

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 14 January 2015 at 7.00 pm

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

APOLOGIES: Councillor Pat Raven

ALSO PRESENT: Val Fulcher (Lewisham Healthwatch), Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People), Timothy Andrew (Scrutiny Manager), Diana Braithwaite (Commissioning Director) (Lewisham Clinical Commissioning Group), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Jemma Gilbert (Programme Director, Primary Care) (NHS England), Heather Hughes (Joint Commissioner, Learning Disabilities), Joan Hutton (Interim Head of Adult Assessment & Care Management), Helen Kelsall (Service Manager, Inpatient Care) (South London and Maudsley NHS Foundation Trust), James Lee (Service Manager, Inclusion and Prevention), Jackie McLeod (Clinical Director and Primary Care Lead) (Lewisham Clinical Commissioning Group), David Norman (Service Director, Older Adults) (SLaM), Georgina Nunney (Principal Lawyer), Lynn Saunders (Director of Strategy, Business Development and Planning) (Lewisham and Greenwich NHS Trust), Nick O'Shea (Lewisham Mencap), Belinda Regan (Deputy Director of Governance) (Lewisham and Greenwich NHS Trust), Simon Rowley (Assessments & Benefits Manager), Dr Danny Ruta (Director of Public Health) (Public Health Lewisham), Geeta Subramaniam-Mooney (Head of Crime Reduction and Supporting People), Sarah Wainer (Head of Strategy, Partnerships and Improvement) and Martin Wilkinson (Chief Officer) (Lewisham CCG)

1. Minutes of the meeting held on 2 December 2014

Resolved: to agree the minutes of the meeting held on 2 December as an accurate record.

2. Declarations of interest

Councillor Muldoon – non-prejudicial – lead governor of SLaM NHS Foundation Trust.

Councillor Paschoud – non-prejudicial – family member in receipt of social care; Member of Lewisham and Greenwich NHS Trust.

3. Lewisham hospital update

3.1 Belinda Regan (Deputy Director of Governance, Lewisham and Greenwich NHS Trust) introduced the report; the following key points were noted:

- In February 2014, Lewisham and Greenwich NHS trust was inspected by the Care Quality Commission.
- The newly formed trust welcomed the inspection and the subsequent CQC report.
- An improvement plan had been developed to monitor progress against issues identified in the report.

- The plan was split into four themes: patient flow; workforce; safety and organisational learning.
- 140 actions were being monitored on an on-going basis and were due to be completed by 2015.
- There were some outstanding actions in the areas of patient flow. Some of the improvements identified required the redesign of patient pathways in order to ensure safe and timely discharge of all patients.
- Some of the improvements required the re-design of models of care, which in some instances, required the recruitment of specialist staff, which would be subject to its own timescales.
- Work was taking place on the development of the five year strategic plan
- Additional beds were being created from previously under-utilised space
- It was recognised that further work needed to take place to ensure that fit patients were able to move out of hospital quickly.

3.2 Lynn Saunders (Director of Strategy, Business Development and Planning) provided a verbal update about winter pressures; the following key points were noted:

- As reported, there had been significant increases in the demand for A&E services across the region and nationally.
- The Trust had seen 600 more A&E attendances in December 2014 – compared to December 2013.
- There had also been 200 more admissions that month.
- Meeting the four hour A&E target had been a challenge.
- The Trust was putting in places services and facilities to increase capacity.
- The Trust had been on alert for a number of weeks – this ensured that there was a robust set up of clinical and systems management to deal with problems as they arose.
- Crisis management teams met three times a day to review all of the Trust's patients.
- Work was also taking place with adult social care services and the CCG to ensure that there was sufficient step-down capacity for patients who were ready to leave hospital.
- Some new capacity had been opened at QEH – which had already delivered 36 extra beds.
- The Trust had also received some winter funding to help relive pressures; this had been used to facilitate additional weekend working by clinical staff and patient transport.
- Additional measures were being tested to reduce pressure on frontline services.
- The NHS national support team had been invited to the Trust in November and December to review implementation of improvements and comment on winter resilience plans.
- Quality of care to patients was the foremost consideration in all discussions about changes.

3.3 Belinda Regan (Deputy Director of Governance) and Lynn Saunders (Director of Strategy, Business Development and Planning) responded to questions from the Committee; the following key points were noted:

- Future reports would include additional information about the successful work being undertaken at the Trust as well as highlighting the improvements required.

- The Trust worked well with its PFI (Private Finance Initiative) partners and the PFI was supportive of the Trust's goals.
- The CQC inspection had highlighted a specific problem with waste management, which had been dealt with promptly.
- The report also underlined the importance of hand sanitising and of 'bare below the elbow' working.
- Observational audits were carried out in the Trust and managers at all levels were regularly challenged to ensure the Trust's procedures were being followed.
- Regular challenge of internal audits took place as well as independent inspections of services to support the Trust's improvement plans.
- The Trust was still working towards foundation status. The focus of work was on the development of the Trust's five year strategy.

Resolved: to note the update.

4. SLaM specialist care changes

4.1 David Norman (Service Director, Mental Health of Older Adults & Dementia Clinical Academic Group, SLaM) introduced the report; the following key points were noted:

- Demand for specialist dementia services was decreasing
- Some of SLaM's dementia services had been moved outside of the borough
- Work had taken place to re-assess provision for service users
- The availability of discharge and support services had improved in residential accommodation.
- The decline in numbers of patients in Lewisham provision raised concerns over continuing clinical safety in residential provision.
- Discussions would take place with commissioners over alternative provision for specialist care.
- Members were asked to determine whether this constituted a substantial change in services and to comment on the proposed consultation plan in advance of its consideration at the SLaM trust board.

4.2 David Norman (Service Director, Mental Health of Older Adults & Dementia Clinical Academic Group, SLaM) and Helen Kelsall (Service Manager, Inpatient Services, SLaM) responded to questions from the Committee; the following key points were noted:

- Numbers of patients from Lewisham requiring specialist care had declined more quickly than neighbouring boroughs because of Lewisham's early adoption of community model of care, to support people in care home settings.
- Specialist provision would always be available for those who required it.
- It was recognised that the decline in patients was in contrast to reports in the media about NHS services being overwhelmed. However, the provision of community services was now the preferred model of delivery.
- There had been changes in national policy, which had reduced numbers of patients requiring specialist care.
- National continuity of care criteria also changed in 2008 – which meant that the NHS no longer looked to provide patients with a home for life.

- There were regular clinical assessments of patients, which often indicated alternatives for patients with physical health problems that no longer required specialist mental health services.
- 9 individuals and their families would be affected by the proposed changes.
- Officers from SLaM had initial conversations with almost all family members of the patients affected by the changes.
- Each of the service users would have a clinical assessment and would remain in specialist care if there were clinical reasons for them to do so.
- Consultation would be open and honest. SLaM would genuinely listen to concerns of stakeholders; the proposals would not be considered a foregone conclusion.
- It was not anticipated that there would be redundancies – because there should be vacancies for those who required them.
- In 10 years' time there would be different services in the community and less reliance on acute services.
- Demographic projections and epidemiological work carried out in London, was well developed – and the projections for Lewisham were considered to be reliable.
- There were currently a lack of treatment options for the dementia – and work focused on early identification and support.
- Government had a special interest in the dementia care – early detection and primary care changes were being developed nationally to provide a coordinated response to dementia.

4.3 The Committee also discussed the proposal and noted their concerns about the impact on patients, particularly those who had already been moved from previous decommissioned provision. The Committee also highlighted its concerns about the future capacity of specialist services and requested an update on the 2007 projections provided in the report.

Resolved: that the changes proposed constitute a substantial variation in services; and to agree that the planned consultation takes place, with the findings reported back to the Committee.

5. Primary care strategy

5.1 Martin Wilkinson (Chief Officer, Lewisham CCG) and Gemma Gilbert (Programme Director, Primary Care, NHS England) introduced the report; the following key points were noted:

- The CCG was working to improve the delivery of primary care in the borough and had developed a Primary Care Strategy.
- NHS England, in partnership with patients and clinicians, had developed a framework for transforming GP services in London.
- The CCG along with SEL CCGs were submitting proposals for co-commissioning GP services, which would support the work happening in primary care.
- NHS England was currently the commissioner of GP services but the CCG was responsible for improving the quality of services.
- The national patient surveys on GP services were helping to highlight issues with access. There were still concerns from patients about getting through to GP practices over the phone- and awareness of who to contact out of hours.
- The CCG are developing communications for the public about out of hours services.

- CQC risk ratings for GP surgeries – had shown that few (3) were high risk.
- NHS England was working to develop a new vision for GP services over five years, building on the best practice in London.
- The local strategy would link with London strategy.

5.2 Martin Wilkinson (Chief Officer, Lewisham CCG); Gemma Gilbert (Programme Director, Primary Care, NHS England) and Jackie McLeod (Clinical Director and Primary Care Lead, Lewisham CCG) and Diana Braithwaite (Commissioning Director, Lewisham CCG) responded to questions from the Committee, the following key points were noted:

- The CCG Procurement Policy had been approved by the CCG Governing Body and each procurement activity would include public engagement activity.

Strategic Commissioning Framework for Primary Care Transformation in London

- A transformation framework has been developed deliver improvements to primary care, building on existing best practice and working to ensure consistency across providers.
- The model of general practice had not changed for a number of years
- NHS England intended to invest in the delivery of general practice including the development of systems; workforce development and facilities.
- In future, GP practices would likely work in groupings to share and deliver services and provide patients with choice as well as access to specialist services that could not be delivered by a single practice.
- Partners in London healthcare had been working closely together to determine what the future of healthcare in the city might look like.
- Increased population, demographic changes along with increasingly complex health problems and co-morbidities meant that more people were looking to see their GPs; however, GPs needed more time to deal with complex health problems not afforded in the current model.
- Practices in Lewisham recognised that the current service was unsustainable and different approaches would be required.
- There were examples of excellent practice in London. Where practices worked collaboratively, they were able to achieve a great deal.
- The changes being proposed would not just be about general practice – but would include all parts of primary care, preventative care and self-care.
- They would also have to build on existing services and provision to find new solutions for demand and capacity.
- There had to be consistency between local and regional strategies.
- There had previously been a focus on APMS (Alternative Provider Medical Services) through health centres – but this was no longer the case.
- Most GP services contracts in Lewisham were PMS (personal medical services) contracts.
- Providers might choose alternative contracting arrangements in order to develop new or innovative services.
- In order for a private provider to take over a GPs partnership – all of the partners would need to be in agreement.

Access

- GP practices were not able to close their lists to new patients
- It was recognised that further work needed to take place to ensure that the balance was right between pre-bookable appointments and those that were available on the same day.

- Current issues with access to A&E were a symptom of wider issues. A&E departments across the whole country were facing significant pressure.
- The development of new models of primary care could help avoid admissions to hospital through the provision of community services
- Prevention was a key focus of the CCG Primary Care Strategy.
- The CCG worked with NHS111 providers to ensure that the full range of treatment options was made available.
- Sicker people were going to A&E; work was also taking place to develop preventative activity and treatment options.
- Information was provided through surgeries about how to access out of hours services.
- SELDOC (South East London Doctors Cooperative), which provides the local GP out of hours service also provided services at Lewisham Hospital in the Urgent Care Centre; consideration would be given to promoting and advertising the out of hours service.
- Lewisham CCG and the Council were developing a coordinated structure of strong neighbourhood community teams; which would have the capacity to manage long term conditions in community settings.
- Community neighbourhood teams would also be able to identify and support people at risk of deterioration before they required admission to hospital.
- A 'care navigation' role was being developed as part of future proposals for multi-disciplinary community teams.
- Evidence from across London was that a named physician could help to ensure continuity of care and could work across a range of settings to advocate for patients. This person did not necessarily need to be a doctor – as long as they were able to coordinate care on behalf of their patients.
- In case conferences this person could act as a single point of contact.

Resolved: to note the update.

6. Lewisham Future Programme

6.1 The report provided additional information about savings proposals that had previously been brought to Committee.

6.2 Martin Wilkinson (Chief Officer, Lewisham CCG) provided an overview of the CCG response to the consultation the savings proposals for Public Health; the following key points were noted:

- The CCG had been given two weeks to respond to the consultation. The proposals had been reviewed against the CCG criteria for improving local health.
- The CCG wanted to emphasise the importance of health promotion and prevention – and would be interested to see the proposals being brought forward to distribute the reallocated funding.
- There were concerns about some of the prevention work that would no longer take place, including smoking cessation activities and work with schools.

6.3 Aileen Buckton (Executive Director for Community Services) and Danny Ruta (Director of Public Health) provided an update to the Committee; the following key points were noted:

- The proposals were designed to ensure that public health outcomes could be achieved more efficiently with the least impact on frontline service delivery.
- There had been a mixed pattern of take up of health initiatives from schools over a number of years. Further work would take place to encourage schools to take up health initiatives and to deal with potential obstacles.
- The proposals would deliver better health outcomes for less money.
- The proposals had also been considered by the Health and Wellbeing Board.

6.4 Aileen Buckton (Executive Director for Community Services) introduced the update on the day care services savings proposal; the following key points were noted:

- Fewer people were using day care centres; the Council supported the development of flexible service provision.
- Work was taking place to develop the role of local community based activities and voluntary provision in order to offer a wider range of services.
- A further set of proposals would be brought forward about the proposed changes.
- It was intended that day centres would remain open; the Council intended to work with community and voluntary sector providers to enable this to happen.
- The proposal would be to save £1.3m
- One centre would be allocated as a care centre for dealing with complex needs.
- Ladywell would provide a specialist dementia service.
- Some service users would move from Leemore to Ladywell and some would move from Ladywell to Calabash.
- Officers would consult with centre users to ensure that this was a smooth process.
- Other day centres would be redeveloped as community hubs with disability provision.
- In April, Care Act changes to eligibility criteria for services would come into place; the Council would work on market development with the community and voluntary sector to offer choice.

