

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 4 September 2013 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Carl Handley, Ami Ibitson, Chris Maines, Jacq Paschoud and Alan Till.

APOLOGIES: Councillors Pauline Beck and Peggy Fitzsimmons; and Philippe Granger (Lewisham Healthwatch).

ALSO PRESENT: Val Fulcher (Lewisham Healthwatch), Georgina Nunney (Principal Lawyer), Joan Hutton (Interim Head of Adult Social Care, Community Services), Jane Miller (Joint Deputy Director of Public Health, Community Services), Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust), Carmel Langstaff (Policy and Strategy Manager), Dr. David Abraham (Senior Clinical Director, Lewisham Clinical Commissioning Group (CCG)), Diana Braithwaite (Commissioning Director, Lewisham CCG), Susanna Masters (Corporate Director, Lewisham CCG), Diana Robbins (Lay Member, Governing Body, Lewisham CCG), Lorna Hughes (Head of Engagement, Lewisham CCG), Salena Mulhere (Overview and Scrutiny Manager), Charlotte Dale (Scrutiny Manager) and Roger Raymond (Scrutiny Officer).

1. Minutes of the Meeting Held on 9 July 2013

- 1.1 **RESOLVED:** That the minutes of the meeting held on 9 July 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.

3. Lewisham CCG's Engagement Strategy & Strategic Plan (including 'South-East London Community Based Care Strategy')

- 3.1 Diana Robbins, Lay Representative, Governing Body, Lewisham CCG, introduced the Engagement Strategy, and the following key points were noted:
- The CCG is committed to engaging with their residents in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.
 - The Engagement Strategy has been developed by the CCG's Public Engagement Group. The Public Engagement Group consists of a number of representatives including the Council and Healthwatch.
 - Since the CCG received its authorisation, it has looked to establish a more coordinated approach to engagement.
 - The CCG's objective is to communicate better with residents and achieve better health outcomes.

- Ongoing engagement with residents will help to decide what services are needed to meet local health needs.
- It would be part of the process called the Commissioning Cycle. The CCG's engagement must inform this process to have a lasting impact.
- The values of the CCG that underpin their vision are:
 - Work in partnership with other stakeholders and organisations.
 - Be responsive so that the views of the public are reflected in key decisions.
 - Demonstrate integrity and honesty by having open and transparent engagement.
 - Take responsibility by providing leadership in the local health economy.
- The Engagement Strategy contains an Engagement Charter that lists what people can expect from the CCG in respect of engaging with residents.
- The Engagement Strategy includes a 6-step plan for engagement:
 - Create a dialogue with all our communities
 - Support involvement in commissioned services and programmes
 - Engage the public in setting organisational strategy and priorities
 - Involve patients in decisions about their care
 - Provide assurance and public accountability
 - Monitoring and evaluation
- The CCG has appointed a new Head of Engagement, who will devise a detailed workplan to deliver the Engagement Strategy.

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

- Through increased engagement capacity the CCG will continue to engage with 'hard-to-reach' groups and work with partner organisations to involve seldom heard groups.
- The CCG want to create a patients' reference group to engage with on a regular basis, and is working with Healthwatch and others to develop this.
- The Engagement Charter will be amended, reflecting recommendations from groups it has consulted with, including this Committee.

3.3 David Abraham, Senior Clinical Director of Lewisham CCG, introduced the Strategic Plan, and the following key points were noted:

- Lewisham's Joint Strategic Needs Assessment (JSNA) has identified the changing health needs of the Lewisham population that will increase demand on services, including
 - inequalities
 - the ageing population
 - main causes of death and need for health promotion
 - increasing prevalence of long-term conditions such as diabetes and dementia
 - a high prevalence of mental health
 - high rate of low birth weight babies
- Health outcomes for the Lewisham population have been improving but are still not as good as other similar London boroughs to achieve better health outcomes, change is needed.

- The Community-Based Care Strategy is being developed at present, to deliver services better in the community.
- South-East London CCGs are working together to co-ordinate community-based care, which will in turn provide more care in the home and the community, better preventative care and early intervention.

3.4 Joan Hutton, Interim Head of Adult Social Care, commented on the Strategy Plan, and the following key points were noted

- The Council is working with GPs to deliver the Neighbourhood Model of care. This complements the work of the CCG, and they will continue to work with CCG and Housing colleagues in the delivery of health and wellbeing objectives.
- The Council are currently coordinating the development of a Preventative Strategy to target recognised and unrecognised illnesses at the earliest stage.

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

- Officers at the Council and the CCG will be liaising with South London and Maudsley Foundation Trust (SLaM) to ensure their reorganisation plans reflect the 4-Sector Neighbour Model in Lewisham.
- Some benefit services are already being linked to the Neighbourhood Model in the borough.
- Two initiatives in the borough – in North Lewisham and Bellingham – will be brought together strategically in the next year and both are an example of good partnership working with a number of organisations operating together in the borough.
- GPs recognise the need for change, so that GP practices collaborate together to deliver the Community Care-Based Strategy. They also hold meetings in the four Neighbourhood sectors to participate in the commissioning process.
- Supporting carers is a key priority area. There is a Carers Strategy to strategically deal with this challenge.
- The Committee will receive the current figures for 'Appendix 1 – Better Health – Key Health Outcomes' so it can be aware of what the outcomes are being measured against.

3.5 **RESOLVED:** The Committee:

- a) to receive the current figures for 'Appendix 1 – Better Health – Key Health Outcomes'.
- b) noted the report.

4. Health & Wellbeing Strategy Delivery Plan

4.1 Jane Miller, Joint Deputy Director of Public Health, Community Services, introduced the report and the following key points were noted:

- The final version of the Lewisham's Health and Wellbeing Strategy will incorporate the comments that were made by the

CCG Board, and this Committee and presented at the Health and Wellbeing Board.

- The full list of nine priority areas of focus for the Health and Wellbeing Board are:
 1. Increase the uptake of immunisation
 2. Prevent the uptake of smoking among children and young people and reduce the numbers of people smoking
 3. Reduce the harm caused by alcohol misuse
 4. Promote healthy weight
 5. Improve mental health and wellbeing
 6. Improve sexual health
 7. Delay and reduce the need for long-term care and support
 8. Reduce the number of emergency admissions for people with chronic long-term conditions
 9. Increase the number of people who survive colorectal, breast and lung cancer for 1 and 5 years.

- It is a 10-year strategy whilst the delivery plan is initially for three years. A review will be undertaken at the end of the three years and this will inform the development of a subsequent delivery plan for the remaining years.

- The Delivery Plan is still at draft stage and will be aligned with other key plans.

4.2 In response to questions from Members, Jane Miller advised:

- The work that was carried out over the summer to improve the immunisation rates in the borough has yet to be evaluated. Public Health will feed back the results to the Committee once complete.
- 14% of residents identify themselves as being limited in carrying out day-to-day activities. The figures quoted are from the census and based on people advising that they have a condition that limits them to some extent in day to day activities, and this is used as a proxy for disability. This information was used to build a picture of the extent of disability within the borough, not to allocate resource nor identify eligibility criteria for services.
- It was agreed that it would be useful to have a shared understanding of disability and that the potential tension between people self-defining as disabled and the eligibility criteria would be borne in mind in the development of the plan.
- There is recognition that there are a various categories of vulnerable people in the borough who have a number of health and social care challenges. The aim of the Preventative Strategy, which is currently being developed, is to address these needs with a focus on promoting the health and wellbeing of the whole population in addition to targeting specific groups with high level needs.
- There is work taking place in the borough to assess how many food banks there are operating in Lewisham, who is accessing them and what food they are providing. Work will also be done to

monitor the nutritional content. The results of this work will be provided to the Committee.

- Members questioned the benefit of the indicator of "number of participants accessing food banks" as an indicator against the objective of "working with communities to improve healthy eating and cooking skills".
- All of the activities and indicators will be reviewed and refined before the delivery Plan is finalised to ensure that they are clear measures to assess whether the objectives of the plan have been met.

- 4.3 **RESOLVED:** a) The Committee to be provided with the evaluation of the work carried out to improve immunisation rates in the borough.
- b) The Committee to receive information about the food banks operating in the borough and the work that is being done with the food banks in relation to nutrition.
- c) The actions and indicators should be reviewed before finalisation to ensure that the indicators are meaningful measures of the effectiveness of the activity to be undertaken.
- d) The Committee noted the report.

5. Reablement

- 5.1 Joan Hutton, Interim Head of Adult Social Care, introduced the report and the following key points were noted:

- Legislation such as the Health and Social Care Act 2012 is driving the move towards closer working between health and social care, and a greater focus on an integrated reablement service.
- There is international research that has indicated positive outcomes for reablement services across a variety of outcome measures, including a reduction in future care needs.
- Lewisham at present has a non-chargeable reablement service for a period of up to 6 weeks, after which normal charging rules apply if an ongoing care package is required.
- Evaluation and analysis has indicated that the Lewisham service achieves above the national average with regard to conversion of those not requiring ongoing care or a reduced care package post intervention.
- Currently, the service Lewisham offers is 'in-house', and Lewisham's estimated cost for reablement is £60 per hour.
- Lewisham's adult social care and health partners are jointly considering the options for providing the most effective outcome based service to meet the growing demand of service and demographics. This could involve some outsourcing of services associated with reablement.

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

- Reablement staff would continue to receive a London Living Wage, regardless of how the service would be delivered in the future.

- Effective outcomes for the reablement care are agreed with the service users.
- The evaluation of the reablement service has been internal thus far, but there are plans for an external assessment.
- The reablement service has additional costs to consider, for example workers' travel costs across the borough and contract 'terms and conditions'.
- Lewisham are trying to develop initiatives with voluntary organisations to help integrate service users, so they do not feel isolated from the community.
- It is recognised that in delivering this service, social and emotional reablement is also important, alongside physical reablement. It is a factor in their development and will also help to improve their confidence.
- The service primarily caters for older people at present, but is looking to develop the service to encompass younger users, and those who may have disabilities or a mental health illness.

5.3 **RESOLVED:** That the report be noted.

6. Lewisham Hospital - Update

6.1 Georgina Nunney, Principal Lawyer, updated the Committee on the outcome of the Judicial Review of the Secretary of State's decision on Lewisham Hospital, and the following points were made:

- Two separate judicial review applications were brought and heard together in the High Court from 2-4 July 2013; in the first case by the London Borough of Lewisham and in the second case by Save Lewisham Hospital Campaign.
- In his judgment, Mr Justice Silber concluded that neither the recommendations of the TSA nor the decision of the Secretary of State reducing the facilities at Lewisham Hospital fell within their powers.
- The Government lodged a formal application on 21 August (the last day on which it could do so) to appeal the decision of Mr Justice Silber to the Court of Appeal.
- The merger of Lewisham Hospital and Queen Elizabeth Hospital is unaffected by the judgment or by the appeal and will proceed on 1 October 2013. The business plan for the new Trust is being finalised and will cover a two year period. It does not include any proposals for changes to emergency or maternity services.

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

- Integration of Lewisham Hospital and Queen Elizabeth Hospital is on schedule, and the name of the new Trust from 1 October 2013 will be Lewisham and Greenwich NHS Trust.
- Lewisham Healthcare NHS Trust has operationally taken over the running of the wards at Queen Elizabeth Hospital. It will take over the 'back office' operations on 1 October 2013.

- King College Hospital will acquire Princess Royal Hospital (PRU) from 1 October 2013. PRU will become a new additional site of Kings College Hospital.
- Some of the cost of the PFI will be accrued by the new Lewisham and Greenwich NHS Trust, and the new Trust will look to receive some transitional costs to ensure that the PFI costs are manageable.
- In terms of staff recruitment to the new Trust, a strategy was put in place to evaluate what members of staff were required for the new Trust, and assigned staff accordingly. If the vacancy could not be filled by existing staff, members of staff were recruited to the vacancies as necessary.
- The new Trust would look to proceed to Foundation Status after the new organisation and structure has been operational for long enough to access that its services would match the criteria for Foundation Status.
- The Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust would look at what costs, if any, the new Trust would be inheriting from other health organisations.

6.3 **RESOLVED:** That the report be noted

7. Health Scrutiny Protocol (Revised)

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

- In 2008, the Healthier Communities Select Committee (HCSC) developed and agreed a protocol with local commissioners and providers as to how the various bodies would interact with the Committee as it exercised its statutory duties.
- With the changes brought in by the Health and Social Care Act 2012 being implemented from April 2013, it was recommended that the Committee's Health and Social Care Scrutiny Protocol be updated in light of these changes to ensure ongoing effective relationships with local commissioners and providers and Lewisham Healthwatch.
- A draft revised Health and Social Care Scrutiny Protocol has now been completed with input from the CCG, Lewisham Healthcare NHS Trust and Healthwatch.

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

- There should be a change to the Protocol, which recognises that due to Best Practice and national guidance, some changes may occur to services.
- The consultation processes of the Unsustainable Provider Regime (UPR) should be added to the Protocol, in light of the Trust Special Administrator (TSA) consultation and report on South London Healthcare Trust.
- With the introduction of the Health and Wellbeing Board, it was suggested that an amendment be added, that states the Health and

Wellbeing Board's Strategy and Delivery Plan should be made available to the Committee for pre-decision scrutiny before they are finalised and agreed by the Board

- SLaM are one of the original signatories to the original Protocol, and it is hoped that they will remain signatories to the Protocol. Attempts to secure their input were ongoing.

7.3 **RESOLVED:** That the Protocol be agreed, subject to the amendments agreed at the meeting. The final Protocol will be presented to the Committee as an Information Item once agreed and signed off by partner organisations.

8. Improving Health Services in Dulwich and Surrounding Areas - consultation by the Southwark Clinical Commissioning Group - INFORMATION ITEM

8.1 The Committee noted the papers from Southwark CCG on the conclusions of their consultation. The Committee also thanked Southwark CCG officers for coming to the 16 April meeting to engage with the Committee and attending the Forest Hill Local Assembly.

9. Emergency Services Review - Discussion of Recommendations

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

- The Overview and Scrutiny Committee agreed that its select committees will carry out a review of emergency services in Lewisham. The Healthier Communities Select Committee was tasked with determining impact of the changes to emergency services in London as they relate to health services in the borough.
- The Committee held two evidence sessions:
 - in May, the Committee heard from the Operations Manager for Lewisham, of the London Ambulance Service, about the provision of services across the borough and also about a London-wide consultation on the future development of the Trust's services.
 - in July the Committee heard from the Lewisham Clinical Commissioning Group and Lewisham Healthcare NHS Trust about Hospital Accident and Emergency Provision in Lewisham.
- The Committee are now tasked with any agreeing recommendations based on the evidence they have received. These recommendations, and those all of the other Select Committees, will be forwarded to the Overview and Scrutiny Select Committee with a full report for consideration and sign-off.

9.2 In response to questions from Members, the following was noted:

- The Chair proposed a number of recommendations based on the evidence that the Committee had received, to which all the Committee agreed.

- They also asked for an additional recommendation that recognised that projected future population growth should be factored into service planning.

9.3 **RESOLVED:** That the Committee agreed the following recommendations for the Emergency Services Report:

- a. The fact that Lewisham hospital has had numerous LAS patients diverted to it from neighbouring trusts in recent months should be noted. Capacity and activity at neighbouring A&E departments, as well as Lewisham, should be closely monitored by Lewisham CCG before any changes to accident and emergency provision are proposed or implemented at Lewisham hospital.
- b. The CCG has a key role in ensuring that appropriate urgent care and out of hours services are available. The Council and CCG need to work closely together to ensure that all the necessary care pathways are in place, and appropriately utilised, to ensure undue and inappropriate pressure is not placed on Accident and Emergency units.
- c. The Council should continue to work closely with Lewisham Healthcare NHS Trust to ensure appropriate and timely discharge from hospital takes place where patients have social care needs.
- d. Out of Hours care and urgent care both need to be comprehensive, easily accessible and well publicised to enable the public to choose the most appropriate care setting for their needs.
- e. National campaigns, such as the recent “Choose well” campaign, need to be supported and reinforced locally. Clear, appropriate guidance should be given to people locally, about the most appropriate local service to access if they have an urgent medical need outside of GP hours, when they are making routine contact with health services.
- f. More public information on the Norovirus is needed to support people to self-manage the illness where appropriate and to help prevent the spread of the disease and the closure of hospital wards.
- g. The CCG should work with the Lewisham and Greenwich NHS Trust to understand the high number of patients attending A&E who require specialist referral to the mental health team. The CCG should then review the appropriate care pathways, particularly the out of hours availability of services, to ensure that there is an appropriate level of service provided.
- h. Projected future population growth should be factored into service planning.

10. **Select Committee Work Programme**

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

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- Following the last meeting, there were no additional changes to the agenda for this meeting. However, there were some additional items added to the October meeting, agreed by the Chair:
 - Adult Safeguarding Report
 - Extra Care Housing Plans
 - Community Mental Health Review incl. SLaM – Update
 - Uptake on School Meals 2012-2013 (Premature Mortality Review) - Information Item

- The Budget Savings Item will also remain on the agenda for the October meeting. There may be further changes to the October meeting, dependant on whether there are Budget Savings scheduled for that meeting and how substantive they are.

10.2 **RESOLVED:** the Committee noted the Work Programme.

11. **Matters to be referred to Mayor & Cabinet**

11.1 There were no items referred to Mayor and Cabinet.

The meeting ended at 9.10pm.

Chair:

Date:
