of service users, family and staff to obtain feedback, rather than formal inspections. Visits will be coordinated in line with the overall contract monitoring schedule and regular meetings will take place to share intelligence and agree plans.

The Director of Commissioning said that the scope of involvement is also to be expanded to include Care at Home. There will also be training and development in line with development of Young Inspectors roles.

The chair invited questions from members and the following points were raised:

- Six homes visited are those most used by older people in the borough and include the commissioned Anchor care homes and the nursing homes with most Southwark residents.
- The Lay Inspectors would undertake at least one visit per year (3 in one) but would repeat if there were concerns.
- The Care at Homes scheme will be particularly focused on those

people without regular family contact and the un-befriended, aiming for a 1000 contacts. It would be a planned telephone call. If concerns are uncovered the response provided is still being scoped out - it is expected that Age UK volunteers would relay these to the council and close links with officers will be essential.

- The Director of Commissioning said the Care at Home would be an expanded project with a different cost envelope. Age UK Lewisham and Southwark COE said they would be delighted to take on this extra work and employ more people and more volunteers.
- Both the Director of Commissioning and the Age UK CEO agreed the new Lay Inspection programme can be quite speedily resumed using existing volunteers, though more will be recruited and trained, but there are enough in place to continue. The new Care at Home scheme will take longer to develop and get up and running.

Joan Thomas, former coordinator of the Lay Inspection service, spoke from the public audience. She said she was very pleased at the planned resumption of the Lay Inspector programme, and also pleased with the additional planned focus on Care at Home. She also commented that it was reassuring to hear that the renewed programme will include close working relationships between contract monitoring and Lay Inspectors, as in her view this is crucial to the success of the scheme.

Joan remarked that the inspection template has involved over time in response to family members concerns, for example questions on continence care. She would like to see ongoing dialogue with the Lay Inspectors about content. The Director of Commissioning said that continence care is a good example; she would like to see inspections led by conversations.

The chair and Commission members thanked the Chief Executive Officer Age UK Lewisham and Southwark and the Director of Commissioning for attending.

7. REVIEW: CARE HOMES QUALITY ASSURANCE - FOLLOW UP BRIEFINGS

Two discussions were held on Care Homes, firstly on progress towards commissioning two new nursing care homes, and secondly on quality assurance in present homes used by Southwark.

Commissioning new Care Homes

The Director of Commissioning provided a presentation that outlined the Council Plan commitment to open two new nursing homes and current commissioning progress on delivering this. Cabinet has given permission to award contracts for local provision. The intention is to tender with three

bidders to award contracts for high quality care. The Engagement Group is the core group coordinating the programme. This consists of council and CCG staff, Healthwatch and Age UK. Wider engagement has taken place with the community sector, residents, older people in care homes and families. A Co-design group has been established of volunteers and this has conducted interviews with providers. These are now being evaluated.

The chair invited questions and the following points were made:

- The decision on the providers will be decided utilising the process the Director of Commissioning outlined. Presently the specification and price is being decided, with a decision pending May.
- Two providers are definitely offering to build new homes. Other provision might come from utilising existing buildings.
- The majority of residents who are presently housed out of the borough want to move back to Southwark; however a minority may want to stay where they are. A survey showed that 80% would want to move closer to home.

Contract monitoring of existing Care Homes and Lay Inspector visits

Two proformas were enclosed in the agenda. One used by monitoring officers when visiting care homes and one used by Lay Inspectors when visiting care homes (provided under item 6). In addition members were provided with the last 6 months care home monitoring reports from officers and two example reports produced by volunteer Lay Inspectors when visiting care homes. The reports on care homes were contained in the closed agenda as they identify individuals; however the discussion is summarised here.

The following points were made regarding visits and inspections:

- Officers explained that Anchor homes are consistently rated Good by the CQC, which means the CQC will only return every two years. It was noted that the quality of care in a home can deteriorate quite quickly if a good manager leaves. If Lay Inspectors visit and make a poor report that would not trigger a CQC visit as there is no direct link, however it would influence the contract management relationship. Individuals can raise concerns with the CQC, as can the council. Officers do share intelligence with the CQC; however this doesn't always trigger a visit, though on occasions it does. The council would always visit if there were concerns raised.
- Members commented that Ofsted do not always seem to acknowledge local feedback. Offices said that the CQC ought to acknowledge responsive feedback and they also have a financial list of providers at risk.

- Officers advised that the Older People's Hub could give more information to prospective older people and friends and family on how to choose a care home. For example encouraging people to visit prospective care homes, and looking out for how welcoming it is.
- Members asked how councillors can manage risks in care homes and monitor quality. There is not a current reporting framework in place that sets out how the council has responded to Lay Inspectors reports. There is, however, a contract management board that the Director of Commissioning chairs. Currently there is an annual report on home care which goes to Cabinet. An annual report on Care Homes to cabinet could be useful, summarising visits and inspections.
- The scrutiny Project Manager, Julie Timbrell, advised that following The Francis Report on the failings at Mid-Staffordshire NHS Foundation Trust a report was provided to scrutiny with recommendations on learning for scrutiny and the local health accountability system, this included recommendations to share quality alerts with members and partners, such as Healthwatch and the CQC.

RESOLVED

Circulate the Mid Staffordshire scrutiny report.

8. REVIEW: MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

The London Assembly Health Committee report on the impact of Adverse Childhood Experiences, 'Connecting up the care: Supporting London's children exposed to domestic abuse, parental mental ill-health and parental substance abuse'. This is a theme of the scrutiny review. The report was noted.

9. WORK PROGRAMME

The Commission discussed the workplan and review scopes.

RESOLVED

Officers will be asked for the Suicide Strategy.

The Cabinet member, Councillor Evelyn Akoto, will be invited to the next meeting for an interview on her Public Health lead role.

10. LAY INSPECTOR REPORTS

The discussion on this item is minuted under item 7.

11. STATUS VISITS AND MONITORING REPORTS OF CARE HOMES

The discussion on item is minuted under item 7.

Headline report April 2020
Care Home and Extra Care quality
assurance
scrutiny review

Health & Adult Social Care Scrutiny
Commission

Purpose

- Review the quality of care of Southwark providers and out of borough placements used by Southwark adults
- Ensure people in and out of borough placements are safe, well and in suitable accommodation
- Examine the assurance and inspection processes in place to see if they are performing well

Review objectives

- Look at the Lay inspectors work
- Review the officer quality assurance process and monitoring of placements in and out of borough
- Consider the Ofsted and CQC reports
- Seek input from staff on quality via unions, whistleblowing
- Invite Healthwatch, carers, older and disabled residents to contribute

Two part report

- This is part one of a two part report
- The report concentrates on provision used by older people, in and out of Southwark
- The second report will look at provision by for working age adults, commonly with a disability or requiring rehabilitation

Background

- Southwark is well placed to deliver Extra Care to local people but has a shortage of local residential and nursing care provision
- Currently 70% of Southwark people requiring nursing beds are placed out borough. In 2017/18, 80% of people that we placed out of borough would prefer to be in Southwark.

	Adult/OP residential		Adult/OP nursing		Extra Care	
	No. schemes	No. SUs	No. schemes	No. SUs	No. schemes	No. SUs
Southwark	5	143	2	89	3	84
Other London	14	32	31	112	0	0
Outside London	39	50	47	56	0	0

Background – nursing homes 1

- In 2015 Southwark decided to provide extra nursing homes in the borough because of insufficient provision and because local care homes Camberwell Green, Burgess Park and Tower Bridge had all received poor CQC reports for a number of years.
- Since then Camberwell Green and Burgess Park care homes closed, in 2016 and 2017 respectively
- Tower Bridge has however improved, with ratings between Good and Inadequate.
- Nationally the CQC states that nursing care faces the most significant challenges in relation to financial sustainability and the maintenance of good quality care across the entire health and social care system. These national issues are compounded in Southwark which has seen a 46% reduction in nursing care beds since 2011 (Five homes with a loss of 252 beds). This is comparable to several inner north London boroughs– e.g. Tower Hamlets and Islington, although none of our immediate south London neighbours have experienced such a sharp decline.
- The reasons cited by providers for this decline are the higher land prices that deter the development in inner London, workforce challenges, a younger population and relatively few self-funders compared to outer London areas . This means that Southwark homes are far more reliant upon state funded placements; where the costs have been tightly managed as a result of ongoing austerity measures.*

* Cabinet report April 2019

Background – nursing homes 2

- In 2017 a cabinet set out its plans to increase nursing provision, stating that by 2020 there will be a total of 361 nursing home beds available, compared to the 115 beds in the borough currently in use.
- Following this a cabinet report in April 2019 set out plans to deliver this through a negotiated procurement process with providers either currently operating or planning to operate nursing care homes, within the borough.
- The report outlined separate property deals to provide the physical buildings. Planning permission had been granted for development of a care home that will include 48 nursing beds, on the former site of Burgess Park (Picton Street), and a second nursing home that has outline planning permission for 80 nursing care beds. The total projected increase of beds was now set to be 260 by 2020, and if the second home comes online this would increase provision to 340 by 2022.
- The further deterioration in local capacity with the closure of Burgess Park may explain the reduced capacity projected in 2019 over that planned in 2017.

Commissioning of Nursing Homes for older people needing nursing care

Officers told us :

- Following the April 2019 Cabinet agreement to Commission through a negotiated approach the intention is to tender with three bidders to award contracts for high quality care.
- An Engagement Group is coordinating the programme. This consists of council and CCG staff, Healthwatch and Age UK.
- Wider engagement has taken place with the community sector, residents, older people in care homes and families.
- A Co-design group has been established of volunteers and this has conducted interviews with providers. These are now being evaluated.
- Presently the specification and price is being decided, with a decision pending May 2020.
- Two providers are definitely offering to build new homes. Other provision might come from utilising existing buildings.
- There is a now a commitment to open two new nursing homes by 2022

Residential care for older adults

Officers told us:

- The council has termed contracts with four residential care homes, all run by Anchor Hanover. The contract is due to expire in 2025
- Anchor Hanover Care residential homes in Southwark are consistently rated good by the CQC

Monitoring and quality assurance of older peoples residential and nursery care homes in Southwark

- Contract Management visits and reports by council officers
- Quality Alerts and complaints
- Family, friends and advocacy
- CQC inspections
- Lay Inspections
- Healthwatch
- Providers Forum
- Strategic and member oversight

Providers Forum

- There is a Providers Forum where to support the provision of care homes in Southwark –
more information is due

Contract management 1

Officers told us:

- Visits are done at least 6 monthly and a risk based approach is taken . If more visits are needed, because of concerns or other intelligence, then officers visit more frequently.
- Officers are on a journey with contract management to improve performance
- The Commission received 6 months worth of detailed contract management reports

Contract management 2

Carers and Lay Inspectors told us

- Council contract management is crucial to managing performance, particularly as the CQC only visit occasionally
- Visits to homes are vital and monitoring cannot just be a desktop exercise

Quality alerts and Complaints 1

Officers told us:

- A Quality Alerts system is in place which monitors any quality concerns in provider services and can act as an early warning system indicating the need for further monitoring of providers
- A Complaints system is in place that enables accurate capturing and tracking of complaints received by the team, and includes fortnightly meetings with the Complaints Team
- Officers reported Southwark receives less complaints than other boroughs in more affluent areas. This could be because these Local Authorities have more self funders and so there could be more confidence and a greater sense of entitlement.
- A benchmarking exercise with a comparative borough to compare levels of complaints and Quality Alerts will be provided, however it is challenging to find a similar borough
- Improving the complaints process and uptake could be addressed through the nursing contract and the monitoring process

Quality alerts and Complaints 2

A carer of a service user told us :

- She raised concerns about a care home a relative was in, and these were at least in part treated as a Quality Alert by the council
- One complaint was about the GP service, which is monitored by the NHS CCG, not the council
- Her complaints were also investigated by the care home internally. When she was dissatisfied with the initial investigation, and she persisted, the complaints were then escalated to the regional care home, where there was a better outcome
- She reported she found it difficult to get adequate resolution , even as a very involved family member
- Care homes need a clear complaints systems
- Relatives ought to be given independent access to council officers to raise concerns (rather than this being funnelled via the care home manager)
- A dedicated line to raise safeguarding concerns / abuse ought to be provided

Quality alerts and Complaints 3

Clarity : What is the council and NHS CCG policy on complaints investigation raised by a service user , family, friend or advocate , and at what stage would these be addressed by the council / CCG?

Further information: Provide a summary of complaints , an overview of themes and benchmarking with a few comparative boroughs

Recommendation

- All homes , the Council and CCG ought to have a clear and well publicised Complaints , Quality Alert and Safeguarding processes which details how to raise concerns with the homes, Council and CCG directly and who to go to, and at which point. This ought to include a mechanism to appeal to the council and NHS CCG if a resident or advocate is unhappy with the outcome of an internal resolution process. This ought to be managed through the contract monitoring and commissioning process.
- A record and summary of the number of Complaints and Quality Alerts ought to be provided in an annual report to Cabinet ,with benchmarking against comparator boroughs

Family , friends and advocacy 1

A carer told us :

- Developing and maintaining good relationships with carers, family and friends is crucial to the good care of residents
- Her perception was that the care home her relative was placed in did not particularly welcome her close monitoring of her husbands care. She also found it difficult to get adequate resolution of concerns and even as a very involved family member
- Homes ought to be asked if residents without family advocacy are having regular visits from the Independent Lay Advocacy service
- Relatives meetings are very important and ought to happen regularly , and at least quarterly with notice in advance

Family , friends and advocacy 2

Lay Inspectors told us :

- When they visit they ask if there are times set aside for relatives and carers to visit and speak meet and speak with care home staff.

Healthwatch told us:

- monitoring officers ought to regularly go to some relative meetings
- The Older People's Hub could give more information to prospective older people and friends and family on how to choose a care home. For example encouraging people to visit prospective care homes, and looking out for how welcoming a home is

Officers told us:

The Older People's Hub could give more information to prospective older people and friends and family on how to choose a care home. For example encouraging people to visit prospective care homes, and looking out for how welcoming a home is

Family , friends and advocacy 3

Recommendation:

- Ensure systems are is put in place to ensure that people in homes (in and out of Southwark) who are unbefriended have support by the Independent Lay Advocacy service, or similar
- Ensure that care homes hold regular meeting for families and carers. These ought to happen at least quarterly , and there ought to be is a schedule of attendance by monitoring officers, commiserate with the number of Southwark residents and contract management resources.

CQC

Officers told us:

- The CQC visit homes regularly depending on risk . A home rated Good will not usually be visited no more than once every three years.
- The council will send intelligence to the CQC, although that may not necessarily trigger a visit
- Lay Inspectors can also contact the CQC , however it is unclear if this happens
- Previous nursing homes that were rated as inadequate /in special measures for a number of years by the CQC have closed down

Carers and Healthwatch told us :

- The commission heard that even homes rated as Good may not always have comprehensive activity programme in place that enable all residents to go out for walks , for example.

Healthwatch

- Healthwatch have 'enter and view' powers and do occasional visits to care homes
- A report detailing a visit to Tower Bridge care home was shared with scrutiny.

Lay inspectors 1

Lay inspector background:

- The Lay Inspectors is a scheme using volunteer older people to visit local care homes in Southwark
- The scheme was initiated by older people from Southwark Pensioners Forum and council officers in partnership with Age Concern (who later merged with another organisation to become Age UK) around 2006. It was an initiative of the then Older People Partnership Board.
- Age UK Lewisham and Southwark (a merger of Age Concern) are now commissioned to coordinate the scheme
- When fully functional the Lay Inspectors undertake at least one visit per year (3 in one) but would repeat if there were concerns.
- Six homes visited are by a team of two to three older people. The homes visited are those most used by older people in the borough and include the commissioned Anchor Hanover care homes and the nursing homes with most Southwark residents.

Lay inspectors 2

Current Lay Inspectors and the former Lay Inspector coordinator told us:

- The coordinator employed by Age UK Lewisham and Southwark to coordinate the scheme recently retired in the Summer of 2019
- The schemes capacity has reduced with her departure .
- In December the Lay Inspectors told the Commission that the absence of a coordinator meant 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. At that point there was one inspection in the pipeline and they were finishing off one more.
- The Lay Inspectors value the scheme and were concerned about the continuity of the Lay Inspector scheme and the organisational commitments to its continuation
- Staff changes at both an operational and senior level at both Age UK Lewisham and Southwark , and the Council, risk a loss of organisational memory, knowledge and relationships
- Dementia and Safeguarding training is required for peer Lay Inspectors
- When visiting it is important the right questions are asked and that the Lay Inspectors know what good quality looks like, for example the ability to de-escalate conflict and calm things down
- Good quality questions are vital and the ones used on the form supplied to the Commission have developed over time
- The quality of the relationship with the councils commissioning team is crucial to the schemes success

Lay inspectors 3

Senior officers and the Age UK Southwark and Lewisham CEO told us :

- The Lay Inspector pilot project was last reviewed by the council in 2009 , while it was still a pilot, and found mixed performance against the key objectives
- The Council and Age UK L&S conducted a mini review in February 2020 in order to strengthen the Lay Inspectors programme with a view to restarting the scheme and resuming the funding.
- The review established that the scheme would benefit from complementary and stronger working relationships between contract management and the Age UK L&S , which need to be reestablished following changes at various levels.
- New senior staff are now in place in the council and Age UK.
- There is a joint commitment to restart the work using the existing Lay Inspectors and train more in due course
- The new Lay Inspectors scheme will focus on seeking the views of service users, family and staff to obtain feedback, rather than formal inspections.
- The Council and Age UK L & S also plan to start another initiative 'Care at Home' where older volunteers would ring people receiving care at home

Lay Inspectors 4

Recommendation

The commission endorse the organisational commitment shown by the council and Age UK I &S restart the Lay inspectors programme and establish complimentary and strong working relationships. A summary of the Lay Inspectors work and how this has influenced the council ought to be included in an Annual Report on Care Homes.

People located out of Southwark

Clarity :

i) Provide a breakdown of placements of older people out of borough, detailing home name, location and CQC rating

ii) how is the quality of provision and the wellbeing of older residents located out of Southwark monitored

Strategic and member oversight

Officers told us:

- There is 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.
- Improving the quality of care homes is a priority of Partnership Southwark
- A scrutiny report was produced in response to Francis Report on the Mid Staffordshire NHS Foundation Trust Public Inquiry. This examined the Frances Report's recommendations on the importance of information sharing across organisations with a formal and informal role in monitoring standards in hospitals and care homes , and the use of complaints information to monitor standards.
- Presently cabinet receive an Annual report on Home Care; additional one on Care Homes could be a useful addition

Strategic and member oversight

Recommendation

An annual Cabinet report on Care Homes would be a useful addition. This ought to summarise contract monitoring, CQC, Lay Inspector, Healthwatch, and CCG reports, and include a summary of complaints and Quality Alerts, with benchmarking with comparative Local Authorities.

Conclusions 1

Quality issues

- There is not enough local capacity if older people get more unwell, and need more specialized dementia and nursing care
- Activities are not always comprehensive enough even in homes rated Good
- Staffing can be spread too thinly
- Disrepair can be an issue, even in Good homes
- Good quality dementia care training is important , and this ought to consist of a face to face element
- GP services need to be well monitored

Conclusions 2

- There are comprehensive and committed local monitoring plans in place for residential and nursing home provision for older people based in Southwark , and the welcome restarting of the Lay Inspectors scheme.
- Even with good monitoring in place quality remains a challenge given the resource challenges, and Southwark ought to investigate avenues to increase this and tackle the staffing challenges.
- Most people want to be placed in local homes. The Nursing home strategy for frail older people will make a significant difference , however the plans outline in April 2019 ought to be reviewed to ensure that Southwark will still have enough capacity.
- Nursing homes provision plans are thoughtful and engaging , however more haste is needed to expedite the provision. The council first identified the need for more nursing homes in 2015, however these are now not due to be ready for residents until 2022.
- *A programmed ought to be put in place to monitor and support people placed out in out of borough placements (subject to what we get back from officers)*

Addendum: Covid 19

The OSC report to cabinet has recommended that cabinet :

- take proactive steps to co-ordinate weekly testing of all care staff and residents in Southwark care homes as a matter of urgency, in order to ascertain the level of Covid-19 infection.
- liaise with each Southwark care home provider to ensure that the relevant PPE and levels of PPE are being used in each local care home, to protect care staff as much as possible.
- monitor the pay of care staff at this time, to ensure that none of these low paid workers are being disadvantaged at this time, especially if they have to self-isolate themselves or shield themselves due to their medical conditions, as there is some evidence in the care industry, that some care workers are receiving less than their usual OSP during this crisis.
- remind all care providers to adhere to the key principles of the Ethical Care Charter that exists across the borough, especially at this difficult time.

Council and CCG NHS have been asked to provide a joint update on:

- visitation by families and friends to residents in care homes and i) is this happening in Southwark care homes and if so are risk assessments in place to consider the infection risk to staff and residents; ii) where homes have lockdown are there arrangements in place to enable residents to stay in touch with friends, family, advocates etc. by phone, video calls etc. ?
- how is the council monitoring the wellbeing and health of Southwark residents places in care homes, both in an out of Southwark ?
- what steps are in place to contain infection and treat a person normally resident in a care home if they have symptoms or a diagnosis of Covid 19?
- How will Southwark maintain , monitor and make decisions about care home standards , particularly given the impact of the pandemic and provisions in the Coronavirus Bill?

Southwark Council | Public Health

Suicide in Southwark

Last updated 19/05/2020

The suicide strategy is publicly available at: <https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/health-conditions-and-health-care?chapter=6>

- Southwark is now part of the new Thrive London Suicide Surveillance Hub (launched in January 2020).
- Through the Hub, there is work to ensure that there will be access to the first respondents' reports for incidents involving Southwark residents and in the following months, improved reporting on trends across London and Southwark.
- Data is not currently provided for Southwark by age and ethnicity because of small numbers and recording.
- Through the Hub, this data will be available in time but as with any data involving very small numbers, any interpretation and reporting has to be carefully considered.

1. Background

Suicide is a significant cause of death, especially in young adults, and is seen as an indicator of underlying rates of mental ill-health. It is often the end-point of a complex history of risk factors and distressing events.¹ Deaths by suicide are often under-reported due to stigma and uncertainty around the deceased person's suicidal intent.²

In London and England, suicide rates have fallen significantly over the last 15 years, although rates in England rose significantly in the years following the 2008 global financial crisis.³

The National Suicide Prevention Alliance (NSPA), founded in 2013, is the leading English collaboration of public, private and voluntary sector organisations, and works to reduce suicides and support those affected (see Appendix for action areas).⁴

2. Risk factors

Suicide risk factors operate at individual, relationship, community and societal levels (see Table 1).

Table 1. Suicide risk factors⁵

Individual	Relationship	Community	Societal
Mental ill health	Relationship breakdown	Poverty	Difficulty accessing care
Self-harm	Loss	Discrimination	Stigma that prevents help-seeking
Previous suicide attempts	Conflict	Trauma	Inappropriate media
		Abuse	

Drug & alcohol use	Isolation	Disaster	reporting
Chronic pain	Lack of social support	War & conflict	Access to means of suicide
Financial loss	Family suicide history		

For UK children and young people, particular suicide risk factors include:⁶

- Bereavement, especially due to suicide
- Self-harm
- Academic pressure
- Bullying
- Being a ‘Looked After Child’
- Being lesbian, gay, bisexual or transgender (LGBT)
- Workplace, housing and financial problems
- Suicide-related internet use

Among adults, specific high-risk groups include:⁷

- Young and middle-aged men;
- Mental health service users and people with a history of self-harm
- People misusing drugs (including prescription medication) and alcohol
- People with long-term physical health conditions and learning difficulties
- Mothers in the first year after childbirth
- People in contact with the criminal justice system
- People facing financial pressure from unemployment, debt or job insecurity
- Specific professions (health care, veterinary and farm workers, skilled and low-skilled trades, and military veterans)
- LGBT-identified people
- People from Black, Asian and other minority ethnic (BAME) communities

3. Suicide in Southwark: Cases

Over the three years 2016–18, the average suicide rate in Southwark was 6.8 per 100,000 residents, with 50 deaths over the three years. Rates among females (3.5 per 100,000) are significantly below levels among males (10.2 per 100,000).⁸ Levels of suicide in Southwark are statistically similar to London and lower than England. Over the last 10 years, Southwark suicide levels have shown no statistically significant change (see Figure 1).

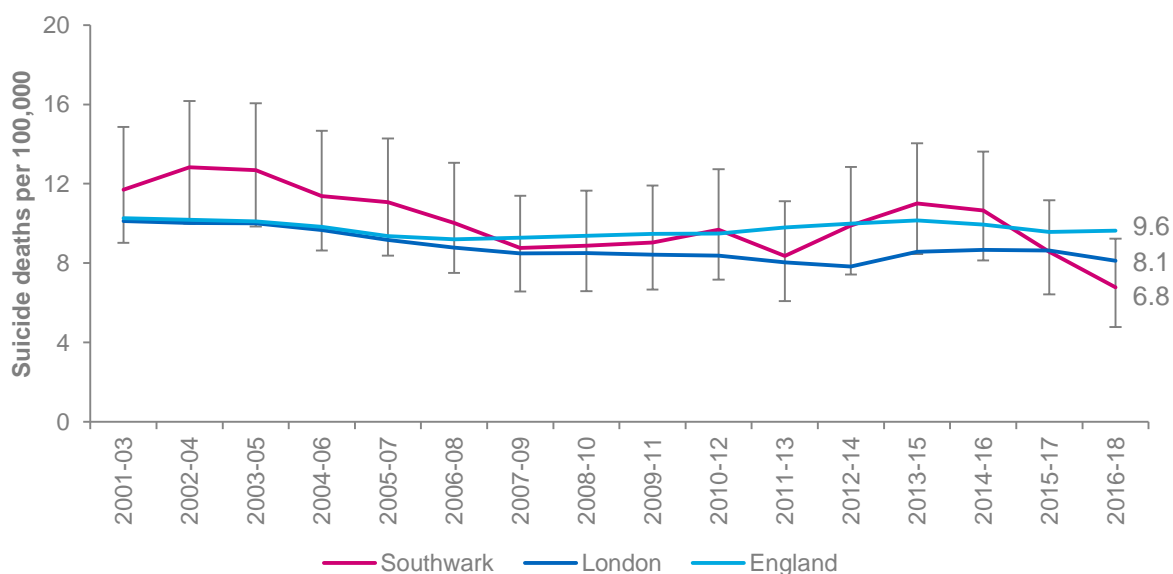


Figure 1. Suicide trend in Southwark, London and England⁹

Source: Public Health England, 2020 (Suicide Prevention data tool)

Southwark is currently ranked in the bottom quarter of London boroughs for suicide. However, Southwark's suicide rate for middle-aged men (35-64 yr; 20.3 per 100,000 over five years), is almost one-third higher than London levels.

In the first three months of 2020, five Southwark residents' deaths were reported to be caused by suicide; this was 1% of all reported deaths.^{10,11}

4. Suicide in Southwark: Risk Factors¹²

- Gender: There has been a non-statistically significant downward trend in suicide rates among men, but not women, over the last four years.
- Mental health: Rates of diagnosed depression have increased by more than 50% over the last six years among Southwark GP patients; Southwark has significantly higher levels of depression, self-reported anxiety, common mental health problems and severe mental illness, compared with London.
- Self-harm: Emergency hospital admissions for self-harm have risen over the last four years and are now almost 50% higher than London levels.
- Drug and alcohol misuse: The rate of hospital admissions for alcohol-related conditions has been consistently higher in Southwark than London over the last eight years, and rising; levels of successful non-opiate drug treatment are over one-third lower in Southwark than in London.
- Criminal justice: Proportions of children and young people in contact with the criminal justice system are significantly higher in Southwark than London
- Looked After Children: Southwark has over one-third more children in care, and child (under-18-yrs) care-leavers, than London overall.
- Relationship breakdown: Rates of marital breakdown are significantly higher in Southwark than London
- Social isolation: Significantly more Southwark adult carers and adult social care users don't have as much social contact as they would like, compared with London levels.
- Housing problems: Levels of Southwark people classed as 'eligible homeless but not in priority need' are more than double London levels.

Author

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Appendix: National Suicide Prevention Alliance Action areas

The NSPA, guided by topic experts, has identified seven key action areas for suicide prevention:¹³

- Reduce the risk of suicide in high-risk groups.
- Tailor approaches to improve mental health in specific groups.
- Reduce access to the means of suicide.
- Provide better information and support to those bereaved or affected by suicide.
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.
- Reduce rates of self-harm (as a key indicator of suicide risk).

END

¹ Public Health England, 2020, Suicide Prevention data tool.

² Samaritans, 2019. Suicide statistics report: Latest statistics for the UK and Republic of Ireland, September 2019.

³ Public Health England, 2020. Suicide Prevention data tool.

⁴ National Suicide Prevention Alliance, 2020. <https://www.nspa.org.uk/home/about-us/>

⁵ World Health Organization, 2014. Preventing suicide: A global imperative.

https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

⁶ L Appleby and others, University of Manchester, 2017. Suicide by children and young people: National confidential enquiry into suicide and homicide by people with mental illness.

<http://documents.manchester.ac.uk/display.aspx?DocID=37566>

⁷ HM Government, 2019. Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives. <https://www.nspa.org.uk/resources/annual-progress-reports/>

⁸ Public Health England, 2020. Suicide Prevention data tool.

⁹ Whiskers represent Southwark 95% confidence intervals.

¹⁰ NHS Digital, 2020. Primary Care Mortality Database.

¹¹ In these three months, no deaths were recorded as being of undetermined causation.

¹² Public Health England, 2020. Suicide Prevention data tool.

¹³ HM Government, 2017. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. <https://www.nspa.org.uk/resources/annual-progress-reports/>

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