



HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 7 December 2011 at 7.00 pm at Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Patrick Diamond
Councillor Norma Gibbes
Councillor Eliza Mann
Councillor the Right Revd Emmanuel Oyewole

OTHER MEMBERS PRESENT: Councillor Dora Dixon – Fyle , cabinet member for health and adult social care.

OFFICER SUPPORT: Susanna White: Strategic Director of Health and Community Services
Jess Peck, HIV & Sexual Health Commissioner
Ali Young Lambeth PCT

1. APOLOGIES

1.1 Apologies for absence were received from Councillors Denise Capstick. Apologies for lateness were received from Councillor Patrick Diamond.

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 A number of members disclosed that they used health services. There were no other disclosures of interests or dispensations.

4. MINUTES

- 4.1 The Minutes of the open section of the meeting held on 5 October 2011 were approved as a correct record.

5. CABINET MEMBER INTERVIEW

- 5.1 The chair introduced the item by explaining that members of the committee have selected 6 themes to structure the interview around:

- Clinical Commissioning (a committee review)
- Southern Cross (a committee review)
- Ageing of Adults with Complex Needs (a committee review)
- Public Health Duties (which will come over to the council as part of the Health & Social Care Bill)
- Southwark Health & Wellbeing Board.
- Older People and Personalisation

- 5.2 The cabinet member for health and adult social care, Cllr Dora Dixon – Fyle, was invited to give an opening statement. She briefly outlined some of the main challenges which included significant budget savings and the demise of Southern Cross. The Cabinet member stated that the establishment of the Health and Wellbeing Board is an important task for the council and its partners.

- 5.3 The chair introduced the first theme; 'Clinical Commissioning' , and invited members to contribute. The first question posed asked if Clinical Commissioning is a new thing in Southwark. The cabinet member responded that no, it is not a new thing , local G.Ps have been contributing to commissioning in a smaller way for a number of years. A member then asked if GP commissioning is popular. The cabinet member said that she thought there were some concerns, particularly with the potential conflicts of interests. A member asked how the council can help the GPs gain the trust of the wider public. The cabinet member responded that GPs are on the planning group of the Health and Wellbeing Board. She went on to say that people are worried as they want GPs to be seen as doctors rather than businesses, however if the processes are used by GPs to ensure that they are open, honest and transparent then she considered that GPs will gain the publics' trust.

- 5.4 A member asked why Southwark had chosen to become a pathfinder .The cabinet member answered that this was to enable Southwark to put down a marker indicating we want to work constructively on Clinical Commissioning. Southwark also has experience that the council decided to build on. The cabinet member was then asked about the challenges of implementing Clinical Commissioning and she said that the upheaval and associated costs in times of recession are not that welcome. She went to say that she has been working with G.Ps and other stakeholders to ensure Clinical Commissioning functions as best it can.
- 5.5 A Member commented that there had been some controversy about Clinical Commissioning; however it looks as though it will pass through parliament. He then went on to ask the cabinet member about 'Cinderella 'services, such as Mental Health, Sexual Health and homelessness. He asked how the council can ensure these are not neglected. The Cabinet member responded that the council can only influence; and one of the ways this can be done is via the Health and Wellbeing Board. Homelessness is an issue that the council has more direct control over and good housing is an important component of achieving good health.
- 5.6 There was a question from a member about clinical decisions on the prescribing of drugs. The member gave the example of satins, and asked if GP will have more freedom to prescribe better drugs, if they are needed. The Strategic Director of Health & Community Services responded on the cabinet members behalf. She said that her understanding is that Doctors are free to prescribe as they see fit, but generic drugs are often cheaper and in times of limited resources cost will be an issue. She went on to explain that if a patients had a reaction to a generic drug, for example, doctors can use their
- 5.7 The chair then asked the committee to move on to the next theme; Southwark Health & Wellbeing Board. The first question asked was about the composition of the Board and the cabinet member was asked what she would like to see. She responded that this has not been passed by parliament yet. We have been in discussions with partners about this but the council is not dogmatic. A member said that the legislation allows a majority of members; he asked if the cabinet member wanted this. The cabinet member stated that the council is listening to stakeholder in order to consider this and she has no firm view. The member recalled that in discussion over the Maudsely there was a local democratic mandate; however the NHS implemented something else. He went on the comment that a democratic majority could prevent that democratic deficit. The cabinet member said she acknowledged his point.
- 5.8 A member commented that earlier the cabinet member had spoken about the importance of housing. The member asked how the

health and Wellbeing Board can bring together Housing, Health and Adult Social Care. The cabinet member responded that they have representation from Environment on the Board. The cabinet member said that she agreed that bad housing can affect people's health and wellbeing.

- 5.9 The chair asked what role the cabinet member thought the Clinical Advisory Group (CAGs) and Acute services would have in the Health and wellbeing Board; particularly how they can have a role on Public health and use their expertise. The cabinet member said that she is determined that they will feed in, however it is early days.
- 5.10 A member asked for progress on the implementation of the Board and an update on future plans. The cabinet members responded that the council is planning a shadow board, in anticipation of a full budget by 2013.
- 5.11 The chair moved the committee on to the next theme; Ageing of Adults with Complex Needs and explained that this is one of the committees reviews. The review is looking at the ageing of adults with complex needs, both entry into Adult Social Care and later life. The review will be considering how the council, community and disabled residents can best cope with demographic pressures, rising expectations and a contraction in resources.
- 5.12 A member commented that adults who are more disabled may be more vulnerable, and therefore at great risk of abuse. The cabinet member agreed and said that the council takes safeguarding very seriously; there is an independent chair of the safeguarding board. The council has had an increase in safeguarding alerts. She reported that the council believe that this is because people are making more alerts, which is a good thing. She went on to explain that the council want to make sure that when abuse is raised that it is dealt with. She commented that the councils department is very good and has won awards so she has some confidence.
- 5.13 A member asked what the department is doing to reduce the amount of residential placements. The cabinet member invited the Strategic Director to respond on her behalf, and she explained that we have a 14 – 25 teen team in recognition of both the need for earlier planning and the acknowledgment that people with learning disabilities may mature later. The team is also working on developing personal budgets so that this process starts from childhood. The Strategic Director went on to explain that they are working on residential care; many are in those institutions now and may not move out. We have a working group looking at supported care so that young people can remain in their own homes, and not move in to residential care which is both expensive and can lead to institutionalisation. This is a long term project.

- 5.14 The chair then introduced the next theme; Southern Cross. The first question posed was what communication did the council have with Southern Cross when the financial collapse became a reality. The cabinet member explained that she met with the regional director; letters were sent to residents and senior managers met with Southern Cross managers. The cabinet member reported that she was very hands on.
- 5.15 A member asked what the lessons were learned. The Cabinet member commented that keeping in close contact with care homes was important. She went on to explain that it was an unusual situation, given the scale of the impact, and unlikely to be repeated. She reflected that her learning was to be in close contact with organisations.
- 5.16 A member said that given Southern Cross relates to a particular type of private sector providers does she have concerns that there is a wider move to privatise more provision? The cabinet member said yes, that this is a concern and people are worried. The member commented that it did seem very risky. The cabinet member was then asked about workers who may be in a precarious position and asked if she had spoken to unions. She said that she had, and she reported that members are concerned about their own position.
- 5.17 A member asked if the council has any plans to monitor the financial viability of care home and other providers. The cabinet member responded that a meeting had been held with lawyers about market failure and how to deal with that and gather better intelligence. This was a national provider working across the country and I don't think that we could have predicted that.
- 5.18 The chair commented that HC-One is again ultimately financed by Private Equity. He commented that there could be a role for the nation body Monitor to have an economic regulatory role for the private sector as well as the public sector and that this could be an issue to raise with central government. The Strategic Director commented that there is still time to make that recommendation.
- 5.19 The chair moved to the next theme; Public Health. A member commented that South Peckham has great health inequalities and asked the cabinet member to comment on this. The cabinet member commented that the data shows that there is a huge health inequality; populations living in either the North or the South of the borough have much better health outcomes. However, the cabinet member went on to say, Southwark has much better outcomes for women; it is not all a gloomy picture.
- 5.20 A member commented that not all wards in the North of the Borough are in the top tier of health inequalities. She went on to talk about the riverside Ward, which is perceived as a wealthy area

but also has a lot of social housing and suffers from extreme deprivation. The member pointed out that Riverside ward has some of the largest Council Estates; Four Squares, Dickens Estate, Arnold Estate and Lewis and St Olav's Estate. The member requested more information on the Community Voluntary Champions and it was agreed that an update would be provided.

- 5.21 A member asked the cabinet member on her views about Public Health's moving to the Local Authority and asked if she welcomed it. The cabinet members commented that she does and she thought it would be a complimentary role for the council.
- 5.22 The cabinet members was asked what did she think should be Southwark's top three issues to focus on and she responded that these are Smoking, which were are doing well on; Obesity; and HIV/Aids which is quite prevalent in Southwark. She commented that these are three big issues. A member voiced concern with the level of alcohol consumption and the cabinet member agreed that alcohol consumption is another are that the council should concentrate on preventative work. The cabinet member went on to explain they the whole agenda is about prevention, better integration and better re-enablement.
- 5.23 A member raised the issue of sufficient resources for Public Health given the council expected increased duties. The cabinet member said that the council is quite concerned that these may not be sufficient. She explained that there is a shadow budget that the council expect to find out about this December.
- 5.24 A member asked the cabinet member how she thought that the free school meals programme might impact on Public health. The cabinet member said she anticipated a good impact. The work will also be contributing to preventative work and promoting healthy eating.
- 5.25 The chair introduced the finale theme; Older People and Personalisation. A member reminded the cabinet member of labours election pledges and asked if the council is making it easier for older people to access social care. The cabinet member responded that one of Labour commitments was to provide a dedicated telephone service so that people were not pinged around. She reported that they have integrated the 'North' and 'South' teams for older people and the same is now being done for disability services.
- 5.26 A member asked if the cabinet member thought that the council would reach the governments 'Personalisation' target. She responded that the council is relatively confident that it will reach the 60% target by March; it is step by step progress. The cabinet member explained that many people will not be directly managing their funds, as many people do not want to manage their own

money. The member responded by commenting that it looks as though the council is identifying the budget rather than the older person spending the money. . The cabinet member explained that the council had taken quite a journey to let people know about this; and now people can exercise choice. The member commnet6ed that he thought the vision of all political parties was wider than this.

- 5.27 A member commented that some Day Centres are now in a very difficult position in managing their budgets, now that the grants have ended. She went on to ask when the funds that are now given to individuals will be transferred to the Day Centres. There was a discussion about reserves that some centres may have. Members spoke about delays that recipients and centres have faced in getting funds. The Strategic Director explained that recipients do need to fill out the appropriate forms, and support is being given.
- 5.28 A member said she was particularly concerned that a number of older people need assistance and some nave literacy problems; this can be particularly problematic as there is an emphasis on online participation. The Cabinet member said that the council is launching a new website at the John Harvard library and many older people can access this. She also commented that Southwark Carers can also help with forms. In addition the new Canada Water library will have facilities that will help older people.
- 5.29 A member commented that personal budgets do not include overheads. The Strategic Director explained that people and groups know the indicative budget that people have allocated. She went on to explain that individuals now have a choice about what and when they spent their money, the council cannot tell people what to spend their funds on and this means things are more unpredictable.
- 5.30 The next question posed was about young carers and a member referred to a fabulous event. The cabinet member said that funding had been committed to support young carers and it was agreed that more information would be given.

ACTION

A full update was requested on Riverside and social deprivation, and in particular the work of 'community voluntary champions'.

More information was requested on 'young carers' and the services provided for them.

6. HIV

- 6.1 Jess Peck, HIV & Sexual Health Commissioner presented the paper on the Lambeth, Southwark & Lewisham HIV Care & Support Review. The commissioning manager explained this is now open to public consultation and that they wanted the committee to feed in.
- 6.2 The commissioning manager went through the presentation. She started by explaining that all three boroughs have some of the highest rates of HIV, Sexually Transmitted Infections (STIs) and teenage pregnancy in the UK. Such exceptionally high prevalence of sexual ill health reflects the level of deprivation and inequalities experienced by our communities. She went on to outline the prevalence locally and nationally.
- 6.3 The commissioning manager highlighted the need for early testing as late diagnosis is related to high levels of mortality. She explained that the Lambeth, Southwark & Lewisham have achieved an increase of HIV testing.
- 6.4 HIV has been transformed from a fatal illness to a chronic illness that can be managed, albeit with some health complications - but only when diagnosed early.
- 6.5 She explained that this project has a number a phases. We are now how having a three month consultation process.
- 6.6 There are funding pressures; it is estimated that there will be 25 % reduction of budget. There is also a need to make efficiencies to invest more in early diagnosis.
- 6.7 Engagement has been central throughout the project by ensuring that a wide range of stakeholders have been identified to oversee the project via the steering group. Service user representation at the stakeholder events was significant, although this has been further strengthened with the development of a Service User Reference Group (SURG) to shadow the steering group. She explained that we consider this to be a process of co production with service users.
- 6.8 There are two event events at Roben's Suite, Guys Hospital Tower specifically for Southwark residents and other events in Lambeth and Lewisham.
- 6.9 We have found a lack of clear pathways and a tendency to rely on specialised services. We need to improve mainstream services. There will be a phased shift from

specialist to mainstream care. The long-term direction is to mainstream but some specialist services will still be needed.

- 6.10 Specialist services that are needed include: advocacy because of prejudice; support to pregnant women and families; support for cognitive impairment; specialist HIV treatment services responsible for prescribing of anti-retroviral treatment and other medical interventions and expert patient programmes.
- 6.11 The chair invited committee members to ask questions and a member commented that this consultation does not talk about preventative work and asked if this is a separate process? The commissioning manager confirmed that it was.
- 6.12 There was a question about same day testing. The member commented that this has proved effective because some people take the test but do not return. The commissioning manager explained that they are training staff and health care assistants to resource this. We do want to provide this service and it will happen.
- 6.13 A member noted that there is huge evidence base that early testing has a big impact on your health. He asked why testing was not promoted more and people invited to be tested. The commissioners noted that in GUM clinics there is a universal offer for HIV testing. Our testing strategies have moved to opt out rather than opt in. We have been doing pilot mouth testing for African communities who use Sexual Health services less.
- 6.14 A member asked if there had been a worrying rise in under 18 infection rates. The commissioning manager said she had seen some statistics showing a small rise in fewer than 25. However most infection takes place over 35. The was a follow on question about small clusters and asked if there was any evidence of this. The commissioning manager said that they can look at Ward level data..
- 6.15 A member asked about young women and their rates of infection and also the high levels of terminations. The member asked if this was indicative of people not using contraceptives. The commissioning manager advised that we do have a diagnosis service for women terminating
- 6.16 A member asked if this was about efficiency savings or cuts and the commissioning manager explained that we need a more sustainable strategy so it is about reinvestment as there is increased demographic pressures.

- 6.17 A member asked about mental health services and if people living with HIV will still get support. He commented that Mental Health services are under threat nationally. The commissioning manager responded that the changes to this are later. Some of our lower threshold users do not have mental health needs.
- 6.18 A member asked about prevalence and it was explained that the cohorts with the highest infection rates are gay man and black African heterosexual communities. This is national trend but deprivation exacerbates these trends. There was a follow on question about how these communities would be consulted with and the commissioning Manager explained there would be specific events and open events.
- 6.19 A member asked if there is a CAG for HIV as Kings Health Partners spoke about the benefits of bringing together clinical good practice. It was confirmed there was and this service sits under "infection and dermatology".
- 6.20 A member asked about HIV testing and live births and commented that he heard there are none. The commissioning manger confirmed that is correct.
- 6.21 A member asked what does mainstreaming mean. The commissioning manager explained that this is about de-stigmatising and a recognition that there a large number of people with HIV are being managed as a chronic condition in primary care. It is about normalising. There will still be specialist services and a transitioning support for services such as Mental Health. A member noted that some GPs still harbour prejudices and this can hamper care given and recommended that work be done to overcome this .

ACTION

A joint letter will be written by the vice chair and chair in response to this consultation and on behalf of the committee

7. SOUTHWARK CLINICAL COMMISSIONING REVIEW

- 7.1 The chair introduced the item by noting that the committee have all seen the report emailed around with amendments from liberal democrats. He went on to say that he and the vice chair have had further negotiations and there are now three sticking points to bring

to the committee.

- 7.2 The chair noted this is an interim report and once agreement has been reached it will go to the Overview and Scrutiny Committee (OSC). This will then be further refined ; ready for a final edition in March.
- 7.3 The vice chair spoke about the three amendments. One sticking point was whether the report should say the committee had 'serious' or 'some' reservations about the new bill. He reported that the use of the word controversial , in reference to the bill, is now acceptable ,however there remain reservations about call centre and housing repair service being referenced as examples of problematic contracts .
- 7.4 There was a brief discussion and it was agreed that 'some' will be used instead of 'serious' and the report would leave the examples in .The report was agreed unanimously. This report will go on to the Overview and Scrutiny Committee
- 7.5 Officer Tamsin Hooton, from the Business Support Unit (BSU) which support the Clinical Commissioning Committee, said that the BSU would like to correct minor inaccuracies and also had some comment and further clarification requested on recommendations related to minor commissioning outside the NHS and contracting.
- 7.6 The chair responded that he looks forward to receiving the comments; this is an interim report that will be refined.

ACTION

The agreed interim report will go to the next appropriate OSC.

8. SOUTHERN CROSS

- 8.1 The chair decided to take the agenda items on Southern Cross and the review on Ageing Adults with Complex Needs together.
- 8.2 There was a discussion about the value of visiting residents in their homes and hearing from families. One member reported that his father had said three words when he became conscious; get me out of here! Another member registered concern about the over prescribing of drugs and suggested this may be a big problem and that there is a danger that some people are managed by chemical cosh.
- 8.3 The work of the lay inspectors was noted by a member and it was decided to invite them to a meeting or attend one of their meetings

- 8.4 A member noted that another issue is that carers are under huge amount of pressure and many are not coping.

ACTION

The next committee meeting will have a dedicated slot to take evidence from residents and families affected by the demise of Southern Cross.

Southwark's 'Lay Inspectors' will be invited to give evidence or a special meeting will be set up.

Residents and their families will be written to using client records Southwark hold. This will include an invitation to give evidence in person or in writing and will enclose a simple questionnaire.

Meetings will be arranged in all three of the care homes to speak with residents and their families.

An advert will be placed in the local newspaper inviting evidence from the public.

9. ADULTS WITH COMPLEX NEEDS

- 9.1 This review was discussed under the previous item.

10. WORK PROGRAMME

- 10.1 It was agreed that three dates to will be chosen to visit SLaM.