Door to door

- Provision was very costly in some instances so officers had been working to improve cost effectiveness and facilitate the use of personal independence, choice and the use of direct payments.
- The Council recognised the importance of clubs; as of yet details about the future operation of clubs had not been agreed.
- In order to be eligible for transport, service users needed to have an assessed care need.
- Where changes were carried out formal consultation would be carried out. Proposals were currently in a pre-consultation phase – and have been brought before the committee for comment before a decision by Mayor and Cabinet about whether or not to carry out further work on developing the scope of the consultation process.

6.5 Nick O'Shea (Volunteer, Lewisham Mencap) requested to address the Committee and was given five minutes to do so- the following key points were noted:

- The Lee Grove Disco was a popular evening club for a variety of people across a wide age range.
- The club enabled people to leave their homes and to meet other people; it had a range of social and community benefits.
- Mencap had serious concerns about removal of day service provision and the Council transport to evening clubs.
- A bureaucratic change meant that a personal budget could no longer be used to buy a club place. This would have a serious impact on future provision.
- 400 people using services would be subject to major changes
- The proposal for light touch and drop in services would be inadequate for some of the people currently in receipt of services.
- The changes being proposed would not save the Council money. A great deal of the cost of Mencap services was provided by the organisation itself; but it would struggle to survive if service users were no longer able to access transport or use their direct payments to buy club places.

6.6 In response to questions from the Committee Aileen Buckton (Executive Director for Community Services) and Heather Hughes (Joint Commissioner, Learning Disabilities) made the following key points:

- All provision was based on assessments of individual needs.
- The Council was working to provide choice of services.
- Light touch and moderate care services were proposed for people who would not be eligible for other services under the Care Act criteria.
- The Council had no interest in closing Mencap clubs.
- If the proposal to end door to door provision for clubs was ended, support would be provided for people to access alternative means of using transport
- Busses could no longer be provided for people who did not have an assessed need for transport.
- Detailed work was taking place with community and voluntary sector organisations to explore future options for the use of community spaces.
- For people who had an assessed need formal needs for transport.
- It was recognised that there were multiple demands on some carers and that some may not want direct payments.
- Current policy supported the greater use of direct payments and the Council was required to offer choice.
- Further information would be provided to services users about changes before any decision was taken.
- Officers would work with voluntary providers to support the transitions and to develop solutions.
- It would not be possible for another provider to take over the running of the door-to-door without it registering as a bus service.
- It was not a legitimate use of the adult social care budget to provide a blanket service, which was not based on identified need. Service users would be assessed for their transport needs on a case by case basis.

6.7 In response to a question from the Committee about the legality of the proposals – Georgina Nunney (Principal Lawyer) advised that the Council was required to review all of its budgets and provide statutory services in line with its published criteria. It would not be under any obligation to provide funding for other services.

6.8 Councillor Best (Cabinet Member for Community Services and Older People) noted that the Council was in an extremely challenging financial position and

committed to keeping the Committee updated about the options for the future development of services.

- 6.9 The Committee discussed the proposal and noted that people often found transport a concern. Members highlighted problems with other means of transport, noting that door to door is seen as a reliable service.
- 6.10 Sarah Wainer (Head of Strategy, Improvement and Partnerships) introduced the update to the adult social care charging and contributions consultation; the following key points were noted:
- The consultation was underway.
 - Officers were seeking the Committee's formal response to the proposals.
 - It was estimated that of 2500 service users half did not currently pay towards the services they received. It was anticipated that, should the proposals be implemented, 300 users would need to pay for the first time – depending on their circumstances.
- 6.11 The Committee discussed the proposals and commented on proposal number 6 – transport charges. The Committee highlighted the discrepancy between people with lower and higher level needs. Members felt that if most people with lower level needs would be entitled to free public transport it might be problematic to charge users for higher level services.
- 6.12 The Committee also noted its concern about the cumulative impacts of the proposals on service users – Members were concerned about any individual service user who might be subject to all of the new charges being proposed.
- 6.13 The updates on savings proposals B1; A1; A2; A3 and A9 were noted.

Resolved: to note the update reports; the Committee also noted its concerns about the combined impact of the proposals on service users and asked to be kept updated about the development of other options for funding.

7. LSL sexual health strategy: action plan

Resolved: to note the information item.

8. Select Committee work programme

Resolved: to note the work programme report and to request further advice about the number of items scheduled for Committee meetings.

9. Referrals to Mayor and Cabinet

None

The meeting ended at 10.15 pm

Chair:

Date:
