

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 29 May 2013 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Pauline Beck, Peggy Fitzsimmons, Carl Handley, Ami Ibitson, Jacq Paschoud and Alan Till

ALSO PRESENT: Ray Johannsen-Chapman (Patient and Public Involvement, SLaM), Jim Ellis (Patient and Public Involvement, SLaM), Philippe Granger (Healthwatch), Kevin Brown (London Ambulance Service), Lucy Canning (SLaM), Dee Carlin, Joy Ellery (Lewisham Healthcare NHS Trust), Joan Hutton, Hayley Marle (Care Quality Commission), Graham Norton (London Ambulance Service), Georgina Nunney, Dr Ranga Rao (SLaM), Zoe Reed (SLaM), Dr Helen Tattersfield, Martin Wilkinson, Tim Thompson (Lewisham Council), Salena Mulhere and Roger Raymond

Apologies for absence were received from Councillor Helen Gibson

1. Minutes of the meeting held on 16 April 2013

RESOLVED: That the minutes of the meeting held on 16 April 2013 be signed as an accurate record of the meeting.

2. Declarations of interest

- 2.1 Councillor Muldoon declared a non-prejudicial interest as an elected Governor of the South London and Maudsley NHS Foundation Trust (SLaM) Council of Governors.
- 2.2 Councillor Till declared a non-prejudicial interest as Deputy Manager of Fairway Lodge.

3. Emergency Services Review

3.1 The Chair informed the Committee that the Overview and Scrutiny Committee had agreed to proceed with an Emergency Services Review, and that Select Committees will take evidence as part of the review in line with their Terms of Reference.

3.2 Kevin Brown, Assistant Director Operations London (South), London Ambulance Service (LAS) and Graham Norton, Lewisham Operations Manager, LAS, introduced the report and the following key points were noted:

- The LAS has published its consultation document 'Our plans to improve the care we provide to patients'.
- The College of Emergency Medicine also published 'The Drive for Equality: How to Achieve Safe, Sustainable Care in our Emergency Department'.

- The LAS recently received £14.8 million of extra funding, £7.8 million of which is for this year to enable the recruitment of 240 more frontline staff to deal with the increased demand for services.
- The additional funding has been provided because demand for the service has increased every year for the last 10 years, by 6.4% last year with an increase of 12.2% life threatening (category A) calls.

3.3 In response to questions, the Committee were advised:

- The current break time arrangements for LAS staff are existing and accepted practice. However the new proposals are to try to enable more staff to get a break when and where appropriate, rather than attempting to bring staff back to the station to take their breaks. The planned changes to managing staff breaks should greatly increase the amount of staff able to take their allocated break during their shift, currently staff are often unable to take their break due to operational demands.
- The breaks proposed are in line with the EU Working Time Directive and have been discussed and agreed with the staff representatives.
- 85% of LAS staff's day consists of treating patients and patient care.
- There is an "active area cover policy", which means ambulances, bikes and staffs are placed in "demand hot spots" where the next emergency calls are likely to come from, increasing the speed of response times – LAS plans to increase the house of active area cover to continue to improve responsiveness.
- 999 calls are immediately triaged. LAS have a national target of getting to the patient within 8 minutes where it is assessed as being a life threatening situation 75% of the time. The LAS is currently achieving this target. If calls are assessed as not being life-threatening the future aim is to reach the patient within an hour. Depending on the categorisation, there are different target response times. In many instances it is assessed that the call does not require an ambulance, and therefore another service such as clinical telephone advice is used.
- UNISON and GMB are the main representative unions at LAS.
- The consultation concludes on 24 May.
- The target for patient handover from the ambulance to the hospital is within 15 minutes. In Lewisham the current average time for handover is 13.2 minutes. On occasion, such as high demand spikes, this can take significantly longer, increasing the time before the ambulance and crew are available to respond to another call.
- Ambulances are fitted with a computerised data terminal system that will notify ambulance crews of the route to the nearest hospital, as well as urgent care, walk in, major trauma, cardiac or stroke centres ('areas of excellence') that might be more appropriate for the patient. The crew will use their judgement to

- decide which hospital is the most appropriate, including changing planned destination in cases where a patient may deteriorate while in the ambulance.
- It is rare for Ambulances to be turned away from A&E. The two major reasons for this to happen are:
 - Clinical safety issues
 - An unexpected incident occurring at the hospital
 - There is a pan-London monitoring system in place that monitors how busy all A&E departments are and informs the routing of ambulances to hospitals when diversions may be in place
 - There is some cooperation between ambulance and fire services already, for example they help with training with defibrillators and immediate care, so that fire services can deal with situations at accidents if they arrive at a scene before the LAS. There could be opportunities to pool resources for carrying out effective community engagement work.
 - The LAS has its own facilities where staff and assets are based. There are some joint arrangements of standby points that the LAS use at LFB premises. However, collocating is not a simple option. For example, 20 ambulances are based at Deptford Ambulance Station where as most fire stations have space for two or three fire appliances.
 - LAS liaise closely with Lewisham Clinical Commissioning Group (CCG), including a number of conference calls, steering group meetings, and other ad-hoc meetings.
 - Lewisham CCG commissions services from LAS via a central commissioning team for London CCGs through a CCG consortium agreement, but Lewisham CCG also work locally with the LAS to manage and monitor the commissioned services and interfaces between services for the local emergency care system.
 - Lewisham CCG needs to maintain and manage resources to provide adequate 'rapid response' services and urgent care and community based services to continue to support delivery of good local emergency care services and assist the LAS in its role within this.
 - LAS intends to employ an additional 240 members of staff over the next two years, with 120 starting in January 2014, and the other 120 in January 2015. Training takes three years in total.
 - In terms of the use of private staff, the LAS use private ambulance companies to provide support staff when necessary at times of high demand, as hospitals use "bank" (agency staff) in the same way. LAS are carrying out modelling to plan for the introduction of 240 more staff, so less alternative support provision should be necessary in the future.
 - There have been a number of consultations events with staff, and staff representatives, and there will be further consultations once the results of the review have been completed.
 - A key improvement on demand in acute emergency care would be seen if the public were better supported to access services more appropriately to their needs, rather than going to

A&E/calling an ambulance for a matter that should be treated via primary care or urgent care.

- Lewisham CCG has a key role in ensuring that appropriate community based urgent care services are available to meet demand to assist in more appropriate healthcare being accessed, as well as working jointly with partners like Lewisham Council on integration between health and social care services to support people on discharge from hospital, More encouragement and information is needed so that the public use the most appropriate services rather than always going to A&E.
- If the Secretary of State's proposals in respect of Lewisham Hospital go ahead after the Judicial Review, it may lead to increased journey times on some occasions, and may impact on how long staff take to get to the next call in Lewisham once they have become available at the A&E unit out of the borough. Modelling will be required to be carried out between the LAS and commissioners to fully understand the potential Implications. Approximately one-third of patients who call 999 for an ambulance do not end up going to A&E as they do not medically need to.

3.4 Martin Wilkinson, Chief Officer, NHS Lewisham Clinical Commissioning Group, advised that:

- There have been 1-2 'diverts' from Lewisham Hospital A&E this winter due to capacity issues, there have been significantly more diverts from Queen Elizabeth Hospital(QEH) in Woolwich and Princess Royal University Hospital (PRU) in Farnborough, with Lewisham Hospital A&E receiving some of these 'diverted' ambulances.
- Lewisham Hospital has not been meeting the target of 95% of patients being seen, treated and discharged from A&E within 4 hours of arrival in A&E over winter. Performance has improved significantly since the end of April 2013 with joint work across the local system and actions by Lewisham Hospital against an action plan.

3.5 **RESOLVED:** that the Committee:

- a) Welcomes the clarity of the LAS consultation document, particularly the case study examples used to help people understand the aims of the service and the potential impact of changes.
- b) awaits the CCG's Action Plan on A&E targets to consider as evidence.
- c) will make its recommendations after considering all the evidence presented.
- d) will take note of the decision of the Judicial Review if delivered before it makes its recommendations.

4. **CQC Local Compliance Manager Update, Lewisham Hospital Inspection Report and the Mental Health Adult Placement Scheme Report**

4.1 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, introduced the report and the following key points were noted:

- The CQC Manager covers Lambeth, Lewisham and Southwark and manages a team of 10 Inspectors.
- The CQC inspects a range of health and social care services.
- There is a new CQC Strategy for 2013-2016, and this includes such objectives as:
 - Appointing a Chief Inspector of Hospitals, a Chief Inspector of Social Care and Support, and considering the appointment of a Chief Inspector of Primary and Integrated Care.
 - Developing new fundamental standards of care.
 - Making sure inspectors specialise in particular areas of care and lead teams that include clinical and other experts, and Experts by experience (people with experience of care).
- The new Chief Executive of the CQC, David Behan, has been in place for over six months, and will look to implement the 2013-2016 Strategy.
- The purpose of the CQC is to ensure that social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve.
- During inspections, the CQC will talk to staff, patients, family and friends, as well as inspecting the facilities and looking at appropriate documentation such as care plans and medicine records.
- The five things that the CQC will look at when inspecting services are:
 - Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they well led?
 - Are they responsive to people's needs?
- The CQC will be doing things differently in the future, and a couple of examples of this are:
 - The appointment of a Chief Inspector of Hospitals, and a Chief Inspector of Adult Social Care and Support and, potentially, the appointment of a chief inspector for primary and integrated care
 - NHS hospitals: national teams with expertise will be developed to carry out in-depth reviews of hospitals with significant problems
- Lewisham has at present 202 locations registered with the CQC. Out of these, in the last year:
 - Lewisham Hospital has been inspected
 - All 103 social care services have been inspected
 - 62% of independent healthcare providers have been inspected
 - 26% of dental services have been inspected
- CQC found on their inspections in social care that:

- 36 (35%) locations were found non compliance with one outcome or more
- 67 (65%) locations were found compliance with all five outcomes inspected
- Some examples where good practice were found were:
 - Alexander Care Centre (report published 9 May 2013).
 - Aster House (report published 23 April 2013)
 - Jigsaw Project (report published 8 November 2012)
- Some examples where improvement was found after initial non-compliance were:
 - Housing 21 – Cedar Court
 - Housing 21 –Cinnamon Court
 - Fieldside Care Home

4.2 In response to questions, the Committee were informed that:

- Inspections are usually one-two days on site, with additional time to access documents and speak with family and friends of patients.
- The CQC has a number of enforcement powers, including:
 - Warning Notices
 - Imposing restrictive conditions on a registered service
- Those operating a regulated activity must be registered with the CQC. If an organisation is carrying out a regulated activity and not registered, the CQC has a registration team that will get in contact with that service, ascertain if they need to be registered and advise them to register if necessary.
- The services that are registered with the CQC are published on their website. More public awareness is needed so that the public know that they can check whether a service is registered and whether it has recently been inspected and found to be compliant.
- With inspections of larger care homes and hospitals, the CQC inspection teams can consist of 'Experts-by-experience' and practicing professionals. 'Experts-by-experience' are people who have experience of using similar services or care for people who have used similar services. Practicing professionals are currently employed in other health service or social care such as nurses.
- The reviews and contract monitoring carried out by the Council also aid the inspection process.
- The inspections cover not all of the financial management of the organisation, but specifically covers how it records and manages the money of the residents as part of safeguarding responsibilities.
- In deciding what to inspect or what areas to focus specific inspections on, the CQC will look at a Quality Risk Profile and look to assess the areas it sees as most 'at risk'.
- The Compliance Manager would welcome sight of the reports from the Positive Ageing Council Lay Visitors.

4.3 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, introduced the report on the inspection of Lewisham Hospital, and the following key points were noted:

- Lewisham Hospital was inspected in February 2013.
- The inspection team included two practicing professionals
- It was found to be non-compliant in the following areas:
 - Respecting and involving people who use
 - services
- Non-compliance was seen to be of 'minor impact'
- Lewisham Healthcare Trust has submitted an Action Plan to the CQC.
- The Trust hopes to be fully compliant by December 2013.
- With the issues of the proposals surrounding the merger with Queen Elizabeth, proposals in respect of the A&E and the Francis Report implementation, this was deemed a reasonable time to aim for compliance.

4.4 Joy Ellery, Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust introduced the Action Plan for Lewisham Healthcare NHS Trust in response to the inspection report, and the following key points were noted:

- The Action Plan has been considered by the Lewisham Healthcare Trust Board.
- The Trust could have completed the compliance quicker, but there a number of changes taking place that made it more prudent to set the deadline at December 2013.

4.5 In response to questions, the Committee were informed that:

- A symbol was used to indicate when a patient had specialist communication needs, such as dementia or a learning disability to remind staff to give additional consideration as to how to effectively communicate with the patient where appropriate.
- The 'Communications Passport' is developed with a patient's carer. There has been positive feedback from patients with learning disabilities who have used these. More communication is needed to ensure that patients and their family understand what they are for and what they entail.
- The 'Communications Passport' for patients with learning disabilities would be circulated to members at the next meeting.

4.6 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, introduced the report on the inspection of Mental Health Adult Placement Scheme and the following key points were noted:

- The Mental Health Adult Placement Scheme was inspected in March 2013.
- It was found to be non-compliant in the following areas:
 - Supporting workers

- Assessing and monitoring the quality of service provision
- An Action Plan has been submitted to the CQC.

4.7 Dee Carlin, Head of Joint Commissioning, presented the Action Plan report to the Committee, and the following key points were noted:

- The Mental Health Adult Placement Scheme provides accommodation and support to people recovering from mental illness enabling them to live independently in the community.
- Currently 28 service users are supported through the scheme; ten are placed in the homes of individual carers and 18 are supported in shared accommodation.
- Adult Placement Scheme Staff are employed by the Council and for the purpose of CQC registration, the Council is the Registered Provider. The service is managed by SLaM under a management agreement. The carers who provide the support to service users are remunerated through the Council's Supporting People budget.

4.8 In response to questions, the Committee were informed that:

- The scheme is on track to be compliant by July 2013.
- There will be updates on the progress to compliance in both May and June.
- A manager has been recruited to cover the implementation of the Action Plan.

4.9 Hayley Marle, CQC Compliance Manager for Lambeth, Lewisham and Southwark, and Joan Hutton, Interim Head of Adult Social Care, introduced the report on the inspection of Hamilton Lodge and the following key points were noted:

- Hamilton Lodge has had numerous managers over the past 12-18 months, and lack of stable management is a key issue in its performance.
- There have been 4 CQC Inspections in 2012-2013.
- The last inspection was 22 February 2013, and the report was published in April 2013.
- Enforcement action has been taken:
 - Two Warning Notices were issued on the management of medicines and assessing and monitoring the quality of the service provision
 - Hamilton Lodge is not allowed to admit any residents unless with the CQC's prior agreement
- Hamilton Lodge has the capacity for 40 beds, but at present only 20 of the beds are occupied.
- Inspectors went back on 9 April 2013 and found that it was non-compliant on Outcome 7 (safeguarding patients who use services from abuse).
- The Council is working closely with Hamilton Lodge and the CQC to help them implement the Action Plan.

- There is no issue in relation to the care of the residents who are in the home at present, and the limited numbers will give the provider the opportunity to improve.
- A new permanent manager has been appointed and this has led to some improvement, and there is less reliance on agency staff.
- There have also been less 'safeguarding alerts' in the past four months, showing signs of improvement.

4.10 In response to questions, the Committee were informed that:

- The service at Hamilton Lodge is commissioned on a block contract. There are also users there who are supported by other boroughs.
- It was felt that it was prudent to not allow additional patients until the service was to improve.
- If the service does not improve as required by the CQC, the option is available to move residents and close Hamilton Lodge. That decision would be taken with all the parties involved.
- It was felt that the non-compliance issues would not put residents at risk at present and the residents were happy with the care that they received at Hamilton Lodge.
- The report on Hamilton Lodge is in the public domain. A link to the report would be sent to the Members.

4.11 **RESOLVED:** that

- a) the Committee thanks the CQC Compliance Manager for her attendance.
- b) the Committee would invite to the CQC Compliance Manager to future meetings when appropriate.
- c) the Chair and Vice-Chair would meet with the CQC Compliance Manager when appropriate.
- d) the Committee note the report.
- e) Hamilton Lodge be kept under review by the Committee.

5. NHS Quality Accounts - Reports

5.1 Joy Ellery - Director of Knowledge, Governance and Communications, Lewisham Healthcare Trust, introduced the report and the following key points were noted:

- The Quality Account for non-Foundation Trusts do not need to be published until the end of June, therefore there will be more revisions before it is finalised.
- They will look to publish a simplified version for the public as well as the full version.
- As defined within Lewisham Healthcare Trust's strategy, the term quality will be focused in three parts:
 - Patient Safety
 - Effectiveness of Care (Clinical Effectiveness)

- Patient Experience
- This provides for the foundation which Lewisham Healthcare Trust's priorities for improvement will be built over the coming years.
- The Quality Account sets out the following:
 - Patient Safety Priorities
 - Clinical Effectiveness Priorities
 - Patient Experience
 - Learning from the Mid Staffordshire Public Inquiry (Francis Report)

5.2 In response to questions, the Committee were informed that:

- In respect of improving maternity services, Lewisham Healthcare Trust has a Maternity Improvement Plan in place. One initiative that might help the Trust improve its personal support rating is the creation of an interim ward that will host patients that, for medical reasons, are no longer able to use the Birthing Centre.
- The Trust will continue to support patients with breastfeeding. Lewisham is participating in the UNICEF initiative, which is to become a 'breastfeeding-friendly' borough.
- The Trust is keen to promote research at Lewisham Hospital, and one way it does this is to employ 'research nurses'. It also encourages patients to participate in research that improves healthcare, where practicable.

5.3 Zoe Reed, Executive Director Strategy and Business Development, SLaM, introduced the report and the following key points were noted:

- The Quality Account has been to the Board and has also been updated since the agenda papers for this Committee were published.
- They are continuing to receive comments from stakeholders.
- A quality working group of the Members Council has looked at quality issues over the year. The Quality Account went to the Members Council.
- SLaM has also participated in a number of non-audit national quality improvement programmes.
- SLaM has been subject to two CQC inspections that had non-compliance and required a quality improvement Action Plan to rectify the non-compliance.

5.4 In response to questions, the Committee were informed that:

- The queries about the CQUIN measurement for the Patient Experience will be taken back to the Deputy Director of Quality and Assurance.
- SLaM has agreed a protocol with Lewisham Hospital to help address the physical health issues with mental health patients, especially with the issue of smoking.
- SLaM has a research project that is looking at effective interventions in relation to patients' physical health.

5.5 **RESOLVED:** that the reports be noted

6. Community Mental Health Review

6.1 Dr Ranga Rao, Clinical Director, SLaM, and Lucy Canning, Service Director, Psychosis Clinical Academic Group (CAG), SLaM, introduced the report and the following key points were made:

- SLaM apologises for the delay in bringing this report to the Committee; this was due to additional pressures on services that needed to be assessed in planning the review.
- The 3 key areas of focus in the Review are:
 - Relapse prevention
 - Improving the capacity and competency of assessment and crisis resolution services
 - Provide new pathways for people not requiring secondary services
- The review will look to:
 - Provide seamless care from primary to secondary care
 - Address the issue of services after 6pm, where at the moment the main option for patients is A&E
 - Reduce relapse rates
 - Reduce reliance on in-patient beds
- The issues identified from stakeholder feedback consisted of issues such as:
 - Setting clear thresholds of eligibility for secondary care and discharge back to primary care
 - Providing training to primary care to manage client group
 - Ensuring consistent access to prompt advice and support from secondary care
 - Ensuring primary and secondary care clinicians consistently have rapid access to clinical information as required
 - Supporting secondary care clinicians to discharge people from caseloads where appropriate
 - Instilling consistency across both primary and secondary care clinical teams/GPs so that people have access to the best possible treatment wherever they access care

6.2 In response to questions from Members, the following was advised:

- There will be a formal stakeholder engagement process as part of the development of the changes to community mental health services. The review was carried out with consultation with the GPs and the CCG.
- Any comments from GPs have been fed into the review.
- There is a high demand for mental health services in Lewisham compared to the national average and this appears to be rising. The

reasons for this are complex and it could be due to a number of factors, including: social deprivation, drug use and influx of service users with no recourse to public funds. SLAM also has an early intervention service to identify patients with mental health.

- Lewisham has invested in early intervention work in the area of Autism and ADHD, as an example of how services can identify patients early and treat patients more effectively.

6.3 **RESOLVED:** that the Committee:

- a) note the report.
- b) note that there will be a formal stakeholder engagement process.
- c) wishes to be formally consulted on any service variations.

7. **NHS 111 - Update**

7.1 Standing Orders were suspended at 9.25pm.

7.2 Tom Bunting, 111 Post Mobilisation Project Manager, NHS South East London Collaborative Commissioning, presented the report, and the following key points were noted:

- NHS 111 was launched in Bexley, Bromley and Greenwich.
- There were some initial problems with the service once live, and NHS South East London CCGs have been working to improve the service. They are working to National Quality Standards in terms of service performance.
- Since the beginning of April:
 - Over 95% of calls are answered by a health advisor within 60 seconds
 - Call abandonment rates have effectively sat at 0%
 - Of the total number of calls referred to a clinical adviser (25-35% of triaged calls), around 12-13% are put into a queue for a call-back from a clinician.
 - Approximately 60-70% of these call-backs to patients are made within ten minutes of the initial call to 111
 - 10-12% of calls have resulted in an ambulance being dispatched
 - Around 75-80% of these dispatches are conveyed by LAS
- Commissioners in Lewisham, Southwark and Lambeth are seeking assurance from the 111 Provider that the service could operate at an effective level with the launch of the service in these three boroughs in addition to Bexley, Bromley and Greenwich.
- There is a national review by NHS England on the launch of NHS 111. This is because of poor performance issues that have been reported in some parts of the country. The outcome of the review could mean that NHS England will make changes to the way in which the service is commissioned, the way it operates and how it is fully rolled out around the country.
- It is felt it is not practicable to roll out NHS 111 to Lambeth, Southwark and Lewisham until the assurance is provided and the Review is

completed. SELDOC (South East London Doctors Co-operative) is still in operation to take calls from patients, and approximately 20-25% of calls to NHS 111 are SELDOC referrals.

7.3 In response to questions, the Committee were informed that:

- NHS 111 local contract was initially a 2-year pilot, due to be reviewed in March 2015.
- NHS 111 is a free service, and all that is required to be free on a pre-paid mobile phone is 1p credit. If someone tries to ring the old NHS Direct number, they will be prompted to ring NHS 111 even in the Lambeth, Southwark and Lewisham area where the service has not been rolled out yet or publicised.
- If patients ring SELDOC, they will be triaged to the appropriate service.
- Health practitioners are looking at the statistics in respect of whether A&E attendance has been affected since the introduction of NHS 111. However there is only anecdotal rather than empirical evidence at present that there has been an increase in A&E attendance in London over the past year.
- SELDOC managed the process effectively, so the closure of NHS Direct did not adversely affect local services.

7.4 **RESOLVED:** that the Report be noted, and the Committee is kept updated on NHS 111, its introduction in Lewisham and its general performance.

8. Lewisham Hospital - Update

8.1 In response to questions, the Committee were informed that:

- Lewisham Healthcare Trust are working to deliver the merger with Queen Elizabeth Hospital, while aware that the Judicial Review will be heard in July.
- The official date to dissolve South London Healthcare Trust (SLHT) has not been communicated to Lewisham Healthcare Trust. However the date as stated by the Special Administrator in the media recently is 1 October 2013.
- The message that has gone out to patients and residents is that it is 'Business As Usual' at Lewisham Hospital.
- The Chair and Vice-Chair will look to arrange a meeting with the Special Administrator for SLHT to discuss her plans for SLHT.

8.2 **RESOLVED:** that this will continue to a standard item on the Committee's agenda for 2013-14.

9. Health Scrutiny Protocol (Revised)

9.1 The Chair advised the Committee that discussions with officers and partner organisations are still on-going. He suggested that this item be deferred to a

future meeting to allow time for discussion and agreement with the relevant organisations.

9.2 **RESOLVED:** to defer this item to a future meeting.

10. Select Committee work programme

10.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report. The following key points were made:

- Following the last meeting, the following changes were agreed by the Chair:
 - that the 'New Cross Gate Healthy Living Centre' be added to the May meeting.
 - the HIV services item that had been moved to July, to be extended into a broader item on sexual health services.
- Items currently planned for the July 9 meeting are:
 - Emergency Services Review(Evidence and Recommendations)
 - Health & Well Being Strategy Delivery Plan
 - Outcome Based Commissioning and Outcomes Based Practice for Adult Social Care (Including afternoon tea with service users)
 - Neighbourhood Working with GP's
 - Lewisham Hospital – Update
 - Leisure Contracts Update
 - Sexual Health Services

10.2 **RESOLVED:** The Select Committee agreed the work programme.

11. Items to be referred to Mayor and Cabinet

12.1 There were none.