

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 2 December 2014 at 7.00 pm

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

APOLOGIES: Councillor Bill Brown

ALSO PRESENT: Timothy Andrew (Scrutiny Manager), Alfred Banya (Assistant Director of Public Health), Fran Bristow (Programme Director - Adult Mental Health Development Programme) (SLaM), Kevin Brown (Assistant Director Operations London (South)) (London Ambulance Service), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Rita Craft (Campaign in Lewisham for Autism Spectrum Housing), Joy Ellery (Director of Knowledge, Governance and Communications) (Lewisham and Greenwich NHS Trust), Matthew Henaughan (Community Resources Manager), Charles Malcolm-Smith (Head of Organisational Development) (Lewisham Clinical Commissioning Group), Corinne Moocarme (Joint Commissioning Lead, Community Support and Care) (Community Services, LBL), David Norman (Service Director Older Adults) (SLaM), Graham Norton (Operations Manager) (London Ambulance Service), Georgina Nunney (Principal Lawyer), Dr Danny Ruta (Director of Public Health) (Public Health Lewisham), Dave Shiress (Health, Housing and Social Care Integration Manager) and David Walton (Community Assets Manager)

1. Minutes of the meeting held on 21 October 2014

Resolved: to agree the minutes of the meeting held on 21 October as an accurate record.

2. Declarations of interest

Councillor Paschoud – non-prejudicial – member of Lewisham Parent Carers Forum, which also includes CLASH.

Councillor Raven – non-prejudicial – member of CLASH

Councillor Muldoon – non-prejudicial – Lead Governor of SLaM NHS Foundation Trust.

Councillor Bell – non-prejudicial – board director of Lewisham Homes

Councillor Kennedy – non-prejudicial – board member of the Marsha Phoenix Trust.

3. Emergency services review update: London Ambulance Service

3.1 Graham Norton (Operations Manager, Lewisham, London Ambulance Service) and Kevin Brown (Assistant Director, Operations, London Ambulance Service) provided an update on the performance of the service; the following key points were noted:

- At a previous meeting of the Committee, Members received information about the London Ambulance Service's (LAS) improvement plans.

- A roster review to ensure adequate staffing cover was completed in September 2014. Work was on-going on implementing improvements to rest breaks; annual leave and active area cover.
- Ambulance crew handovers and waiting times at hospitals had been improved by the implementation of a new policy. Work with the urgent care centre at Lewisham Hospital had also improved.
- The service remained under demand and under pressure. It was on course to receive more than 1.9 million calls this year.
- Changes had been implemented to the control room to allow telephone advice to be given to non-urgent calls and to redirect people with minor injuries to appropriate services.
- Work had taken place with the Metropolitan Police Service to reduce the number of unnecessary calls made for ambulances; this included using fast response vehicles; providing telephone advice and providing access to mental health advice through the call control hub.
- 7.39% of calls from NHS111 had been referred back to the service to provide an ambulance. The service responded to 5299 calls per day. 700 of these were referred to NHS111.
- There was a recognised shortage of staff. The service would be recruiting in Australia and New Zealand to fill vacancies; 250 staff would be recruited by April.
- Plans were being put in place to ensure that new paramedics would be trained. However, it took a minimum of three years to train a paramedic.
- 150 to 180 staff were lost from the service each year.
- There were multiple reasons for the reduction, including, the impact of assaults on staff, housing costs and travel times as well as the high level of demand on the service.
- Fewer recruits felt that being a paramedic was a long term career choice.
- In total 850 to 1000 staff would need to be recruited over the next year to bring the service up to strength and to balance out the number of people leaving.
- Attendance times across London remained close to the national target at 61.75% of priority calls reached within eight minutes, against a target of 75%; in Lewisham the most recent attendance time figure was 64.7%.
- Attendance times had to be viewed in the context of the high levels of demand and the complexity of the urban environment. The service remained close to its maximum levels of utilisation, levels were currently 88%.
- Despite high levels of utilisation, the service had retained high quality standards for treatment of cardiac arrest and stroke.
- Levels of coordination and communication with hospitals and clinical commissioning groups had enhanced good practice.

3.2 Graham Norton (Operations Manager, Lewisham, London Ambulance Service) and Kevin Brown (Assistant Director, Operations, London Ambulance Service) responded to questions from the Committee, the following key points were noted:

- The service continued to work with partners, such as the police to reduce unnecessary calls.
- It also planned to trial new technologies to support patients and aid assessment.
- Call handlers were trained to make critical decisions, with limited information in a short amount of time.
- There was an oversupply of paramedics in Australia and New Zealand.

- The LAS would not drop the standards it expected of employees in order to recruit staff.
- There was no problem with people wanting to become paramedics, but there had been a lack of training places available. It would be three or four years before levels of trainees could catch up with the levels of demand.
- It was difficult to provide a definitive explanation for the yearly increase in calls to the service.
- The population of London was increasing, people were also living longer and people with long term conditions were also living longer in ill health.
- There were a range of factors which predicted rates of survival from cardiac arrest; including better outcomes as a result of changes to CPR and a recent awareness raising campaign.

Resolved: to note the report.

4. Community mental health review: update

4.1 Fran Bristow (Programme Director, Adult Mental Health Development Programme, SLaM) introduced the report; the following key points were noted:

- The report provided an update on the issues raised when the community mental health programme was considered at the Committee's meeting in July.
- Several issues were highlighted by the Committee, including: the compatibility of the changes being proposed with NICE guidance; responses to complaints, with specific reference to an MP enquiry; and the handover process for patients.
- The changes that had been made were in line with NICE guidance.
- New services were being provided as part of the changes, including additional talking therapies; day treatment services and options for self-management.
- The nature of some mental health conditions meant that there were long cycles of illness and relapse.
- Day treatment services were being made available for a longer period in order to avoid instances of relapse and hospitalisation.
- Primary and secondary services were working together. Patients could access specialised care quickly through their GPs when it was required.

4.2 Fran Bristow (Programme Director, Adult Mental Health Development Programme, SLaM), responded to questions from the Committee, the following key points were noted:

- Emergency cases could be referred within 2-4 hours, critical cases could be seen within 24-48 hours and non-urgent cases should be seen within 28 days. SLaM was outperforming its objective for non-urgent cases and most were seen within 7 to 10 days.
- By the end of September, all moves of patients to new teams within SLaM had been completed.
- 299 people were being treated for bi-polar disorder; of these, 295 people were still receiving support from SLaM.
- A number of patients had to be moved between services, in line with the new structure. There had been some anxiety about the changes.
- It would have been difficult to implement changes and develop specialist community services without moving people between teams.

- 46 complaints had been received between 1st April and 30th September 2014.
- Only three of these complains were about moves within SLaM.
- The complaints service kept data about the number of complaints received and their outcomes.
- Each of the complaints raised by people who were moving services had been resolved.
- No serious incidents had been recorded as a result of the changes; but lessons could be learnt about the process of the reconfiguration.
- Complaints were usually responded to within 20 working days. However, the response to Heidi Alexander MP had been delayed because it had originally been dealt with in the wrong department; when it reached the right department, due to the complexity of the case, it took some time to provide a full response.
- All care was overseen by clinical leaders – including consultants, where necessary.
- There had been an increase of mental health conditions across the country; there was no specific upward trend in Lewisham.

4.3 The Committee also discussed the report and raised its concerns about the time it took to respond to the complaint from Heidi Alexander. Members were concerned the amount of time it might take to respond to other complaints.

Resolved: to note the report. The Committee also agreed that the Chair would write to the Chair of SLaM setting out the concerns raised about the complaints process.

5. Autism strategy

5.1 Corrine Moocarme (Joint Commissioning Lead) and Dave Shiress (Housing, Health and Social Care Integration Project Manager) introduced the report; the following key points were noted:

- Previous reports had been submitted to Lewisham’s Health and Wellbeing Board, which provided an update on the national Autism Strategy up to July 2014.
- The report included information about the work that had taken place in the last six months, with a particular focus on work to provide accommodation.
- Autism awareness training had been carried out with GPs and the diagnostic rates would be audited.
- Three possible options had been identified for the provision of specialist housing.

5.2 Rita Craft (Chair of the Campaign in Lewisham for Autism Spectrum Housing (CLASH)) addressed the committee; the following key points were noted:

- There were approximately 2000 autistic people living in Lewisham, many of whom were not known to Council services.
- Autistic adults required help to live independently; this help was not being routinely provided in Lewisham.
- Members of CLASH were concerned about what would happen to their autistic children and loved ones in the longer term, if there were no facilities to support independence.

- Funding was available, through the Mayor of London's Care & Support Specialised Housing Fund 2012, but this had not been used to provide specialist housing in Lewisham.
- Lewisham had responded well to the development of the national Autism Strategy by establishing a diagnostic service, a support service for adults with Asperger's as well as developing Drumbeat School, and offering training to health professionals.
- CLASH wanted a specialist employment service and specialist housing for autistic people to build on this work.
- Without a plan for the development of specialist employment and housing opportunities for young people, the costs of support could be high in the long term.
- Those who remained living with their ageing parents, and who were not offered independence skills training would probably need crisis intervention, when those parents became ill, or died, which might become costly for other local services.

5.3 Dave Shiress (Housing, Health and Social Care Integration Manager) responded to questions from the Committee; the following key points were noted:

- Lewisham's new housing strategy was currently being consulted on. It would include a reference to the need for specialist housing, including from people with autism, but this group would not be prioritised over the claims of other groups.
- Funding from the Mayor of London was used to develop Extra Care housing for older people.
- People with low level support needs, who did not meet the fair access to care services criteria used to be supported by supporting people funding, which was no longer available.
- The Burgess Autistic Trust worked with registered social landlords in Bromley to provide specialist housing. This was a reason for optimism, because this arrangement had been shown to work in a neighbouring borough and the potential the Trust would have the capacity to extend this work into Lewisham.
- The Burgess Trust had started its project in Bromley by identifying a suitable empty property to use. In Lewisham there was significant pressure on the budget for temporary accommodation, which made identifying any suitable property difficult.

5.4 The Committee also discussed the importance of supporting all vulnerable groups. Some Members felt that it would not be fair to prioritise specialist autism spectrum housing over the provision of housing for other groups.

Resolved: to note the report, and to refer the Committee's views to Mayor and Cabinet.

6. Leisure contracts

6.1 David Walton (Community Assets Manager) introduced the report; the following key points were noted:

- Usage of the borough's leisure facilities had significantly increased, led by the opening of Glass Mill leisure centre.
- Monitoring information indicated that 45% of regular users had a BeActive card, indicating that the Council was meeting the objective of increasing participation in all parts of the population.

- There had been a number of other recent positive community and social projects.
- It was recognised that the Bridge was the weakest link in the leisure contract.
- Some defects had been identified at Glass Mill, but these were being rectified in line with the contract.

6.2 David Walton (Community Assets Manager) and Aileen Buckton (Executive Director for Community Services) responded to questions from the Committee, the following key points were noted:

- The contract was 'self-monitoring', but the contractor was obliged to report issues to the Council.
- The term 'self-monitoring' referred to the structure of the contract, in practice there were regular formal and informal site visits by the contract monitoring officer.
- Fusion were also responsible for reporting user feedback and responding to complaints.
- The contract was outcome based, so it was up to the contractor to decide how it would meet the specifications requested.
- Action had been taken against the contractor and fines had been applied in a number of instances, where problems had been identified.
- The defects at Glass Mill leisure centre were the responsibility of the developer (Barratt) to rectify and not the leisure contractor (Fusion), but difficulties with new buildings were not uncommon.
- The Bridge leisure centre was nearing the end of its useful life. There was no investment element in the Fusion contract, so some improvement works would take place, but there would not be any major refurbishment of the site.
- Concerns about the quality of the Fusion cleaning contract were recognised and had been raised with the contractor.
- On the list of works to be carried out at the Bridge were: the painting of the sports hall; new gym flooring; air conditioning; repairs to the ceiling above the main pool; retiling in wet areas as well as works to the drains to resolve a longstanding issue.
- Work would be started in the New Year, with much being completed by the end of the financial year. However, a precise timescale for the completion of works could not be given.
- Disabled people should not be turned away from using leisure facilities. Any reported cases should be passed to officers.
- Further work would be carried out to determine why the levels of exercise on referral were low.
- The swimming ability of school age children was a concern. The inability of a proportion of school age children to swim was the result of a combination of a number of factors; officers were working on initiatives to improve swimming ability of children.

6.3 In response to a question about the Committee's ability to review the key performance indicators of the Fusion contract, Georgina Nunney (Principal Lawyer) advised that any review of the contract would have to be considered by the Committee in a closed session, with the press and public excluded.

Resolved: to note the report and to consider an item at a future meeting on the performance of the Fusion leisure contract.

7. Sustainability of community health initiatives

7.1 Alfred Banya (Assistant Director of Public Health) introduced the report; the following key points were noted:

- The Council had sustainability plans in place for initiatives in various areas of the borough, co-terminus with the new neighbourhood model of working.
- It would be important to ensure that future schemes built on the local knowledge that had been developed with the creation of Lewisham's community health initiatives.
- Research by the University of East London had demonstrated the effectiveness of Lewisham's community health initiatives.
- Lewisham's programme was a strong candidate for phase three funding from the Greater London Assembly.

Resolved: to note the report and to refer the Committee's views to Mayor and Cabinet.

8. Lewisham Future Programme: public health consultation

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

- The Committee was being asked to comment on the consultation process and the proposals themselves.
- The proposals, once they had been consulted on, might represent a substantial change in services.
- Reconfiguration of some services would be required, but this would not impact widely on frontline services.
- The move of Public Health to the local authority had highlighted areas of overlap in the delivery of services.
- It had been recognised that there were some areas of work which should be taken on by others, including the CCG; there were also some services that the Council had not been providing, which it had a responsibility for, and would represent an additional cost.
- It was proposed to end incentives to GPs practices to meet public health outcomes.
- Main grant programme funding would be used to provide advice and information services, aligning the previous funding that had been given by public health.
- The CCG had indicated that it would be able to respond to the consultation within the two week timetable.
- Depending on the outcome of the meeting – officers would be meeting with officers of the CCG to further discuss the proposals.

8.2 Danny Ruta (Director of Public Health) also advised the Committee that it was his responsibility to ensure that the proposed changes would be carefully monitored – and that there would be no detriment to the achievement of public health outcomes.

8.3 Officers were not sure where the funding being saved from the public health budget would be spent; further work would take place after the consultation had been completed.

Resolved: to note the report, and to receive the outcome of the consultation at the Committee's meeting on 14 January.

9. Select Committee work programme

- 9.1 Timothy Andrew (Scrutiny Manager) introduced the work programme report. The Committee resolved that the Chair would be asked to make decisions about the work programme at agenda planning, incorporating the items agreed during the course of the meeting.

10. Referrals to Mayor and Cabinet

Resolved: to refer the Committee’s views under items five and seven to Mayor and Cabinet as follows-

Item 5

- 10.1 At its meeting on 2 December 2014 the Healthier Communities Select Committee, having heard presentations from officers and received an address from Rita Craft, Chair of the Campaign in Lewisham for Autism Spectrum Housing, resolved to refer the following matter to Mayor and Cabinet:
- 10.2 The Committee requests that the Mayor consider urgently, provision to meet the housing needs of adults diagnosed with autism spectrum disorder. To this end the Committee recommends that the Mayor engage with CLASH and Lewisham Homes.

Item 7

- 10.3 The Committee wishes to highlight the value and success of community health initiatives in Bellingham and North Lewisham and it welcomes efforts to extend funding for Well London phase 3.
- 10.4 The Committee places on record its support for Well London and similar projects and asks the Mayor to do the same. The Committee recommends that Mayor and Cabinet provide all possible support for work on extending the project beyond 2015.

The meeting ended at 10.05 pm

Chair: _____

Date: _____