

# MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 24 February 2015 at 7.00 pm

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Bill Brown, Ami Ibitson, Jacq Paschoud, Pat Raven and Alan Till

Apologies: Councillors Alicia Kennedy and Joan Reid

Also present: Val Fulcher (Lewisham Healthwatch), Timothy Andrew (Scrutiny Manager), Liz Dart (Head of Culture and Community Development), Jeff Endean (Housing Programmes and Strategy Team Manager), Matthew Henaughan (Community Resources Manager), Joan Hutton (Interim Head of Adult Assessment & Care Management), James Lee (Service Manager, Inclusion and Prevention), Charles Malcolm-Smith (Head of Organisational Development) (Lewisham Clinical Commissioning Group), Georgina Nunney (Principal Lawyer), Dr Danny Ruta (Director of Public Health), Lynn Saunders (Director of Strategy, Business Development and Planning) (Lewisham and Greenwich NHS Trust) and David Walton (Community Assets Manager)

## 1. Minutes of the meeting held on 14 January 2015

Resolved: that the minutes of the meeting held on 14 January be agreed as an accurate record.

## 2. Declarations of interest

Councillor Bell - non-prejudicial – member of King's College Hospital NHS Foundation Trust.

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

Councillor Paschoud - non-prejudicial - family member in receipt of a package of social care.

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

## 3. Response from Mayor and Cabinet on matters raised by the Committee

3.1 Jeff Endean (Housing Strategy and Programmes Team Manager) introduced the response from Mayor and Cabinet on 18 February 2015; the following key points were noted:

- A working group had been set up to explore housing options for people who were not 'FACS (Fair Access to Care Services) eligible'.
- The most likely option for a future specialist housing development would be a small scheme facilitated by a third sector partner.

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

- Members of CLASH (Campaign in Lewisham for Autism Spectrum Housing) were involved in the process and were being consulted on future possibilities for the development of specialist housing.
- Preferential treatment was not being given to some groups over others. People on the autism spectrum were eligible for housing under band three

of the housing register; yet they were unlikely to be in a position to access housing without a specialist scheme being developed.

- 3.3 Danny Ruta (Director of Public Health) introduced the response from Mayor and Cabinet on 18 February 2015; it was noted that the Mayor supported the development and sustainability of community health initiatives as well as the Committee.

Resolved: that the responses from Mayor and Cabinet be noted. The Committee also agreed to receive a further update on the progress made by CLASH in a year's time.

#### **4. Leisure centre contract**

This item was considered after item nine on the agenda.

- 4.1 David Walton (Community Assets Manger) introduced the report; the following key points were noted:

- An internal audit in April 2014 had highlighted changes required to the monitoring of the leisure contract. These changes had been implemented and the new system was reflected in the information provided in the report.
- The technical monitoring of the contract had been outsourced.
- The Community Assets Manger was responsible for monitoring service delivery.
- The financial performance of the contract, in terms of the provider's profits and losses was of less importance than the delivery of quality services to residents.
- The contract cost was approximately eight or nine per cent of the cost of running the leisure centres. The contractor was responsible for generating income through the development of the service.
- Providers were forecasting profit overall, although there may be losses in parts of the year; dependent on fluctuations in demand.
- In the future, the contract should enable the provider to pay Lewisham for the delivery of the service.
- There would be a benchmarking exercise at year seven of the contract (if the contractor met the conditions within the contract to be able to call it).
- The exercise would determine whether the initial income and expenditure projections were still valid. Benchmarking exercises would take place every five years following the initial term.
- The contract had been running for three and a half years.

- 4.2 David Walton (Community Assets Manager); Matt Henaughan (Community Resources Manager) and Liz Dart (Head of Culture and Community Development) responded to questions from the Committee, the following key points were noted:

- Projections for income and expenditure had been developed at the beginning of the contract; so it was expected that there would be variances in the levels of income projected and attained from month to month.
- The original budgets allocated might not have been applicable to the current circumstances.
- There were some areas of spending which appeared to have increased by significant amounts.
- Changes in expenditure and income from month to month could be explained by the difference between four and five week months, as well as the allocation of costs and supplies from one month to another.

- Losses would be envisaged in the winter months for swimming. The costs of maintaining and staffing the pool remained the same as the rest of the year but there was a lot less income.
- There was still a limited communications budget – but this was not as much as the budget available at the beginning of the contract.
- The Be Active programme (which provided free or subsidised use of leisure centres for specified groups) was popular – but not profitable.
- Wavelengths was primarily a swimming focused centre, which would not be expected to generate high levels of profit.
- Lifecycle works were taking place at the Bridge.
- The gym should be completed by 13 March, when works to the sports hall would begin.
- Work would also take place to refurbish the toilets and the dry change facilities.
- There would also be less noticeable changes, including repairs to the swimming pool pump and the air handling system.
- There would be a re-launch of the facilities following the completion of the works. Councillors would be notified when this was taking place.
- Lifecycle costs were included within the current contract costs- with spending guided by the original condition reports available at the start of the tender process.
- Once the works had been completed, the contractor would be expected to maintain the facilities in good condition.
- The Council was monitoring the contract closely in advance of the benchmarking exercise. Officers would work to negotiate the best possible outcome.
- The management fee for the 1Life contract was paid through the PFI (Private Finance Initiative) contract.

4.3 The Committee also discussed the possibility of making an unannounced visit to a leisure centre in the future.

Resolved: that the report be noted.

## 5. Community Education Lewisham

This item was considered after item three.

5.1 Gerald Jones (Service Manager, Community Education Lewisham) introduced the report; the following key points were noted:

- He had been newly appointed as service manager for CEL (Community Education Lewisham); he could see the strength of the service and was confident that it would continue to improve, even in the context of cuts.
- CEL had been successful at securing additional external funding and maintaining learner numbers, even in the context of cuts.
- The service had received European Social Fund funding in order to help people access employment.
- As a result of the ‘understanding the languages of work’ funding, 18 people had been moved into sustainable employment.
- Ofsted (Office for Standards in Education) inspections had become increasingly difficult, and some providers had struggled to maintain their grading. However, the CEL had been rated at grade 2 – which made it one of the best rated providers in South London.
- Enrolment numbers were also being sustained.

- The demographic of learners was generally representative of the population in Lewisham.
- People with learning difficulties and people who were learning disabled made up approximately one third of learners.

5.2 Gerald Jones (Service Manager, Community Education Lewisham) responded to questions from the Committee; the following key points were noted:

- It was recognised that in some boroughs learning disabled students were ‘funnelled’ (pushed or persuaded) into adult education courses as a way of filling up places and keeping these students occupied but this was not the case in Lewisham.
- The offer to students in Lewisham was of a high quality – and if students did find themselves ‘funnelled’ into classes they would find it an enriching experience, nonetheless.
- The case studies provided in the report related only to students on courses delivered through the European Social Fund. Additional case studies from a broader range of students could be provided in the future.

Resolved: that the report be noted.

## **6. Implementation of the Care Act**

6.1 Joan Hutton (Head of Adult Social Care and Assessment) introduced the report; the following key points were noted:

- The changes being brought about by the Care Act were mostly welcome – yet some of them were challenging to implement.
- In many cases, the changes made existing good practice a statutory requirement.
- The key changes included: the statutory status of the safeguarding adults board; a national threshold of care; carers being given the same status as the cared for; focus on prevention and wellbeing; support for young adults; commissioning and management of the market for adult social care services; the requirement for measures to deal with provider failure.
- A task and finish group of officers had been established to oversee the implementation of the changes required by the Care Act.
- The Act was designed to focus on the assets and support mechanisms a person already had.
- It was anticipated that there would be an increased requirement for assessments.
- Work was taking place across a range of areas, including: workforce development; commissioning and design of new services; communications and engagement; information and advice services.
- Work was also taking place with carer organisations in borough.
- Work to implement the Care Act was being integrated with other work streams – including the Adult Integrated Care Programme.

6.2 Joan Hutton (Head of Adult Social Care and Assessment) responded to questions from the Committee; the following key points were noted:

- The Council was committed to paying the London Living Wage.
- The figures for the cost of paying the living wage for carers through direct payments were being reviewed and would be shared with the Committee when they were available.

- It was recognised that 'new burdens' was not the most appropriate way to describe the increased numbers of people with recognised care needs, even though the funding was described as 'new burdens' funding.

6.3 The Committee questioned whether the London Living Wage could be paid to carers by people with direct payments; officers agreed to return to the Committee at a later date with more detailed information.

6.4 The Committee also discussed the implications of the £72k cap on care costs. It was highlighted that the cap only applied to the cost of care; that this was based on local authority rates and did not include 'hotel charges'.

Resolved: that the report be noted.

## **7. Adult safeguarding**

7.1 Joan Hutton (Head of Adult Social Care and Assessment) presented the report. The following key points were noted:

- The report tracked progress of the adult safeguarding board to the end of 2013-14.
- There had been a delay in producing the report because of the timescales associated with collating and assessing the management information.
- The safeguarding board had an independent chair, who also served as the chair of the Childrens safeguarding board.
- Having the same chair for both safeguarding boards enabled crosscutting themes to be identified quickly.
- The Care Act advised statutory partner organisations to finance and support the board, which would enable Lewisham to continue to build on existing good practice.
- The report outlined progress in relation to the work of the board and identified issues and areas of concern.
- Referrals to the LBL safeguarding team remained relatively static in 2013-14 compared to the previous year. The number of safeguarding reports was below the average, in comparison to neighbouring boroughs.
- In Lewisham there had been 409 referrals in 2013-14 compared to 1011 in Lambeth. This was because Lambeth and Lewisham defined and recorded referrals differently.
- There were a particularly low (2%) number of self-referrals in Lewisham.
- Referrals were highest in relation to people over the age of 65.
- There were a high number of referrals from care homes, which reflected the national picture. A number of these referrals were about pressure sores.
- There were a significant number of referrals about social care workers and health care staff, further work was being carried out to determine the source of referrals about staff categorised in the report as 'other professionals'.
- There had been a significant increase in referrals about neglect, which needed further scrutiny.
- There had been changes to the level of activity of deprivation of liberty safeguards, which resulted from case law in relation to the Mental Capacity Act. This had increased the number of situations in which deprivation of liberty safeguards were applicable.
- Work was taking place with partners to ensure there was a coordinated approach to adult safeguarding.

7.2 Joan Hutton (Head of Adult Social Care and Assessment) responded to questions from the Committee; the following key points were noted:

- Reports of neglect due to poor pressure care were being reduced through the improved communication, use of standard assessment tools, equipment and targeted training.
- Further work would take place with partners to ensure that they were working in a coordinated way.
- Work was taking place with GPs to enable them to identify safeguarding matters; those people at the highest risk – so that early intervention and prevention work could be targeted at them.

7.3 The Committee emphasised the importance of ‘risk stratification’ and indicated that benefits might be achieved by focusing on the 0.1% of people most at risk for early intervention.

Resolved: that the report be noted.

## **8. Public health performance dashboard**

8.1 Danny Ruta (Director of Public Health) introduced the report; the following key points were noted:

- The Health and Wellbeing Board was responsible for the delivery of the Health and Wellbeing Strategy.
- The Board had identified nine priorities for focus – which formed the basis of the Strategy.
- It monitored progress against these themes in two ways. Firstly, it had a delivery plan, which included SMART (specific, measurable, assignable, realistic and time related) objectives. These were regularly RAG (red, amber, green) ratings.
- To monitor progress in the longer term, a group of indicators had been chosen from a national set to assess progress.
- Most actions on the delivery plan were currently rated as green – and it was expected that by the next time the plan was reviewed, all actions would be rated green.
- Translating the delivery of the action plan into measurement of outcomes was difficult.
- The successful outcome of some actions might take 30 years or more to have an impact; for example, it took 25 years for the lung cancer risk of smokers to reach normal levels once they had given up smoking.
- It was also very difficult to demonstrate a causal link.
- One indicator of the impact of public health interventions was the change in the numbers of ‘potential years of life lost’.
- Potential years of life lost for the whole population was calculated by measuring the difference between average life expectancy and premature deaths.
- HPV (Human Papilloma Virus) vaccination had decreased. This was problematic, because evidence demonstrated that the vaccination was one of the most important ways to prevent cervical cancer.
- Officers from Public Health would visit all schools in the borough to encourage uptake.
- Alcohol related admissions in the borough had increased.
- The smoking quit rate had decreased.
- The rate of admission to long term care was decreasing.

8.2 Danny Ruta (Director of Public Health) responded to questions from the Committee; the following key points were noted:

- Officers were developing risk stratification (identifying individuals most at risk for proactive treatment) techniques as part of the adult social care and health integration programme.
- Primary care services were not set up and organised in a way to deal effectively with cross cutting issues.
- There were a high number of small practices, which could not deliver on the broader aspects of quality required from coordinated primary care.
- Fundamental changes were taking place in the delivery of primary care.
- Groups of GP practices would work to care for groups of up to 50,000 patients rather than very small groups, which would be positive for public health.
- It was difficult to know what factors influenced the numbers of potential years of life lost; it could be that as people moved in and out of the borough the figures changed.
- Immunisation rates in London were poor.
- The primary cause of low rates of immunisation was the poor level of coordination and organisation of primary care.
- Tower Hamlets had provided a good example of how coordinated primary care immunisations could work. The population of Tower Hamlets had achieved 'herd immunity'. This meant that because of the high level of uptake of immunisations, the small numbers of people who were not immunised were also protected against infection.
- Officers in Public Health had done almost everything possible to increase numbers of immunisations; the impetus now lay with GP practices and primary care to increase levels coordination and uptake.
- Rates of termination of pregnancy were very variable across the borough – as rates reduced in one area, they often increased in other areas.

Resolved: that the report be noted.

## 9. **King's elective services changes: update**

Resolved: that the report be noted.

## 10. **Select Committee work programme**

Timothy Andrew (Scrutiny Manager) introduced the report. The Committee discussed ideas for the 2015-16 work programme- and put forward the following suggestions:

- Clinical Commissioning Group contracting arrangements – identifying all of the contracts issued to by the CCG – and the providers of services.
- Transport options for adult social care;
- Impact of the implementation of the Lewisham Future Programme proposals.

Resolved: that the Committee's suggestions for the 2015-16 work programme be put forward to the new Committee at the beginning of the next municipal year.

## 11. **Referrals to Mayor and Cabinet**

None

The meeting ended at 9.05 pm

Chair:

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Date:

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