

**Cabinet Member Interview –
Councillor Dora Dixon-Fyle, Health & Adult Social Care and Susanna White,
Chief Executive of NHS Southwark**

To Councillor Dixon-Fyle:

1. At the Council Assembly on Wednesday 14th July, in answer to a question about progress on the redevelopment of Dulwich Hospital, the cabinet member answered that she, Tessa Jowell and NHS Southwark were “dealing with this matter proactively”. She also said, “I intend to hold a series of meetings over the coming months to see what leverage we can bring to bear to ensure the site is developed to serve the local community’s health interests”.

At the Council Assembly on 20th October 2010, in answer to a detailed question asking the cabinet member to explain why essential services continue to be stripped away from Dulwich Hospital despite a promise in November 2009 that this was only temporary, she persisted in the mantra that she was, “working with the PCT to ensure the Dulwich Hospital site (and the lift) is brought back into use to assist in the medical well-being of local people”. There is nothing to show for all the cabinet member has stated.

Would the cabinet member please now set out in detail the outcome of all her proactive work, and the successful outcomes she has achieved to bring Dulwich Hospital back into full use, and to secure its development for the well-being of local people and the people of Southwark?

Answer:

I have had a number of meetings on this issue, including with the Chair of the PCT Board. As far as I am aware the site is still being used for the medical wellbeing of local residents i.e. there is a GP surgery on the site. And I have been assured that essential repairs relating to the serious issue of asbestos have been completed. However, since then, the newer issue of the planned withdrawal from the site of King’s College Hospital, has emerged. I believe that the implications of this are currently being considered by local health bodies.

Dulwich Hospital is an asset that belongs to NHS Southwark (the PCT) whose funding and accountabilities are completely separate to that of the local authority. As you will be aware the PCT is to be abolished in 2013 and as far as we understand these assets will be transferred to its successor body which I understand will be GP Consortium.

2. Does the cabinet member agree that the scrutiny and referral function of the current health scrutiny sub-committee should be subsumed within the health and wellbeing board (if boards are created)?

Answer:

I do not believe that scrutiny should not be subsumed in the new health and well being board because I believe that there should be a proper separation of functions between the executive and scrutiny.

A recent meeting with the Department of Health suggested that this point had been taken on board so I am hopeful that the current health scrutiny committee will continue to do good work for the health and wellbeing of the people of Southwark for many years to come!

3. How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?

Answer:

It's my belief that we should pick up issues of concern before they even get as far as a scrutiny committee. However, where issues do reach this level, I believe the scrutiny committee has a crucial role, with me as the Cabinet Member and other stakeholders e.g. the LINK, to ensure that all disputes are quickly resolved. I would welcome the views of the health scrutiny committee on how best we can work together on these types of issues.

4. What arrangements should Southwark Council put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

Answer:

I believe the answer to this question should be coming from your scrutiny committee. I believe in the independence of the scrutiny committee so I will be looking to work with you to ensure the right local arrangement is in place to enable you to perform your functions.

5. Since the cabinet member's appointment, can she outline what specific changes and actions she has taken to continue to improve adult social care in Southwark, particularly around safeguarding and personalisation?

Answer:

As you will be aware adult social care is undergoing dramatic transformation and personalisation and safeguarding are two key aspects of this. We are working to address the systematic and underlying problems against a backdrop of significantly reduced resources and the changes currently being mooted in health.

The CQC report which was published on the 25th November scored safeguarding as "well" and set out how "safeguarding governance improved through streamlining of the Safeguarding Board and its subgroups, maximising multiagency involvement and the appointment of an independent chairperson." I think that the report shows how the changes that we have made have made a significant difference in putting the right systems in place in Southwark in what is a very difficult and important area of the council's work.

A big challenge and opportunity in the coming year will be to move further forward on personalisation. We have already set up a new team to assess clients for personal care budgets which means that a greater number of individuals in Southwark, the majority for the first time, will be able to create and choose their own care packages rather than have these set by the Council. With these changes, the Council will need to start to take on a different role in this area. I am confident that the scrutiny committee will see lots of progress in this area over the coming year.

