

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 19 July 2016 at 7.00 pm

PRESENT: Councillors Alan Hall (Chair), Obajimi Adefiranye, Abdeslam Amrani, Andre Bourne, Suzannah Clarke, Liam Curran, Brenda Dacres, Amanda De Ryk, Carl Handley, Maja Hilton, Simon Hooks, Jim Mallory, Hilary Moore, John Muldoon, John Paschoud, Jonathan Slater, Luke Sorba, Eva Stamirowski, James-J Walsh and Susan Wise

APOLOGIES: Councillors Chris Barnham, David Britton, Bill Brown, Colin Elliott, Mark Ingleby, Stella Jeffrey, Liz Johnston-Franklin, David Michael, Jamie Milne, Jacq Paschoud, Pat Raven, Joan Reid and Alan Till

ALSO PRESENT: Timothy Andrew (Scrutiny Manager), Aileen Buckton (Executive Director for Community Services), Robyn Fairman (Head of Strategy), Salena Mulhere (Overview and Scrutiny Manager), Freddie Murray (SGM Asset Strategy and Technical Support), Barrie Neal (Head of Corporate Policy and Governance), Graham Norton (Assistant Director of Operations (South East)) (London Ambulance Service), Philip Powell (Stakeholder Engagement Manager) (London Ambulance Service) and Sister Josephine Udie (Vice-Chair) (London Ambulance Service Patients' Forum)

1. Minutes of the meeting held on 10 March and 30 March

Resolved: that the minutes of the meetings held on 10 March and 30 March be agreed as accurate records of the respective meetings.

2. Declarations of interest

Cllr Muldoon declared a non-prejudicial interest in relation to items five and six as a governor of the South London and Maudsley NHS Foundation Trust.

Cllr Hall declared a non-prejudicial interest in relation to items five and six as a governor of the South London and Maudsley NHS Foundation Trust and a former member of the planned LAS NHS foundation trust.

3. Response from Mayor and Cabinet to the referral on key planning issues

The Committee received the response from Mayor and Cabinet. Additional clarification was requested on the new Mayor of London's housing targets as well as Lewisham's position on the Mayor of London's planning policies. Members specifically requested advice on how they might engage in the formation of emerging initiatives and policies.

Resolved: that the response be noted.

4. Response from Mayor and Cabinet to the referral on turning South London Orange

The Committee received the response from Mayor and Cabinet.

Resolved: that the Committee requests an update on the formal piece of work referred to in the response from Mayor and Cabinet as well as the opportunity to scrutinise the Council's rail strategy.

5. Sustainability and Transformation Plan, Devolution Pilot and One Public Estate Update

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

In response to questions from the Committee, Aileen Buckton and Freddie Murray (Group Manager for Asset Strategy and Technical Support) the following key points were noted:

- The plans presented to the Committee were not in a finished document.
- Six boroughs had been working to look at health and social care collectively and had developed a new strategy together through the Sustainability and Transformation Plan (STP). This work benefitted from the good relationship between partners in Lewisham.
- Partners were listening to what residents were saying about the delivery of services. It was recognised that people wanted provision of services near to where they lived at times that were convenient to them. Partners were also focused on stopping people from being admitted to hospital unnecessarily.
- There would be further consultation and opportunities for the community to feed in to potential changes.
- Officers were aware of the concerns about the closure of Lewisham A&E. The STP was focused on the deficit that would be created if nothing changed in terms of local health provision.
- The proposals would allow local authorities to make greater use of the public estate.
- Lewisham had put forward an expression of interest to government, which asked for half a million pounds of funding to develop local improvements.
- Future work was likely to take place at neighbourhood level, alongside groupings of GP surgeries.
- Lewisham's neighbourhoods were split into four geographical areas across the borough. In different areas, there were different opportunities for joint working and future developments.
- Partners were looking at the Waldron centre; the Ladywell centre on the Lewisham hospital site; Downham health and leisure; the Forest Hill/Sydenham Green health centre for improved joint working.
- As part of the devolution pilot, partners in Lewisham were asking for delegated powers to enable integration of health and social care staff. There were also opportunities for the creation of multi-disciplinary teams.
- The devolution pilot would look at the scope of new roles – aligning different responsibilities rather than allowing the false divide between responsibilities to remain. The devolution pilot would give organisations the opportunity to do some more of this work together.
- Further decisions on this work would be taken in the autumn.

Aileen Buckton and Freddie Murray responded to questions from the Committee. The following key points were noted:

- Through One Public Estate, Partners were asking whether there were parts of the local estate that could be disposed of to provide better community services at local level. At present, money from disposals was kept centrally. It was proposed that, if receipts were kept locally it would enable innovation.
- GP surgeries were already working together to provide services across neighbourhoods in clusters.
- GPs were developing proposals to formally federate their practices in order to provide 8am – 8pm services.
- The Ladywell site at Lewisham hospital, was not fit for its intended purpose. The new initiative would enable partners to think about how community mental health services were provided.
- There were examples of integration and the development of multi-disciplinary teams working well together. One such was the Deptford Lounge, which had teams from different organisations in the same building sharing space and providing services to the public from a combined use building.
- There were also a number of multi-disciplinary teams working from shared buildings across London.
- The work carried out developing Lewisham's asset register had provided a greater understanding of the composition of the Council's assets.
- Work needed to be completed for 2020 in order to ensure that the local health economy was on a sustainable footing.
- There was no plan so far for managing liabilities association with PFI deals.
- In terms of integration of IT services, there was more work to do. The Connect Care project enabled some level of integration, but the aim was to have access to detailed information on secure mobile devices.
- Requirements for teaching space at the hospital site would be taken in to consideration.

The Committee highlighted the difficulties inherent in combining systems and processes between organisations. It also highlighted the difficulty in delineating responsibilities in a private finance initiative (PFI) buildings.

The Committee agreed that it would add scrutiny of any pilot project to its future work programme.

Resolved: that - the Committee endorses the previous call by Members for the publication of the Sustainability and Transformation Plan; it notes that further consultation on the plans set out in the report will be required.

The Committee believes that the raising of capital receipts from disposal of land should be balanced against organisations' long-term revenue requirements; it also believes that NHS property should be viewed as a public asset and the NHS should retain freeholds on land used for development.

The Committee asks that clarity be provided on the proposed future governance arrangements for the scrutiny of devolution proposals; it also notes that

Lewisham's Healthier Communities Select Committee and Sustainable Development Select Committee may wish to become involved in scrutiny of the details of these projects.

6. London Ambulance Service

Graham Norton (Assistant Director of Operations, London Ambulance Service) and Philip Powell (Stakeholder Engagement Manager, London Ambulance Service) introduced the latest ambulance attendance performance times to the Committee, the following key points were noted:

- A number of issues had been highlighted during the CQC inspection of the service. Staff retention, morale and a culture of bullying had been significant issues that the Service had been working to address.
- The Service had struggled with recruitment and retention of staff. The demand for staff in some areas had been a significant limiting factor in attendance times.
- 770 new staff had been recruited in 2015/16, which meant the Service would meet its full establishment of 3169 staff.
- All recruits had to go through significant training, classroom study and the advanced driving and well as a period of close supervision before they would be able to work as paramedics.
- Lewisham and Bromley had both faced challenges in recruiting and retaining staff.
- Response times would improve as more staff became available.
- All of the Services' Hazardous Area Response Teams (HARTS) were now all fully staffed.
- 326 managers in the Service had received training about bullying and harassment.
- All managers has also been trained in risk management.
- Not all of the improvements were to do with figures. The service had also looked at the working of the control room and boosted confidence through the mental health hub.
- Work had also been carried out to address issues with multiple responses to calls – and improvements to the backup systems designed to ensure systems resilience.
- The service had seen four of the busiest months on record since January 2016. March was the Services' busiest month ever.
- As well as the high volume of cases, the Service was also dealing with more acute cases.

Graham Norton and Philip Powell responded to questions from the Committee – the following key points were noted:

- Turnaround times at hospitals were affected by both the volume and the seriousness of case being dealt with by the Service.
- The most recent figures indicated that there were 2058 cases in the previous month, where the delay was over an hour.
- Huge amount of operational hours were lost at hospitals that are unable to discharge well patients.

- Partners were working together (for example at the recent 'South East summit') to develop means of reducing handover delays, improving admission avoidance and making better use of urgent care centres.
- In Lewisham there had been 1500 hours of lost time at Lewisham hospital in the past year. There had been 31,420 hours lost across the London Ambulance Service.
- The service was also developing work to deal with frequent callers. There was one patient who had called 1000 times in three months. This was a complex issue to deal with, and required action from a range of services, including mental health.
- The Service was working to make sure that additional resources were put into the areas in which they were needed most.
- The Service expected that performance would continue to improve across London. LAS officers would continue working with clinical commissioning groups and in system resilience groups.
- Work was also taking place to make referral pathways simpler and easier.

Sister Josephine Udine (Vice Chair of the London Ambulance Service Patient's Forum) addressed the Committee about the work of the Patients' forum. The forum was monitoring the CQC improvement programme. The Forum also provided support for the Service on recruitment from the local population. The Forum was also monitoring queuing at hospitals – and working with commissioners to consider how this could be improved.

Graham Norton and Philip Powell responded to questions from the Committee, the following key points were noted:

- As one A&E become full, ambulances diverted to another location. Which ran the risk that the patient would end up in the wrong hospital. Officers from the LAS met with senior hospital management weekly to discuss pressures.
- South East London's geography meant that it was susceptible to problems caused by shortage of staff. There was a substantial distance between hospitals unlike some other parts of London, which might be able to improvise when there were fewer staff.
- The LAS had struggled in recruiting staff – but work had taken place to improve this. Only four staff left the Lewisham service in the previous month.
- Significant work had been done to improve the address finding system. The LAS control room was unique and award winning.
- Work was also taking place with public and patient involvement groups were advising on how the Service might recruit and retain local staff to work in local areas.
- Merton has the best response time in London – this was largely to do with its demographics and its geography. Because it was so busy in the vicinity of the hospitals the turnaround times could be quicker. The staffing levels in Merton were also higher.
- In July 2016, 68% of Lewisham ambulances took over 15 minutes to turn around at hospital. There were 760 handovers, 25 took longer than an hour.
- Resourcing was looked at regularly. Work predicting call volumes was most effective when every ambulance in an areas was resourced.

- A recent ruling by the coroner meant that the nearest available ambulance had to be sent to a call – even if it was likely that a nearer ambulance (such as one scheduled to be finishing a call) might be able to attend more quickly. This meant that sometimes, ambulances had to travel long distances to attend calls. The LAS medical director and the senior operatives kept the situation under review.

Resolved: that the Committee welcomes the improvement in ambulance attendance performance times and that it looks forward to continued improvements; that the work of the LAS patients forum to engage with patients be welcomed; that the Committee requests a further update on improvement works in six months; that the Healthier Communities Select Committee be invited to look at the Services' CQC improvement report; that the officers from the London Ambulance Service and the Patient's forum be thanked for their contributions to the meeting.

7. Referrals to Mayor and Cabinet

There were none

The meeting ended at 8.55 pm

Chair:

Date:
