

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 21 October 2014 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Bill Brown, Ami Ibitson, Alicia Kennedy, Jacq Paschoud, Pat Raven, Joan Reid, Alan Till and Alan Hall

ALSO PRESENT: Val Fulcher (Interim Chair, Lewisham Healthwatch) (Lewisham Healthwatch), Mayor Sir Steve Bullock (Mayor), Councillor Chris Best (Cabinet Member Health-Well-Being-Older People), Timothy Andrew (Scrutiny Manager), David Austin (Head of Corporate Resources), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Charlotte Dale (Scrutiny Manager), Joy Ellery (Director of Knowledge, Governance and Communications) (Lewisham and Greenwich NHS Trust), Jeff Endean (Housing Programmes and Strategy Team Manager), Ruth Hutt (Public Health Consultant) (Public Health), Joan Hutton (Interim Head of Adult Assessment & Care Management), James Lee (Service Manager, Inclusion and Prevention), Genevieve Macklin (Head of Strategic Housing), Robert Mellors (Finance Manager, Community Services and Adult Social Care), Salena Mulhere (Overview and Scrutiny Manager), Georgina Nunney (Principal Lawyer), Geeta Subramaniam-Mooney (Head of Crime Reduction and Supporting People), Sarah Wainer (Head of Strategy, Partnerships and Improvement), Martin Wilkinson (Chief Officer, NHS Lewisham Clinical Commissioning Group) (Lewisham CCG), Rachel Braverman (Co-Chief Executive) (Lewisham Citizens Advice Bureau) and Susan Smith (Lewisham Mental Health Connection)

1. Minutes of the meeting held on 3 September 2014

Resolved: that the minutes of the meeting held on 3 September be agreed as a true record.

2. Declarations of interest

Councillor Jacq Paschoud - non prejudicial – learning disabled family member in receipt of relevant services.

Councillor John Muldoon – non prejudicial – lead governor at South London and Maudsley NHS foundation trust.

Councillor Pat Raven – non prejudicial – family member in receipt of a package of social care.

3. System resilience 2014/15

3.1 Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group) introduced the report. The following key points were noted:

- Previously, the approach to system resilience had focused on winter planning. It was now recognised that resilience plans needed to be active all year round.
- The CCG was working with partners to ensure there was a coordinated approach across Lewisham and south east London.

- An evaluation of the 'yellow men' campaign, which was designed to increase awareness of NHS services and prevent unnecessary visits to accident and emergency, indicated that it had been successful.

3.2 Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham and Greenwich NHS trust) introduced a report on capacity solutions at the Trust. The following key points were noted:

- The report set out on-going work in the Trust to deal with limitations on capacity, with specific reference to the Queen Elizabeth Hospital (QEH) in Greenwich.
- Changes being proposed to stroke services at QEH would have a knock on effect in Lewisham, where additional capacity needed to be created to take patients being transferred from the Hyper-Acute Stroke Unit (HASU) at King's College Hospital.

3.3 Martin Wilkinson and Jot Ellery responded to questions from the Committee. The following key points were noted:

- Work was taking place to link the yellow man campaign to NHS 111.
- Advice from NHS 111 was based on the best available data. Referrals to A&E were dependent on a number of factors about the risk to patients.
- Lewisham would follow the London wide standards for seven day working, including maintaining the presence of senior staff at hospitals at weekends.

3.4 Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham and Greenwich NHS trust) provided an update on the Trust's response Ebola. The following key points were noted:

- Inaccurate reports had been published in the media about a potential case of Ebola at Lewisham Hospital.
- A patient who represented a possible Ebola risk had been admitted at the hospital. He/she had been 'barrier nursed' and placed in their own room, with separate toilet facilities.
- The patient had not been locked in their room.
- The consultant on call had followed the hospital's protocols for a possible infectious outbreak and had deemed them to represent a low risk of infection.
- Staff at the hospital had decided to contact the national press
- The hospital had updated its protocols and continued to follow government guidance.
- More potential cases of Ebola could be expected.

3.5 The Chair thanked officers for the update and recommended that the Committee be satisfied that the appropriate protocols were in place at the hospital to manage possible cases of Ebola.

Resolved: that the report be noted.

4. Delivery of the Lewisham Health and Wellbeing priorities

4.1 Aileen Buckton (Executive Director for Community Services) introduced the report. The following key points were noted:

- The Health and Wellbeing Board (HWB) had agreed on nine priorities for improving health and wellbeing in Lewisham, covering the entire population.

- Delivery of priorities relating to children and young people were overseen by the Children and Young People's partnership board.
- All other priorities were overseen by a multi-agency delivery group of officers, who provided regular updates to the HWB on progress.
- Priorities one to seven were being managed by officers in Public Health.
- Priorities eight and nine, were related to reductions in avoidable admissions and were overseen by the adult integration board.
- The board did not consider every priority at every meeting.

4.2 Sir Steve Bullock (Mayor of Lewisham) addressed the Committee; the following key points were noted:

- Lewisham had taken a proactive approach to the work of the Health and Wellbeing Board.
- However, in its current form, the Board was not necessarily sustainable in the long term.
- The Board occupied an uncomfortable position between executive and scrutiny bodies.
- The Public Health joint Strategic Needs Assessment served as the basis for the Board's work.
- Recently the Board had considered a range of different issues.
- It was not clear why boards were given responsibility for coordinating the response to the problems identified from the review of failings at Winterbourne View.
- The Board had also taken on the coordination of health and social care integration and overseeing the delivery of the Better Care Fund.
- At its away day, the Board had agreed to focus on adding value to fewer priorities- including food, housing and social isolation.

4.3 Aileen Buckton (Executive Director for Community Services); Sir Steve Bullock (Mayor of Lewisham) and Martin Wilkinson (Chief Officer, Lewisham CCG) responded to questions from the Committee. The following key points were noted:

- In previous guidance for the Better Care Fund, partners had been directed to adopt a national target for reducing A&E admissions. This overall target had been dropped, but partners were still required to work in a planned way to prevent avoidable admissions.
- There could be no 'double running' of plans so work was required with partners to manage and reduce the potential risks of moving from one pattern of working to another.
- Officers had sought advice from legal about the scrutiny of the budget for Public Health. The responsibility for looking at the budget sat with the Healthier Communities select committee.
- The clinical commissioning group recognised the importance of improving access to primary care. Work was taking place to enhance capacity and improve access to services.
- The proposals in the budget had been mapped against the borough's health and wellbeing priorities – and it was considered that there would be no substantial impact on the delivery of these plans.
- It was recognised that there was a link between physical and mental health. The South London and Maudsley NHS foundation trust (SLAM) had recently become a 'smoke free' trust, as part of its efforts to improve the physical health of patients.

Resolved: to receive additional information about the Public Health budget in relation to the delivery of the Health and Wellbeing Board priorities and to note the report.

5. Lewisham Future Programme

5.1 David Austin (Head of Corporate Resources) introduced the report. He set out the difficult financial situation facing the Council and provided an overview of the process for scrutiny of the savings proposals.

5.2 David Austin responded to questions from the Committee, the following key points were noted:

- Information about numbers of, and expenditure on, agency staff was included in the Council's annual employment profile, which was scrutinised by Safer Stronger Communities Select Committee.
- The use of agency staff was not a specific area for review as part of the Lewisham Future Programme.
- The requirement for staffing was considered across all of the savings proposals.
- The use of agency staff was dependent on service requirements and user need.

5.3 Aileen Buckton (Executive Director for Community Services) introduced the adult social care proposals. The following key points were noted:

- The purpose of social care was to keep people safe and well cared for.
- The Lewisham Future Programme proposals were split across four areas:
 - Care (which was the area of highest cost)
 - Assessments and management
 - Prevention
 - Means testing
- The proposals for adult social care would require 'whole systems change' working with the five other South East London boroughs to deliver integrated changes to health and social care.

5.4 Joan Hutton (Head of Assessment and Care Management) introduced savings proposals A1: cost effective care packages. The following key points were noted:

- The savings proposal reiterated the focus on working with the service users and carers to support individuals to be as independent as possible.
- The most cost effective options for delivering care and support would be considered within the review and assessment process.
- Officers would ensure that each person assessed would be involved in determining how their care and support needs could be met. This would involve looking at how they might contribute to meeting their care and support needs.
- It was recognised that there were different ways of meeting people's care needs.
- Support could be reduced in an appropriate way.
- The laundry service had been running for 20 years; it had started at a time when people did not always have access to washing facilities at home, and when support for incontinence was not as effective, which was no longer the case.
- Individual users of the service would be re-assessed on a case by case basis to determine support needs in relation to laundry.

- A number of people were receiving meals on wheels at day centres. There were other, more cost effective ways of providing meals within these settings.
- There was a move towards personal budgets (where people were given information about the funding available to them) and direct payments (where people were given the money to fund and arrange their care).
- It was proposed that service users would be assisted to carry out online shopping, with carer support, using their direct payments.
- Links could be created with local providers such as cafes and restaurants to provide delivery services.
- Some people might pool their budgets and attend a restaurant or lunch club as a group
- Benchmarking with other boroughs indicated that the unit cost of Lewisham's meals on wheels was high.

5.5 Joan Hutton (Head of Assessment and Care Management) responded to questions from the Committee. The following key points were noted:

- Officers had assessed the potential for social isolation caused by the proposed reduction in the meals on wheels service and were assured that this was an avoidable risk.
- Most people had other care and support services as well as a meal. Very few people had meals on wheels only, but this would be looked at on a case by case basis.
- The Council could not receive direct payments for the delivery of an in-house service. This had been a 'grey area' under previous legislation but the Care Act strengthened the guidance, which specified that Councils should not deliver services for direct payments.
- No consultation was required with care workers – who were in many cases already assisting to prepare food and to do laundry.
- Individual assessments would determine how many people would lose or have a reduction to services that were provided. The process would consider alternatives, should they be needed.
- Direct payments provided approximately £11.70 per hour for personal care, a breakdown of costs would be provided.

5.6 Aileen Buckton (Executive Director for Community Services) introduced savings proposal A2: reduction in cost of learning disability provision. The following key points were noted:

- The wording of proposal A2 would be changed because officers recognised that the description was not clear.
- Part of the proposal was to charge people for receiving supported accommodation. Historic anomalies had resulted in some service users being charged whilst others were not. Charging for this service had been suspended pending a review of the charging policy.
- This was one of the options for change that would be included in the consultation.
- There were around 600 users of learning disability services. The value of service users' packages of support varied.
- There had been a change in the underlying factors affecting delivery of service in this area.
- The adult social care budget would be used to maintain service users and to keep them safe. Other services would work to develop service users' independence and skills.

- It was recognised that the wording of the savings proposal was unclear – and it would be reworded before it was considered by Public Accounts Select Committee.
- Work would take place to avoid the risks of implementing the changes on clients and staff.
- Further work on mitigating the potential impact of the changes would be carried out as the proposal progressed.

5.7 In response to questions from the Committee, the following key points were noted:

- Work to enable independence and develop skills of service users would be funded, as part of a holistic approach to service delivery.
- Mayor and Cabinet was due to take a decision about the savings proposals at its meeting on 12 November, subject to the decision making process, further work would take place to assess the specific risks to the delivery of the savings.

5.8 Joan Hutton (Head of Assessment and Care Management) introduced savings proposal A3: changes to sensory services, the following key points were noted:

- Sensory services were dispersed across care management teams.
- The proposal would reduce staffing costs but maintain service delivery.
- More choice and control would be provided for service users and specialist services would be maintained.
- Officers were working with neighbouring boroughs to identify opportunities for support in the wider market

5.9 In response to questions from the Committee, the following key points were noted:

- Staff training would be provided, where necessary.
- There was a number of customer service staff with sign language skills.
- Rehabilitation services were not required by all service users.
- There would be an enhanced focus on provision of information and guidance about self-care.
- There would be a cost for buying in advice services – these were not yet known but further work would be carried out.
- Consultation could not take place with service users before a decision on whether or not to proceed with the proposal had been made by Mayor and Cabinet.
- Specialist services would still be provided – but would be dependent on an analysis of service user needs.

5.10 Aileen Buckton introduced savings proposal A4: remodelling building based day services, the following key points were noted:

- The proposal set out indicative savings that could be made from changing the delivery of day services so that they were less restricted to the use of buildings.

5.11 In response to questions from the Committee, the following key points were noted:

- Work would continue to reduce social isolation, the phrase ‘reduction in demand for services’ was not a reference to making it more difficult for people to access services, rather it was a recognition that people wanted something different from that which could be provided at day centres.

- Information would be provided about the outcomes for people who had been using the Hughesfield day centre.
- Officers would consider the needs of group provision and self-help groups in the consultation.

5.12 The Committee also discussed the proposals to charge for home care and non-residential care services (proposal A5) and to extend charging to those learning disabled users in supported accommodation adult social care services (proposal A2); the following key points were noted:

- The Committee would be involved in the consultation process.
- The Council could not receive direct payments for the provision of services, and there was likely to be a limited market for service from other boroughs.
- Charging would be means tested. Charges would only apply if users had sufficient funds.
- Disability related costs would be included in funding assessments.

5.13 Joan Hutton (Head of Assessment and Care Management) introduced savings proposal A7: cost effective care for mental health, the following key points were noted:

- The proposal would impact on the provision of accommodation based services.
- Work would take place with partners to review needs.
- The Council would review alliance contracts to share the risks of provision with providers.

5.14 Joan Hutton (Head of Assessment and Care Management) introduced savings proposal A9: review of services to support people to live at home. The following key points were noted:

- New approaches were required to amalgamate and streamline existing services.
- The proposals would result in a staffing reorganisation.

5.15 Joan Hutton (Head of Assessment and Care Management) and Aileen Buckton (Executive Director of Community Services) responded to questions from the Committee, the following key points were noted:

- There were a number of vacancies in the existing staffing structure; however these could not automatically be deleted. Work would need to take place to align the aims of the service with appropriate levels of staffing with the right kinds of skills.
- The proposals would require consultation with staff, the details of which would be decided once a decision had been taken by Mayor and Cabinet on 12 November.
- The staffing consultation was a management process and would not be appropriate for scrutiny.
- It was clear that the workforce profile information provided was not correct. This would be rectified before the proposals were considered by the Public Accounts Select Committee.

5.16 Joan Hutton (Head of Assessment and Care Management) introduced savings proposal A10: proposals in respect of recouping health costs. The following key points were noted:

- The Council would be working to recoup the costs of health spending from complex cases in the community.
- Nursing costs for residential care were met by the CCG, however this was not the case for community care.
- Martin Wilkinson (Chief Officer, Lewisham CCG) advised the Committee that full discussion was required between partners before this proposal could be implemented.

5.17 Aileen Buckton (Executive Director for Community Services) introduced savings proposals A6 and A8: public health programme review (1 & 2), the following key points were noted:

- The proposals did not represent a cut from the Public Health budget, which was ring-fenced. These proposals would generate savings in some areas of existing public health spending, which would be distributed to other areas of Council spending on public health priorities.
- The proposals put forward under A6 would save £1.5m from a budget of £20m.
- It was anticipated that there would be changes to the way in which sexual health services were funded across London, so this part of the savings proposal was being withdrawn until further information was available.

5.18 Rachel Braverman (Lewisham Citizens Advice Bureau) was invited to address the Committee about the proposal to reduce funding for the provision of advice services in GPs surgeries; the following key points were noted (the full text of this contribution is available on request):

- The CAB GP Surgeries Project offered 363 Lewisham residents advice at last year, against a target of 300 clients.
- The main focus of the service was welfare benefits.
- Cases were also taken to tribunal, with a success rate of about 98%.
- There was a strong link between debt and health issues, particularly mental health problems.
- It cost about £400 to give advice to each client, which was good value.
- The project supported some of the most vulnerable people in the community.
- Last year the project raised at least £457,367 for clients.
- The service had a number of cases in which the support provided to residents enabled them to avoid problems and improve their health and wellbeing, which met the ambitions of the Health and Wellbeing Strategy.
- The CAB was concerned about the cut to this service alongside the 25% cut expected to the organisations main grant funding from the Council.
- The loss of the service would reduce money coming into the borough.
- The proposal to stop funding the GP surgeries project was to save money, whereas in reality the opposite would be the case.

5.19 Aileen Buckton (Executive Director for Community Services) responded to questions from the Committee, the following key points were noted:

- The Council did not intend to stop the GP surgeries advice project; but there were questions about how it would be delivered.
- The main grant programme would be used to fund advice giving services.
- Grant funding proposals would be decided in April.

- Funding available through main grants would be reduced by 25%, but this would not be the case for every organisation.

5.20 Councillor Alan Hall (Chair of the Overview and Scrutiny Committee) suggested that the public health savings proposals should be subject to further scrutiny.

5.21 James Lee (Service Manager, Inclusion) introduced savings proposal B1; reduction and remodelling of supporting people housing and floating support services. The following key points were noted:

- Supporting People funding had previously been ring-fenced, this was no longer the case.
- Officers had put forward proposals to reduce services, whilst attempting to protect the most vulnerable.
- Work had been carried out to assess the potential the risk of the proposals.
- The intention was to work with providers to reconfigure services rather than to 'salami slice' them.
- The proposed savings would be taken across two years.
- The proposals would be implemented in the context of changes to broader mental health provision.

5.22 Susan Smith (Lewisham Mental Health Connection) was invited to address the Committee, the following key points were noted (the full text of this contribution is available on request):

- The Lewisham Mental Health Connection was a forum for those involved in Mental Health Services in Lewisham to meet and share information and good practice. It consisted of providers, carers, community groups and service users.
- The group was concerned about the proposals and hoped to work with the Council to minimise the impact the savings might have on service users.
- The Mental Health Connection wanted to work with the Council to ensure that the option of supported housing remained for vulnerable people.
- Additional work should take place to assess the equalities impact of the proposals.

5.23 The Committee noted the contribution from the Lewisham Mental Health connection.

5.24 Geeta Subramaniam-Mooney (Head of Crime Reduction and Supporting People) introduced savings proposal K1: retendering and targeted reduction in drug and alcohol services, the following key points were noted:

- Savings were being proposed through contracting efficiencies.
- Work was taking place to reduce the demand for tier four residential rehabilitation – with the understanding that further work was needed to prepare service users for rehabilitation.
- This proposal would also result in a reduction in staffing.

The Committee agreed to refer its views to Public Accounts Select Committee as follows:

Use of agency staff

The Committee questions the Council's use of agency staff and consultants to provide services, in the context of staffing reductions. The Committee

recommends that the use of agency staff and consultants be reviewed before proposals are accepted to make reductions in numbers of permanent staff.

A1: Cost effective care packages

The Committee is concerned about the capacity of care workers to provide additional laundry and food preparation services. The Committee is also concerned about the number of people who will be affected by the changes being proposed to care packages. The Committee requests that additional information be sent to the Chair prior to his attendance at PAC. This information should include:

- The number of people currently receiving meals on wheels divided into: those at home and those at day centres.
- The number of people who had chosen not to take meals on wheels in the past twelve months, including any evidence of the effectiveness of alternative provision.
- Confirmation that no additional consultation or training was required with care workers to enable them to take on extra food preparation and laundry duties.
- The number of care packages it is anticipated would be cancelled and the number that would be reduced as a result of the proposal, as a proportion of all users.
- Information about the hourly rate paid for direct payments and whether this is enough to allow a service user to employ a carer through a care agency and for the worker employed by that agency to receive the London Living Wage.
- An additional breakdown of the £2.68m to be saved as part of the proposals.

A2: reduction in cost of Learning Disability provision

The Committee is concerned about the language and the brevity of the proposal. It feels that the proposal is insufficiently detailed to enable it to be scrutinised effectively. The Committee recommends that the savings proposal be rewritten in advance of scrutiny by Public Accounts Select Committee.

A3: Changes to sensory service provision

The Committee highlights the importance of ensuring that specialist training is available to staff and it requests additional information about the costs of buying in replacement information and advice services. The Committee requests that additional information about this proposal be sent to the Chair prior to his attendance at PAC. The information should include:

- Further details on how users with sensory impairments will obtain information and advice and make use of support planners.

A4: remodelling building based day services

The Committee expresses concerns about the removal of access to building based day services and requests that additional information be sent to the Chair prior to his attendance at PAC. The information should include:

- Information about the current provision for former users of Hughesfield day centre, setting out the proportion of users who had gone on to use other day centres.

A6 and A8 Public health programme review

The Committee feels that the proposal is insufficiently detailed to enable it to be scrutinised effectively. The Chair of Overview and Scrutiny proposes that special scrutiny arrangements be created to review the proposals.

The Committee requests that additional information be made available about future provision of advice services in GP practices, in the context of the possible loss of services being provided by Citizens Advice.

A9: review of services to support people to live at home

The Committee feels that the proposal is insufficiently detailed to enable it to be scrutinised effectively. In particular, the Committee feels that there is insufficient information to explain the reasons for the 25 vacant posts in the existing structure. The Committee recommends that the savings proposal be rewritten in advance of Public Accounts Select Committee and updated information about the workforce profile be provided.

Resolved: to agree the plan for consulting on charging for adult social care services; to share the committee's views with the Public Accounts Select Committee.

6. Adult integrated care programme

The report was noted for information.

7. Somerville and Kenton Court Extra Care schemes

7.1 Jeff Endean (Housing Strategy and Programmes Manager) introduced the report. The following key points were noted:

- A report about older people's housing in the borough had previously been considered by the Committee.
- This report set out the initial findings from a consultation about the future of the Kenton Court and Somerville Extra Care schemes.
- Residents had been supported in the consultation by an independent advocate.
- Findings of the consultation and recommendations would be presented to Mayor and Cabinet on 12 November.

7.2 Jeff Endean (Housing Strategy and Programmes Manager) responded to questions from the Committee, the following key points were noted:

- It was hoped that the completion of the consultation and a decision by Mayor and Cabinet on 12 November would end the period of uncertainty for residents of Kenton Court and Somerville.
- A third of the residents in these schemes had already moved to other accommodation.
- The Kenton Court and Somerville buildings were not suitable for Extra Care housing and the options for rebuilding or remodelling them were not considered to be feasible.

Resolved: to note the report.

8. Select Committee work programme

Resolved: that decisions about the work programme for the following meeting would be delegated to the Chair of the Committee.

9. Referrals to Mayor and Cabinet

Resolved: to refer the Committee's views about the Lewisham Future programme to Public Accounts Select Committee.

The meeting ended at 10.35 pm

Chair:

Date:
