MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 18 May 2016, 7pm

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice Chair), Paul Bell, Colin Elliot, Ami Ibitson Jacq Paschoud, Joan Reid and Susan Wise

Apologies: Councillors Jamie Milne, Alan Till

Also Present: Nigel Bowness (Healthwatch Bromley and Lewisham), Aileen Buckton (Director of Community Services, Lewisham Council), Dr Hugh Jones (Clinical Director of MAP CAG services, SLaM), David Norman (Director of Estates, SLaM), Georgina Nunney (Principal Lawyer), Mary O'Donovan (Head of Quality, SLaM), Amanda Pithouse (Deputy Director of Nursing and Quality, SLaM), Folake Segun (Director, Healthwatch Bromley and Lewisham), Sarah Wainer (Programme Lead, Whole System Model of Care, Lewisham CCG), John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 19 April 2016

- The Committee asked if it would get to see a copy of the sustainability and transformation plan discussed at the last meeting. The Scrutiny Manager said that he had just received an electronic copy before the meeting, which he would share as soon as possible. The Committee also asked if it would get another chance to scrutinize the sustainability and transformation plan. The Chair said that it is hoped that it will come back in June.

- There were no other comments on the minutes, but the Chair did make a mention of the two recent Joint Health Overview and Scrutiny Committee meetings that he had been to – one on South London and Maudsley NHS Foundation Trust's proposed changes to places of safety provision, and one on Our Healthier South East London. The Chair noted that as a result of the SLaM meeting, and members finding that there hadn't been good enough consultation, there will now be further consultation. The Chair also mentioned that at the OHSEL meeting there were several high calibre questions from the public and representation from local organisations, including representatives from Save Lewisham Hospital and Save Lambeth NHS. The Chair said that this showed how the Joint Committees can contribute to representative democracy and holding NHS bodies to account.

Resolved: minutes of the meeting held on 19 April 2016 agreed as an accurate record

2. Declarations of interest

The following non-prejudicial interests were declared:

- Councillor John Muldoon is a governor of the South London and Maudsley NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.
- Councillor Paul Bell is a member of King's College Hospital NHS Foundation Trust.
- Councillor Colin Elliot is a Council appointee to the Lewisham Disability Coalition.
- Councillor Susan Wise is a member of the King's College Hospital NHS Foundation Trust and the South London and Maudsley NHS Foundation Trust.

3. SLaM quality account

Amanda Pithouse (Deputy Director of Nursing and Quality, SLaM) introduced the report. The following key points were noted:

- Six out of nine of SLaM's quality priorities for 2015/16 were achieved, two were partially achieved and one (to increase the number of patients who feel safe) was nearly achieved – 82% against a target of 90%.
- SLaM have set out a number of priority areas for quality in 2016/17. These include reducing the use of restraint, improving the recording of risk, making environments feel safer, and improving food for patients.

Amanda Pithouse (Deputy Director of Nursing and Quality, SLaM), and SLaM colleagues, answered questions from the Committee. The following key points were noted:

- SLaM are producing posters and leaflets to help make sure that informal patients are fully aware of their rights. They are also making sure that staff are regularly reminding patients of their rights.
- SLaM are doing more to understand what makes people feel safe and whether it is more about the physical environment or about how someone feels in themselves.
- SLaM have been working to involve more patients in their care plans. This has included holding focus groups to understand what obstacles there are and what the solutions to these might be. They have also set new audit standards and are aiming for further improvements over the next six months.
- SLaM noted that out-of-area placements have reduced by half in three out of four areas. They said that there is a lack of national data about out-of-area treatment, but that SLaM is a pilot trust gathering data on this.

- SLaM are working with partners from across four boroughs to standardise carers assessments. SLaM exceeded their target of 30% of identified carers being offered an assessment (achieving 32%), but want to do better.

- SLaM commented on the prescribing of antipsychotic drugs for people with learning difficulties. They noted that their in-patient unit was rated by the CQC as outstanding. The audit results in this area were being reviewed by the Trust and Quality Improvement work is continuing.

- SLaM plan to retender their catering contract by the end of the year. Because of short timeframes, in-house catering is not an option across the board. But there is a possibility of some in-house provision at the River House site.

The Committee made a number of comments. The following key points were noted:

- The Committee noted that the CQC inspection found that only three out of eleven services needed to improve. The Committee commended SLaM on this achievement.

- The Committee noted that the catering services criticised by the CQC are outsourced, and said that SLaM should make it clear that it is not them that hasn't performed well.

- The Committee noted that out-of-area treatment is appropriate in some circumstances, but that overall use needs to reduce.

Resolved: the Committee noted the report

4. Healthwatch reports on the Polish and Tamil communities' access to health and wellbeing services in Lewisham

Folake Segun (Director, Healthwatch Bromley and Lewisham) introduced the reports and the following key points were noted:

- The Polish and Tamil communities are the second and third groups Healthwatch Bromley and Lewisham have looked at as part of their work on access to health and wellbeing services by harder-to-reach communities.

- The reports found that the people Healthwatch engaged with from the Polish and Tamil communities share many of the concerns about access to health services as people from other communities – but that there are some notable differences as well.

- Most of the people Healthwatch spoke to said they were very happy with their local health services – particularly their GPs. However, some people said that there was a lack of cultural awareness among some front-line health staff, and that appropriate medical translation services are needed in both communities.

- Healthwatch also found a lack of trust of the NHS among some people from the Polish community – with some people choosing to go abroad, or to private clinics, for diagnostics, treatment and medicines.

- Both reports recommend doing more to help people from minority communities understand how health services in the UK work. This includes explaining processes and stages, but also being clear about the "minimal intervention" culture in the NHS.

Folake Segun answered questions from the Committee and the following key points were noted:

- Healthwatch have spoken to over 100 people as part of their work on harder-to-reach communities' access to health and wellbeing services. They feel it's important to take account of comments from people who perhaps don't understand how the NHS works, so that we can identify and bust any myths that could affect the way people choose their healthcare.

- The understanding of the UK health system is a big issue in some communities. Some Polish people who can't afford to go to private clinics for a quicker test, often end up going straight to A&E. HealthWatch believe that there needs to be more engagement and education about how the NHS works. They have fed back both reports to the Lewisham CCG.

- Healthwatch's future plans include looking at access to health services by people with sensory disabilities, learning difficulties and physical disabilities. They are also planning work on children and young people – including, sexual health, "sexting", and gender identity.

The Committee made a number of comments. The following key points were noted:

- The Committee noted that Healthwatch carry out vital work, but expressed concern that some of the comments in the reports could be used against the NHS – for example, comments that 'Polish doctors have better qualifications' and that 'the NHS is a disaster'. The Committee was reminded by a Member that Healthwatch was fulfilling its duty as the voice of patients and was not necessarily endorsing or analysing their comments.

- The Committee also expressed concern about the small number of people spoken to as part of the reports. The Committee said it was worried that these small groups of people were being presented as the voice of their whole communities.

- The Committee also noted that many of the findings were similar to what it might expect from any other community. The Committee said it wanted to know more about issues that were specific to the communities looked at.

- The Committee noted the misunderstanding among some in the Polish community about how UK health services work compared to Poland. The Committee expressed concern about some people going abroad, or to private clinics, for medicine, and how this would affect other treatment they were receiving. The Committee suggested that there is a need for more engagement to help people understand.

- The Committee suggested that there is something to take from the Polish communities' use of testing in the private sector. The Committee suggested that people might benefit if they were able to go to their doctor for a simple blood test to assess future risks.

- The Committee suggested that there needs to be more conversations with the public about how to access to health services more generally – particularly in the context of health and social care integration.

- The Committee suggested some of the reports' findings, for example, trouble accessing GP appointments, are a result of the *Health and Social Care Act 2012*.

Resolved: the Committee noted the report and agreed to provide a response

5. Free swimming policy

Aileen Buckton (Director of Community Services, Lewisham Council) introduced the report. The following key points were noted:

- The Council was asked to look at the proposal to end free swimming again, alongside leisure contract negotiations, to see if there was a way to reduce the impact.

- The Council looked at the figures for take-up of free swimming and found that less that 1% of under-17s had used free swimming enough for it to have any physical health benefits. This made it difficult to justify spending public health money.

- Swimming for over 60s will continue as part of the leisure contract, but free swimming for under-17s will end on 1 October 2016. Young people will still be able to swim for free over the school holidays.

Aileen Buckton answered questions from the Committee. The following key points were noted:

- Public health had previously raised concerns about the benefits of free swimming for under-17s. This came together with the need to save money across the council.

- The Council are doing all they can to encourage young people to swim regularly, including a number of one-off programmes. But the Council do not have the funds to re-direct money to providing free swimming to all under-17s.

- The school sports premium has increased slightly. It is for schools to choose how to spend, but they will be encouraged to provide swimming lessons. Schools are often able to negotiate lower price deals with leisure providers.

- The Council will make it clear that free swimming for under-17s is coming to an end because it is not being used, but that it is not ending until October, and that getting young people active is still a priority for the Council.

The Committee made a number of comments. The following key points were noted:

- The Committee noted that some schools are struggling with the cost of providing swimming lessons – not just the logistics of getting pupils there and back – and that it's a shame that the money can't be re-directed.

- The Committee noted that that ending free swimming for under-17s might be seen as another example of helping older people, who can vote, at the expense of younger people, who can't.

- The Committee suggested setting up incentive schemes over the summer to encourage young people to swim regularly.

Resolved: the Committee noted the report

6. Health and social care integration

Sarah Wainer (Programme Lead, Whole System Model of Care, Lewisham CCG) introduced the report. The following key points were noted:

- The Adult Integrated Care Programme is focusing its activity this year around prevention and early intervention; developing Neighbourhood Care Networks and multi-disciplinary working; developing new approaches in the delivery of health and care; and continuing the redesign and development of admission avoidance and hospital discharge services.

- This work sits alongside a range of transformation activity taking place across the local system. The Adult Integrated Care Programme is just one vehicle delivering change within the wider integration work taking place across south east London.

Sarah Wainer and Aileen Buckton answered questions from the Committee. The following key points were noted:

- Risk stratification is in place, but is to be further developed. GPs are currently identifying those most at risk of being admitted to hospital. Through the work that is taking place at the multi-disciplinary meetings, professionals are also

identifying those at the point of developing a long-term condition and who make frequent GP visits. As part of the work in 2016/17, the programme will also look at those who frequently attend A&E – including adults with drug and mental health problems.

- The Programme is looking at what support is needed for those who are at the very highest risk. Part of this is looking at what community based care can be further developed, as some of the services needed by these groups are not yet available in the community. The Programme is also working with other boroughs to consider a consistent approach to risk stratification.

- After being assessed, it shouldn't take any longer than usual before someone is able to start receiving their personalised care in the community. It usually only takes longer if particularly specialist care or alterations to the home are needed.

- The Programme will not involve a formal transfer of staff from NHS to local government. It's important for people to work more flexibly within existing management arrangements. Professionalism, training, and terms and conditions will be protected.

- Health and Care Partners are looking at the current estate and seeking to make the best use of the estate available. Some buildings and facilities are not fit for purpose. It will involve looking at what areas have and what could be sited in neighbourhood locations and ensuring buildings work effectively.

- Improving access to out-of-hours care is another strand of work. The Lewisham CCG is currently looking at out-of-hours primary and urgent care provision, where it is located and how it can be extended.

The Committee made a number of comments. The following key points were noted:

- The Committee expressed its support for the aims of the programme.

- The Committee noted the importance of risk stratification and that high-risk patients have access to a single key worker in an emergency – rather than having to dial 999.

Resolved: the Committee noted the update

7. Health and social care integration – scoping paper

John Bardens (Scrutiny Manager) introduced the report. The following key points were noted:

- The draft terms of reference of the proposed review focus on the Adult Integrated Care Programme, its structure, priorities and measure of success. It will also look at how the Programme is working with the voluntary sector and how the public are being engaged.

The Committee made a number of comments. The following key points were noted:

- The voluntary partners involved in Adult Integrated Care Programme are those involved in the Community Connections project. The Committee also suggested taking evidence from the Rushey Green Time Bank and Age Exchange.
- The Committee suggested visiting other models of integrated care – for example, Wigan, Greenwich and Tower Hamlets – but stressed that we shouldn't try to replicate any one particular set-up.
- The Council are looking at how the principles of the Buurtzorg nursing model in the Netherlands could influence district nursing and multidisciplinary teams. The Buurtzorg model involves small, self-managed teams of nurses that provide care in the community to meet all of a person's needs. Council staff will be visiting the Netherlands later in the year.
- The Committee agreed to include a question in the review about how to best protect the NHS service from further fragmentation.

Resolved: the Committee noted the report and agreed the terms of reference of the review

8. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the item. The Committee made a number of comments. The following key points were noted:

- An item on the re-organisation of TB labs in London will be added to the agenda for the Committee meeting in October.
- An item on the sugar tax and obesity pilot will be added to the agenda for the meeting in June

Resolved: the Committee agreed changes to the work programme

9. Referrals

Resolved: to Committee agreed to refer its views on the findings of the HealthWatch report on *The Polish Community and Access to Health and Wellbeing Services in Lewisham*.

The meeting ended at 9.20pm

Chair:

Date:
