



## **HEALTH, ADULT SOCIAL CARE, COMMUNITIES AND CITIZENSHIP SCRUTINY SUB-COMMITTEE**

MINUTES of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Thursday 31 January 2013 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

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- PRESENT:** Councillor Mark Williams (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Denise Capstick  
Councillor Rebecca Lury  
Councillor The Right Revd Emmanuel Oyewole  
Councillor Neil Coyle  
Councillor Jonathan Mitchell
- OTHER MEMBERS PRESENT:** Councillor Catherine McDonald, cabinet member for health and adult social care.
- OFFICER SUPPORT:** Sarah Feasey, Legal Services  
Romi Bowen, Strategic Director Children's and Adults' Services  
Sarah McClinton, Director Adult Social Care  
Adrian Ward, Adult Social Care  
Shelley Burke, Scrutiny Team

### **1. APOLOGIES**

- 1.1 Apologies for absence were received from Councillors Norma Gibbes and Eliza Mann

### **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 Councillor Jonathan Mitchell declared that he is a former chair of the Keep Dulwich Hospital Campaign

#### **4. MINUTES**

The minutes of 18 September and 5 December 2012 were agreed as correct records, subject to a spelling correction

#### **5. REVIEW - MATERNAL HEALTH & EARLY YEARS: GYPSIES AND TRAVELLERS**

The chair briefly introduced the draft report and invited Archie Utley to comment on behalf of the Southwark Travellers Action Group (STAG). Mr Utley thanked the committee for carrying out the work and endorsed the recommendations. He pointed out that STAG receives no financial support from the council and that this limits their ability to carry out the type of work discussed in the report.

#### **RESOLVED**

The committee was keen to support the proposals from STAG on improving employment support and having named workers in public services who are understanding of travellers, and agreed to include both of these points in the recommendations. A further recommendation that the council should support STAG in seeking funding opportunities was also agreed.

#### **6. CABINET MEMBER INTERVIEW**

The committee welcomed Councillor Catherine McDonald, cabinet member for health and adult social care. She introduced the department's overarching vision, which is to develop social care services so that they focus more on personalisation and giving people control over their lives. There had been great progress in the rollout of personal budgets and reablement so that people's dependency can be reduced. The health element of her portfolio is more focussed on liaising with other partners in the sector and holding them to account. The council was also busy gearing up for its public health duty, and keen to use every policy lever to assist its fulfilment of the duty, for example the housing warm, dry and safe programme. All the work was set in the context of a very difficult financial environment which meant difficult decisions and reductions. Front line services were being protected as far as possible and this was achieved partly through a big reorganisation in the social care service

which introduced more personalisation.

#### Public health

Cllr McDonald confirmed that Southwark has been allocated £21M for public health for the coming year. It is difficult to assess the adequacy of this level of funding as there are still some debates about the exact duties that will be transferred to local authorities in respect of public health. She explained further that some services are demand led, for example sexual health, and it would be necessary to monitor spending closely and revert to government if necessary. No mechanisms had been announced for making in-year requests for additional funding.

Councillor Noakes referred to his letter to the council leader suggesting that sexual health and illegal drug use be considered as priorities for the Health & Wellbeing Board (H&WB). He reiterated that HIV services in Southwark are currently costing £21M and this figure continues to increase, and that illegal drug use costs services considerable amounts as well as inflicting an array of problems on individuals and their families and neighbours. He wondered whether the Health and Wellbeing Board would consider prioritising these issues. The cabinet member responded that there is a lot of work taking place on the priorities that had already been set out by the H&WB (alcohol misuse, mental health and resilience, early intervention, healthy weight) and it was too soon to say when these might be reconsidered. There was also a health and wellbeing strategy under development. The council was in the process of appointing a director of public health shared with Lambeth, which also has a high rate of HIV, so there would be opportunities for best practice and learning. The Joint Strategic Needs Assessment was currently being produced and this would provide a blueprint for the shared service.

Councillor Williams reminded the committee that there was a piece of development work to do around the relationship between the H&WB, Healthwatch and health scrutiny – working out their respective roles to maximum effectiveness. Cllr McDonald agreed that it was very useful for scrutiny to highlight issues that do not show through clearly at a partnership level.

She responded to further questions that it is not yet clear where responsibility will lie for pan-London public health work; and that the Southwark H&WB now has voluntary sector representation as the chief executive of Community Action Southwark has recently been co-opted. She undertook to check and report back as to whether he has voting rights.

#### Trust Special Administrator's Report

Councillor McDonald summarised the council's principal concerns about the TSA recommendations – ie the impact on the capacity of other hospitals in SE London, the untested assumption that there is a sufficient level of community-based provision already in place, and whether there is

enough funding available to the other NHS organisations affected by the reorganisation.

The Secretary of State had today announced that he was not officially closing Lewisham Emergency Department but his announcement left many unanswered questions. A full closure would have increased attendance at Kings ED by 50% - there had been no indication of the modelling that informs today's announcement and this left similar uncertainty about maternity services. She would be pressing for disclosure of the DoH analysis.

#### Kings Health Partners

Councillor McDonald set out the council's position – that the KHP merger sounds enticing but the council needs to understand what it means for Southwark residents. What will be the balance between local patients and those from other areas in a future merged model? The council seeks assurance that local people will see the benefits and will look to the full business case for that assurance.

Councillor Jonathan Mitchell said he had no difficulty with the idea of KHP as a centre of excellence which might bring in additional money to the local NHS but he agreed there was a balance to be struck regarding the impact on residents. He thought devolution of some services to Dulwich Community Hospital could fit into this – for example some outpatient services. Councillor McDonald acknowledged that it is welcome for acute trusts to move appropriate services closer to local people but it was important for the NHS to remain national and well funded by government.

#### Personalisation

Councillor Noakes asked the cabinet member how she thought the council could maximise the value of its work on personalisation to ensure it is more than a tick box exercise. He thought there was still much work to be done to build up a local market of alternative services.

Councillor McDonald explained that a person with a personal budget has a tailored support plan which must meet their assessed level of need and that is distinct from the question of how their plan is controlled. She said that personalisation takes many forms to enable people to live their life as they wish. She cited the examples of Cool2Care, an organisation who help people to recruit their own personal assistants, and the case of a personal assistant who had helped the disabled person to find a mentor to help them move on with choices around employment and hobbies. She agreed that it was a developing market and pointed out that the council had put an innovation fund in to help organisations develop alternatives models. Cool2Care had made use of this funding route. In response to questions, Councillor McDonald acknowledged that the move to a personal budget can be daunting. Individuals and their carers may be accustomed to arrangements that have been in place for a long time and might need a team effort with their social worker and carers to craft a plan. She agreed there continues to be a need to promote the positive aspects

of personalisation. The department has organised provider fairs and this has included some service users talking about how the process has worked for them. It was important not to treat people as a homogenous group but to provide for the range of experience from those who have been used to attending day centres through to young disabled people now approaching adulthood.

The Director of Adult Social Care added that each individual has an annual review and there are safeguarding arrangements in place in terms of the potential for financial abuse, as well as regular monitoring of how the funds are spent. She reminded the committee that a report is due to the next committee which will contain more detail.

### Older People's Day Centres

Councillor Noakes asked the cabinet member for an update on the Centre of Excellence, and an assurance that the other day centres will not close before the new one opens. Councillor McDonald explained that a steering group is helping to shape the proposal and that the plan is for a recommendation on the location to come forward in the next few months regarding Cator Street or another site. If the decision is Cator Street, there would be no break in service. The whole project is driven by the understanding that we have increasing numbers of people reaching very old age and developing complex needs and the Centre of Excellence should have sufficient capacity for all those who require these complex services.

### Local Account

Councillor Williams asked the cabinet member how confident she is that the commitment to reduce the price of meals on wheels will be achieved. Councillor McDonald pointed out that the Local Account contains data for 2011 /12 – since then there had been a drop in the price in the 2013/14 budget and another incremental drop is planned for 2014/15. The price was now among the lowest in London, in contrast to some boroughs who have withdrawn their meals on wheels services. The council had just entered into a joint contract with Lambeth and Lewisham to drive down costs. Councillor Noakes asked why the number of people receiving meals on wheels is going down, given that the price has reduced, and how the new contract will balance cost against quality. Councillor McDonald pointed out that the takeup has been reducing for 6-7 years, and the Director of Adult Social Care added that the new contract will not change the quality/price threshold. She was happy to keep the committee updated on the procurement.

Councillor McDonald highlighted the progress that had been made on reducing the use of residential care for people with learning disabilities. Care home registrations were being reviewed with the aim of switching

them to supported models wherever possible with people being more independent. She agreed to provide more information on the availability of advocacy services.

Committee members suggested that in future the Local Account could contain annual trend data and comparisons with other local authorities.

Councillor Lury asked about progress on outcome 3: “ensuring that people have a positive experience of care and support”. Councillor McDonald responded that the department is keen to increase sources of rich feedback and look to do this wherever possible. In terms of signposting, the My Support Choices guide is available on the web and a telephone service is due to be launched in the next few weeks – a single number to get straight through to an expert. The council was also funding some organisations to assist with signposting.

Councillor Capstick asked about the adequacy of respite care services. Councillor McDonald agreed that it is crucial to support carers properly and that the department was currently working up a carers strategy and introducing personal budgets for carers. The Centre of Excellence will include services for carers. She said that the committee was welcome to contribute to the carers strategy.

## **7. HEALTH SERVICES IN THE DULWICH AREA – CONSULTATION PLAN**

Malcolm Hines, Chief Financial Officer, briefly presented the history of the

Primary Care Trust's wish to develop and improve the Dulwich Hospital site, and introduced Rebecca Scott, Programme Director for Dulwich for the Clinical Commissioning Group (CCG). Ms Scott explained the background work the project has undertaken in order to arrive at the two main options. These would then be subject to a 13 week consultation starting in late February and covering Dulwich, South Camberwell, and the southern edges of Peckham and Nunhead.

Councillor Jonathan Mitchell said that he was pleased to see the envisaged use of the Dulwich Hospital site – it was ambitious but capable of being achieved.

Councillor Noakes asked whether the proposed model is unique to Dulwich, whether it is affected by the Secretary of State's response to the TSA and whether people can make wider comments about potential use of the site and building. Andrew Bland, Managing Director of the CCG, responded that the CCG will deliver consistent high standards across the borough but acknowledges that different solutions are required for different locations. He did not so far see much impact from the TSA recommendations but would keep this under review. On the consultation point, he explained that the CCG is consulting in respect of its health commissioning responsibility, i.e. on future health services. Malcolm Hines explained that the NHS property services company will take ownership of the site. The CCG will be required to put forward a business case in the light of the consultation findings, and unused areas of the site will be offered out in the first instance to public sector organisations. The CCG was working on the assumption that the new hub will be on the Dulwich Hospital site.

The committee made a number of suggestions around the EQIA and asked the officers to ensure they included Cooltan Arts, STAG and the full range of faith communities. The chair asked how the CCG's conflict of interest policy applies to this project and at what point the Dulwich GPs would have become aware of this project.

## **RESOLVED**

The CCG officers agreed to send the consultation documents and schedule to committee members when it formally launches and to report back on the point re GPs' interests.

## **8. TRUST SPECIAL ADMINISTRATOR'S (TSA) REPORT AND RESPONSES**

The committee welcomed Professor John Moxham, Director of Clinical Strategy at Kings Health Partners and Michael Marrinan, Medical Director at Kings College Hospital (KCH) and invited them to comment on the Secretary of State's (SoS) announcement in respect of the Trust Special Administrator's report. Mr Marrinan explained that subject to approval by Monitor and the KCH Board, it was likely that KCH would take over responsibility for the Princess Royal Hospital in Bromley. In terms of Lewisham Hospital, the closure of the obstetrician-led maternity unit would have an immediate impact on surrounding trusts. It was not clear how the new reduced emergency department would work at this stage and therefore its implications are not understood. It would be likely to result in an increased level of patient transfers between the sites, and KCH would continue to raise this issue. The SoS had announced that Lewisham would be retained as a working Emergency Department treating 75% of its current patients – Mr Marrinan was not aware of this model being in place anywhere else and it was therefore difficult to comment on how it might work. He thought the responsibility would come to the ambulance service to redirect patients to other EDs.

Councillor Williams asked how much the TSA process links with KHP's plans. Professor Moxham's view was that there is not an enormous link. KHP would continue its collaboration process and will work on the full business case between March and October. He was keen to emphasize that improving the care, health and wellbeing of local people lay at the heart of this process.

### **RESOLVED**

The committee agreed to continue to track the KHP merger and to come back to it when there are opportunities to influence developments.

## **9. WORK PLAN**

The committee agreed amendments to its workplan – set out in the agenda

Meeting ended at 10.05 pm