As a new administration we also committed to consult on the delivery of a charter of rights so people knew what to expect from their interaction with the council and providers, to deliver a telephone helpline and to have an independent chair of safeguarding all of which we have successfully done. I

took a report to cabinet on the 23rd of November outlining the issues in health and set out a way forward. Even at a time of unprecedented change in the health system, we need to fulfil our statutory duties and ensure that we continue to focus on our key priorities including personalisation and safeguarding.

6. Given that most residential and nursing care is provided by external providers and at a time of budget savings, what strategy does the cabinet member have through commissioning to ensure the ongoing provision of local high quality safe residential and nursing homes, to minimise disruption to vulnerable adults and ensure excellent care?

Answer:

The safety of our residents is our highest concern. I am working closely with departmental staff to ensure this. Our strategy is to commission from homes with high standards and to encourage the use of lay assessors, monitoring of contracts and regular inspections.

However, people in Southwark would where possible rather not have to enter care in the first place. From my conversations with older people, most want to be helped to stay living longer in their own homes. That is why we have services like the re-ablement team. This team helps people who have come out of hospital or care to move back into their own homes, whilst providing support and help, so that the person is not left isolated and often, in such circumstances, ends up returning to care. Of those people completing the re-ablement service programme, 71% required no further support from the Council or NHS.

7. The cabinet member for children's services is currently leading on universal free school meals for every primary school child. What advice have the cabinet member for health & adult social care and her officers provided her with regarding the effect of free school meals on childhood obesity rates?

Answer:

The key point is the provision of healthy free school meals. In the current financial climate this will also help families struggling to cope and it will also avoid any stigma associated with free school meals. It should also discourage children from opting to buy unhealthy fast food.

8. What is the cabinet member intending to do with Southwark's share of the extra £2 billion for social care as a result of the Comprehensive Spending Review and has she received any details about this money?'

Answer:

No detail about any extra money has been received from the coalition government. In the context of the overall reduction of grants to the council it is not clear that this is extra money. I am awaiting the details of the local government grant.

9. What planning is taking place for the absorption of certain PCT functions within LBS, and are consultants being used to advise on this and if so at what cost?

Answer:

The Cabinet report of the 23rd November sets out how the Council and PCT will be undertaking an exercise of due diligence of all joint arrangements. Another issue that we may be facing is the proposed transfer of some PCT functions into council management. At present there are no proposals on this, and we are still awaiting the details of the Health Bill and the Public Health White Paper, both of which are due to be presented in December. There are no plans to use consultants as part of work to transfer PCT functions into council management.

10. Can the cabinet member outline what intermediate care is available in the borough, since the closure of the beds in Dulwich Community Hospital, and what she is doing to ensure this crucial service is re-provided?

Answer:

The Council is in a good place to provide intermediate care wherever it is needed. We are focussed on providing re-ablement, a range of services to ensure that people get the best quality service in their own homes and a range of admissions avoidance services have been developed. With the support of social workers, occupational therapists, physiotherapists and residential social workers over 80% of patients achieve their goal of living independently or maintaining their independence with a reduction in traditional care services.

11. What level of provision will those GPs who are taking on substance misuse clients be providing for education and vaccination for BBVs (blood borne viruses e.g. hep B)?

Answer:

All GP's have a basic knowledge of Blood Borne Virus and the diseases that they cause. We would expect all GPs to be able to give patients information about BBV in particular advice about prevention. All GPs are expected to vaccinate all at risk patients against BBVs. In addition GPs who have done the RCGP course at level one will have had additional training in this area.

12. Can the cabinet member confirm how much Labour's pledge to half the price of meals on wheels will cost?

Answer:

I refer you to the response which I gave at the last council meeting. This was that the cost will be considered as part of the budget process and as we are currently out to consultation on the budget, I am unable to give you a final figure at this time.

13. Can the cabinet member confirm whether she is considering raising eligibility criteria from substantial to critical?

Answer:

I refer you to the response I gave at the last Council Assembly which is that we have no plans at the moment to do so.

14. Can the cabinet member explain how she intends to protect the services that are provided by the voluntary sector around health and adult care, particularly

when many of these organisations provide preventative services that bring in additional match funding?

Answer:

The Leader and Cabinet have set out our 7 step budget principles as to how we will tackle this matter. This includes contacting voluntary sector organisations early on and helping them to seek alternative funders. The Leader has already written to all voluntary sector groups and organisations. We seek to work with them in a transparent and open way.

15. Can the cabinet member confirm what representations she has made to the new Coalition Government in regards to the flawed adult and children's social care funding formula that was introduced by the previous government, which fails to recognise the level of need in Southwark?

Answer:

Southwark Council has been working with a number of boroughs across London on issues relating to the local government funding formula. We are particularly keen to have our true population and level of need accurately reflected in the formula. This is why we are encouraging everyone to fill in their Census forms on 27th March 2011. We want to ensure that we provide the most accurate picture possible of the population of Southwark.

The Leader of the Council has invited Eric Pickles MP to Southwark to discuss the funding of local services in Southwark, including in adult social care, and has also now offered to go and see him. Sadly we are still waiting for a reply from the Minister.

I will be watching closely what our local grant in Southwark looks like when this is announced in December and what this means for the funding of adult social care.

16. Can the cabinet member detail her involvement in helping Southwark Pensioners Centre secure a new premises in Southwark and what progress has been made?

Answer:

I have worked very closely with all the chairs of the various groups and the director of the centre on this matter. I am pleased to report that in line with the way forward they have taken up the offer to sit on the steering group of the new 'hub' to be based at Walworth Road Town Hall.

To Susanna White:

1. How can the Chief Executive of NHS Southwark justify the certainty of making decisions about health care for the people of East Dulwich and Dulwich even more remote, and less responsive, and less transparent, by the irresponsible creation of the supra-galactic health bureaucracy called the "NHS South East London Sector"?
2. Where in the Establishment Agreement is there any reassurance for constituents, especially the elderly and the vulnerable, that their critical and immediate clinical needs and concerns will be better dealt with by this ludicrous empire of health mismanagement?

Answer

The Board of NHS Southwark is committed to local decision-making. We are working closely with Southwark GPs to support them in their application for early 'pathfinder' status as a commissioning consortium for Southwark. The context is the proposed Health reforms which abolish PCTs and transfer commissioning responsibilities to GPs. PCTs are also expected to reduce their management costs – 42% in Southwark. NHS London has indicated an accelerated timescale for this, by April 2011. NHS London has also indicated an intention to manage the transition inherent in the health reforms through the six sectors in London. In this context, it does make sense to collaborate with neighbouring PCTs within the South East London sector for some functions which will enable reduced costs. This is currently being planned. This will be considered by a special PCT Board on 18 November 2010 and staff consultation is scheduled to commence on 22 November 2010. NHS Southwark has an established partnership with Southwark Council, as Southwark Health & Social Care. It is the strong desire of the Board to continue this arrangement through the transition period, and to continue with local decision-making, while collaborating to share costs where it makes sense to do so. The PCT and the Council already share costs, and it also makes sense to continue with this.

3. Can the Chief Executive confirm what plans are in place to increase GP provision and other primary services in the north of the borough to meet the demands of new residents and future residents?

Answer

Although the PCT is aware of the need to plan for future changes in population in all areas in the borough it is currently the case that:

1. We have no significant GP vacancies in the North of the borough and this has been the case for some time.
2. All current practices currently have open lists and have no reported capacity issues - all practices continue to register new patients.
3. We are working with all practices to improve their access and have commissioned an additional 41,000 appointments this year borough wide.

That said we do have multiple plans for expanded provision in the borough:

1. In Q1 next year we will open Bermondsey Spa E where we will relocate an existing practice into purpose built accommodation co-located with expanded community services. As a result of moving the practice will have expanded capacity for more patients if required.
2. In 2011/12 the PCT has approved the move of the Surrey Docks practice into purpose built premises - as and when the facility opens it will have expanded capacity under the same provider.
3. In April 2011 the PCT is seeking to expand the service offer at the current MIU on the guys site - this will combine existing services with extended general practice for registered and unregistered patients over extended hours.
4. Larcom Street – negotiations with the Terrence Higgins Trust, which has purchased the building, to provide a base for GP practice (Manor Place) and other 'out of hospital' services. This development cannot be guaranteed, in the light of the financial uncertainty, but we are working hard with partners to deliver this.

4. Can the Chief Executive confirm why none of the section 106 money that is ring fenced for health has been spent to date and what plans if any she has to spend this money in the future?

Answer

The S106 payments are to support the development of new infrastructure required because of the growing population base in the borough.

The current primary care estate is often cramped, outmoded and incapable of development or expansion. The PCT needs to provide new facilities on new sites to cope with the increased population demand and updating of facilities for the existing population.

These new buildings are expensive and beyond existing local NHS resources, and often larger than required because of the anticipated growth in population. The principle of the S106 tariff is that funding would assist the PCT over the longer term to fund these new buildings, to accrue across several areas to support the development of larger, multi disciplinary buildings to provide a wider range of services than currently offered to patients.

The PCT will be using £120,000 of S106 funding to equip the new Health Centre at Bermondsey Spa Site E due to open in April / May 2011.

Money notionally 'ring-fenced' may not be available until further down the development timeline.

Section 106

May 2010 s106 allocations (updated again in Sept 2010)

PCT banked £	<u>£727,727.00</u>
PCT non banked £	<u>£2,443,585.00</u>
PCT request for spend	<u>- £119,833.00</u>

PCT banked and non banked related to area

<u>Community council</u>	<u>banked</u>	<u>Non banked</u>	<u>total</u>
<u>Bermondsey</u>	<u>£34,238</u>	<u>£336,257</u>	<u>£370,495.00</u>
<u>Borough & Bankside</u>	<u>£417,600</u>	<u>£933,817</u>	<u>£1,351,417.00</u>
<u>Camberwell</u>	<u>£91,812</u>	<u>£219,019</u>	<u>£310,831.00</u>
<u>Nunhead & Peckham</u>	<u>£31,719</u>	<u>£67,097</u>	<u>£98,816.00</u>
<u>Rye</u>			
<u>Rotherhithe</u>	<u>£114,872</u>	<u>£294,627</u>	<u>£409,499.00</u>
<u>Walworth</u>	<u>£37,486</u>	<u>£592,768</u>	<u>£630,254.00</u>
<u>TOTALS</u>	<u>£727,727.00</u>	<u>£2,443,585.00</u>	<u>£3,171,312.00</u>

Application for S106 monies

An application has been made to use monies banked from Rotherhithe and Bermondsey CC to help pay for the set up costs involved in opening a new medical facility in Old Jamaica Road. The £119,833 was the maximum amount that was banked against the 106 sites most linked to the new development.

5. With the pending reorganisation of substance misuse services at Marina House and CDAT, what additions and changes to the service are planned, to ensure the reorganisation does not have a disproportionate effect on those with mental health issues?

Answer

Mental health considerations have always been central to client care, given the correlation between substance misuse and mental illness. A dual diagnosis care pathway has been in place for some years now in recognition of this fact. Central to the dual diagnosis pathway is early assessment of a client's mental health and then management by the most appropriate agency in the light of this. For example, mental health services would lead on the joint management of clients with more complex mental health needs.

More recently, additional psychology staff have been recruited to manage 'low level' mental health issues not appropriate for referral into specialist mental health teams. Particular emphasis will be placed on addressing anxiety and depression.

We are also part of a pilot programme to extend the mainstream Increased Access to Psychological Therapies (IAPT) programme to substance misuse clients. Previously substance misuse has been one of the exclusion criteria to this service, and we have a trial to change this. If clients are unable to access treatment at Blackfriars Road, arrangements will be put in place for them to receive a service at a location closer to home; for example, at a GP surgery or a satellite clinic