

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 3 September 2014 at 7.00 pm

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

APOLOGIES: Councillors Alicia Kennedy and Jacq Paschoud

ALSO PRESENT: Timothy Andrew (Scrutiny Manager), Alison Browne (Nurse Director) (Lewisham Clinical Commissioning Group), Aileen Buckton (Executive Director for Community Services), Joy Ellery (Director of Knowledge, Governance and Communications) (Lewisham and Greenwich NHS Trust), Charles Malcolm-Smith (Head of Organisational Development) (Lewisham Clinical Commissioning Group), Claire O'Brien (Deputy Director of Nursing) (Lewisham and Greenwich NHS Trust), Marc Rowland (GP Jenner Health Centre) (Lewisham Clinical Commissioning Group), Sarah Wainer (Head of Strategy, Partnerships and Improvement) and Martin Wilkinson (Chief Officer, NHS Lewisham Clinical Commissioning Group) (Lewisham CCG)

1. Minutes of the meeting held on 16 July 2014

Resolved: to agree the minutes of the meeting held on 16 July 2014 as an accurate record.

2. Declarations of interest

Councillor Muldoon declared a non-prejudicial interest as an elected governor of the South London and Maudsley NHS foundation trust.

Councillor Bell declared a non-prejudicial interest a member of Keep Our NHS Public and the Socialist Health Association.

3. South East London five year commissioning strategy

Dr Marc Rowland (Chair of Lewisham Clinical Commissioning Group) and Martin Wilkinson (Chief Operating Officer, Lewisham Clinical Commissioning Group) introduced the report; the following key points were noted:

- Over the last 18 months, Lewisham had been involved in the process of developing a five year commissioning strategy with the other South East London boroughs.
- The intention was to ensure that there was a coordinated approach to improving the health of the entire population of South East London.
- An integrated system model had been developed, which set out how the different aspects of healthcare would work together.
- Creating strong and resilient communities was at the foundation of the model.
- The strategy was wide ranging in its ambitions. Some of the approaches required by the strategy were already in the process of being developed. Further work needed to be agreed, which would be developed in the context of the adult integrated care programme.

- Commissioners had also sought to involve the community and voluntary sector in the development of the strategy.
- Members of the public and Healthwatch had been engaged in the consultation.
- There would be further changes to strategy in the coming year.
- Future versions of the strategy would enhance the focus on health and social care integration.

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

- There was no outsourcing requirement as part of the strategy.
- Specialist treatments for brain trauma and cancer were the responsibility of NHS England.
- It was recognised that the strategy was ambitious. It was too early to tell whether it would all be achieved, but without the changes proposed, the delivery of Healthcare in Lewisham would become increasingly financially difficult.

Resolved: to note the update.

4. Improving district nursing

Alison Browne (Nurse Director, Lewisham CCG) and Claire O'Brien (Deputy Director of Nursing, Lewisham and Greenwich NHS trust) introduced the report; the following key points were noted:

- Provision of district nursing had been moved between a number of different providers in the past few years, without much positive change to ways of working.
- A number of concerns had been raised about district nursing from different sources, including GPs.
- An audit of the service had been instigated in partnership between the providers (Lewisham and Greenwich NHS Trust) and commissioners (Lewisham CCG).
- The review found that there were a number of areas for improvement, which, whilst requiring action, were not thought to be unique to services in Lewisham.

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

- The audit reflected issues with the service; however, these issues had also existed under the primary care trust.
- An action plan had been developed to improve the service. The plan was linked with the actions developed in response to the recommendations of the Francis report.
- The vision for district nursing was being delivered. Work was taking place to integrate and improve services and the direction of travel was positive.
- Some basic issues had been addressed, such as standards for uniform and medical equipment.
- Measures had also been developed to deal with issues in more complex areas, such as culture and values.

- A new training plan had been implemented, which began on the 1st of September.
- Training included information about staff responsibilities in relation to protected characteristics.
- The service was being integrated between the hospital and GP surgeries into area based teams.
- There was a new single assessment process for people requiring district nursing, which was accompanied by a single set of paperwork.
- It was hoped that further integration would reduce duplication and paperwork.
- As had been widely reported, the NHS computer system had not achieved its stated objectives but it was hoped the process for accessing district nursing would eventually be electronic.
- There had been an issue with the retention of staff but it was hoped that the improvements to the service would improve the situation.
- The review had created an opportunity to reaffirm the fundamental set of skills required for nursing in Lewisham.

Resolved: to note the update.

5. Better Care Fund update

Sarah Wainer (Head of Improvement, Strategy and Partnerships) introduced the report; the following key points were noted:

- The Better Care Fund was a £3.8b pooled budget introduced by the Government for the integration of health and social care.
- This was not *new* money. £1.9bn was existing funding that in 2014 had been allocated across health and social care. The remainder would come from CCGs budgets.
- A first draft of Lewisham's Better Care Plan was submitted to NHS England in April. Following the deadline for submission, implementation of the Fund was put on hold nationally. A further submission was to be made on 19 September.
- New requirements had been issued for the fund. The payment for performance element was now solely related to the planned reduction in total emergency admissions.
- There had been a lack of specific feedback from Government about the initial plan submitted so officers had requested further information in order to work on areas to be strengthened.
- The new timetable for the scheme left only two weeks in which to align the Council's plans for the implementation of the Care Act with revised plans for the Better Care Fund.
- The Care Act put a requirement on Councils to provide assessments for informal care providers from April 2015. There would be some changes to the kinds of organisations that would be eligible for funding.
- Some of the biggest changes would be in the provision of respite care.
- Some generic, universal services were required by carers. Complex assessments would also be required for some carers, such as those with combined care and caring responsibilities.
- Work was taking place to determine the costs of the new arrangements.

- Young carers had the same right to an assessment as adults.

Sarah Wainer (Head of Improvement, Strategy and Partnerships) and Aileen Buckton (Executive Director for Community Services) responded to questions from the Committee; the following key points were noted:

- The Government had announced plans for a new national minimum threshold for eligibility criteria – which would only recognise substantial and critical needs.
- It was difficult to judge how much the implementation of the Care Act would cost. The Council would have an estimate by April – a number of carers would not request a full assessment as some would rather have advice, information and direction to support services. There was a duty in the Act to provide preventative services.
- There would be no *new* money coming into the system.
- The Council's community connections project was designed to tackle social isolation. It had been found that carers also appreciated the opportunity to use these services.
- The Government target for a 3.5% reduction in emergency admissions would be extremely challenging.

Martin Wilkinson (Chief Officer, Lewisham CCG) responded to questions from the Committee; the following key points were noted:

- Recent bed audits indicated that there were a number of patients that didn't need to be in hospital beds. Partners in Lewisham would continue to work closely together to free up hospital beds.
- Partners were committed to working together to improve services.
- The longer that people with chronic conditions remained at home the more cost was placed on social care – which might otherwise have been borne by the hospital.
- All partners in the system would be required to put their own needs aside and share the challenges of new ways of working.
- In the case of a major incident all of Lewisham's agencies would pool resources, as set out in the borough's major incidents policy.
- In the case of a major incident, targets for admissions would be suspended.

Resolved: to note the update.

6. Select Committee work programme

Timothy Andrew (Scrutiny Manger) introduced the report. The Committee then discussed the work programme. The following key points were noted:

- The Chair of the Health and Wellbeing board would be invited to the next meeting of the Committee.
- The next meeting would be held at Lewisham Hospital.
- Aileen Buckton would advise members of the date for an all member briefing and all member tour of the hospital.
- An update would be provided on the timing of the public health annual report.

- Campaign for Lewisham Autistic Spectrum Disorder would be invited to a future meeting to discuss their ambitions for joined up housing and social care in Lewisham.

Resolved: to agree changes to the work programme, as discussed.

7. Referrals to Mayor and Cabinet

None

The meeting ended at 8.30 pm

Chair:

Date:
