

# **MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE**

**Wednesday 28 June 2016, 7pm**

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice Chair), Paul Bell, Colin Elliot, Jamie Milne, Jacq Paschoud and Susan Wise

Apologies: Councillors Joan Reid and Alan Till

Also Present: Nigel Bowness (Chair for Lewisham Work Plan Committee, Healthwatch Bromley and Lewisham), Jane Evans (Interim Head of Governance, Lewisham and Greenwich NHS Trust), Michelle Binfield (Associate Director for Public Health Commissioning, Lambeth Council), Andrew Billington (Lead Commissioner, Lead Commissioner, LSL Sexual Health Commissioning Team), Martin Wilkinson (Chief Officer, Lewisham CCG), Ruth Hutt (Consultant in Public Health, Lewisham Council), James Lee (Service Group Manager, Prevention, Inclusion and Public Health, Lewisham Council), Warwick Tomsett (Head of Targeted Services and Joint Commissioning for Children and Young People, Lewisham Council), Geeta Subramaniam (Head of Crime Reduction and Supporting People, Lewisham Council), Danny Ruta (Director of Public Health, Lewisham Council), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

## **1. Minutes of the meeting held on 18 May 2016**

Resolved: the minutes of the last meeting were agreed as a true 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 Paul Bell is a member of King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.
- 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. Lewisham and Greenwich NHS Trust Quality Account**

Jane Evans (Interim Head of Governance, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- The Quality Account covers the second full year of the merged Lewisham and Greenwich NHS Trust. The Trust has consulted widely and included the comments of local stakeholders in the report.
- Quality is measured against three elements: patient safety, clinical effectiveness, and patient experience. There have been considerable achievements over the year, but there is still room for improvement over 2016-17.
- As part of the “hello my name is” campaign, staff should be introducing themselves by name when they speak to patients.

Jane Evans (Interim Head of Governance, Lewisham and Greenwich NHS Trust) answered questions from the Committee. The following key points were noted:

- One of the quality commitments is to reduce readmissions across all divisions, including within children’s ENT.
- Discharge lounges are now available for people who are ready to leave. This helps free-up bed spaces for people who need them. The discharge lounge is not used overnight.
- There have been improvements in palliative care pathways – with more people being supported to move out of hospital and die in their homes.
- An easy-read version of the Quality Account will be available in August.

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

- The Committee suggested that staff should be given big yellow name badges – similar to those used at Guy’s and St Thomas’ NHS Trust – as part of the “hello my name is” campaign. Members of the Committee said this would be helpful for both patients and their relatives.
- The Committee also commended the work of the specialist palliative care team.

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

#### **4. HIV services**

Michelle Binfield (Associate Director for Public Health Commissioning, Lambeth Council), and colleagues, introduced the report. The following key points were noted:

- Work on HIV care and support services started back in 2011, with Lambeth, Southwark and Lewisham Sexual Health Commissioners carrying out a comprehensive review of services.
- The review suggested that the specialist service model was no longer fit for purpose and recommended mainstreaming HIV care and support services.

- The review found that people with HIV were living longer and healthier lives and that HIV was an episodic condition, much like other long term conditions, that would be best treated by better access to mainstream health services.
- The findings of review came to committee in 2011, as part of the initial consultation, and have been back in 2012, 2013 and 2014. Commissioners are continuing to gather further evidence through ongoing consultation.
- This paper provides an update on the consultation on the implementation of the final stages of the HIV care and support review. This includes proposals for advice, advocacy and counselling services to be provided by local non-HIV-specialist services. It also includes proposals for assessment and signposting services to be provided by the peer support service.
- The proposals are about moving away from specialist silos, recognising the ability of mainstream services and making HIV services more accessible and local. Some people with HIV weren't accessing mainstream services. This doesn't help with removing stigma or with providing a complete package of care.
- A small number of people use the existing services. The proposals will have low impact and there has been much mitigation work, including wide consultation.
- Mainstream providers in the proposed new pathway, including IAPT, CAB and the peer support services, are confident that they have the expertise to address the needs of people living with HIV – and have indicated they are doing so for increasing numbers of people.
- Detailed discussions are underway with mainstream providers to ensure that they understand the needs of people living with HIV and are prepared for any additional activity the changes will bring to individual providers.
- Mainstream services are set up to deal with more than one issue – whereas specialist services are often only able to address specific needs relating to HIV.
- New pathways will also be quality assured over 12 months – including, for example, with mystery shoppers. The peer support service has offered to provide training where needed.
- There won't be any change to the enhanced specialist HIV social care support for families affected by HIV.

Michelle Binfield (Associate Director for Public Health Commissioning, Lambeth Council), and colleagues, answered questions from the Committee. The following key points were noted:

- The early diagnosis of HIV has improved. Through working closely with GPs, testing for HIV has become normalised and is routinely offered.

- The National AIDS Trust (NAT) provided their views during the original review of HIV care and support services. While they had concerns about how the recommendations might be implemented, they accepted that the duplication with mainstream services was inefficient. A number of the suggestions for successful transition have already been implemented, or will be, through these latest changes.
- The current proposals reflect changing needs. As more people live longer with HIV, we need a mainstream system that can cope with this.
- The proposals aren't financially driven. Services are being decommissioned where there's a good mainstream offer, but it's not about savings. It's about creating sustainable services for the increasing numbers of people living with HIV. The money saved can be re-invested.
- The original review found that service users were most worried about having to get used to new services. It's important to work closely with the new mainstream providers so that service user can use new pathways with confidence.
- Service users will be reassured about confidentiality from the beginning. There will be contractual measures in place to protect confidentiality – any breach will be taken very seriously.
- Mainstream providers should display visible signs stating that service users can safely disclose information. Quality assurance work will also help monitor performance in this area.
- The peer support group will also be involved in the transition to the new service model.

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

- The Committee drew attention to the letter from the NAT included in supplementary agenda and the witnesses agreed to share their formal response.
- The Committee was pleased to see the consultation and noted that it is good to see that medical advances in HIV care have changed the needs of people living with HIV in a positive way compared to 30 years ago.
- Healthwatch would welcome further engagement as the proposals move forward.

*Resolved: the Committee noted the report.*

## **5. Public health commissioning intentions and consultation**

Danny Ruta (Director of Public Health, Lewisham Council), and colleagues, introduced the report. The following key points were noted:

- The government has made cuts to the public health budget in successive years. £2m of savings were agreed by Mayor and Cabinet in September 2015. But since then, Lewisham has been asked to find a further £2.7m of savings. In total, Lewisham now needs to save £4.7m by April 2017
- There has been a huge amount of work done to inform the proposals in the paper. Looking at how we might deliver services in a different way to make the most of the money spent – including looking at where savings can be made in both mandatory and non-mandatory services. There have also been a number of consultations – particularly around substance misuse.
- The paper outlines proposals and consultation activity in four key areas: preventative health services; health visiting and school nursing; sexual health services; and substance misuse services.
- Preventative health services cover a wide range of activity – as set out in the paper – with a total value of £2.1m. The Council is proposing to consult on savings of £800,000. These will be achieved through a combination of re-commissioning, redesign and potential termination of some services.
- There has already been some consultation activity around health visiting and school nursing, and there will be further consultation with more parents and young people over the summer.
- The consultation work so far has found that there is a strong demand from parents and users for more information and advice online and through social media. There are also lots of examples of good work between health visitors and children's centres, but it's inconsistent and there is significant overlap. There's the possibility of more group-based, rather than one-on-one, activity.
- When services have gone out for tendering recently, it has generally been existing providers bidding for services. There has been no private sector involvement so far.
- In terms of sexual health services in Lewisham, there are currently: four sexual health clinics; a specialist (Genitourinary Medicine) GUM service; GPs providing contraception and STI testing; and pharmacies providing emergency contraception and STI screening
- Lewisham is a young borough and there has been a significant increase in demand for all services. There has been a 22% rise in GUM, for example. This is putting unsustainable pressure on services.
- Commissioners are looking to work more collaboratively across London and find better ways of managing services. This includes, for example, proposing a new Integrated Sexual Health Tariff for local authorities.

- Commissioners are also looking to provide more services online. This is generally quicker and cheaper – and allows more people to be helped.
- There has been lots of consultation already, looking at how to move services away from clinics. This includes, for example, looking at what services could be provided online and how pharmacies could be used for testing and contraception.
- Young people should be seen for the first time in a sexual health clinic or by their GP.
- The proposals relating to substance misuse services are slightly different from the other proposals in the report. These services were not part of public health transfer in 2012 – they have been commissioned by the Council since 2000.
- As part of developing the savings proposals around substance misuse services, the Council has produced a detailed JSNA, looking at local and national trends, which formed the basis of consultation with service users and other stakeholders.
- There are two possible scenarios being proposed for the substance misuse savings, based on whether or not funding from the Mayor's Office for Policing and Crime (MOPAC) is made available.
- Both scenarios include: reducing investment in the young people's services; re-commissioning of aftercare services, with increased use of mutual aid; increasing investment in primary care to create mutual aid coordination role; and the re-procurement of the Core Adult service contract.

Danny Ruta (Director of Public Health, Lewisham Council) and colleagues answered questions from the Committee. The following key points were noted:

- Weightwatchers is pretty effective – 91% of clients successfully lose weight, with an average of around 5-10% weight loss. It has also been shown to be effective in clinical trials – although there is no data on the long-term results. The unit cost to the Council is £54.
- Only a small proportion of pharmacies in Lewisham are part of the NHS Health Checks programme.
- Some contracts may be lost by the NHS – the Council has to go through a fair tendering process. But the Council are in dialogue with providers, making it clear that there are going to be some changes as the Council has to save £4.7m.
- The consultation process is being held over the summer because the Council is working back from the date current contracts are due to end (March next year). The Council has done a lot of consultation already and the further consultation over the summer will help build a complete picture, including the views of service users.

- Specialised nursing for children with specialist needs will not be affected as this is not done through school nursing. School nursing will still have an important role to play in safeguarding.
- Consultation has included talking to the Young Mayor and his advisers. There will be further consultation to make sure that the findings are representative of the community – including in terms of race and language.
- Healthwatch will feature in the consultation process.
- Emergency contraception can't currently be provided in advance by pharmacies – only GPs can do this. But we also need to encourage people to use more reliable methods of contraception.
- Home tests ordered online would be the same as used in a clinic. They would be just as reliable and completely anonymous.
- Home tests will be appropriate for some young people – but not all. Vulnerable people should still be seen initially in clinic or by their GP. Changes will mean that there will be more capacity for the most vulnerable to be seen.
- As things stand, there is not much mutual aid towards the south of the borough. But the Council are looking to encourage community development in the south of borough by investing in the co-ordination of mutual aid.
- Officers agreed to carry out more work to identify available mutual aid across Lewisham.

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

- The Committee noted the importance of maintaining one-to-one contact in those situations where it is necessary – for example, safeguarding.
- The Committee also noted the importance of taking accessibility issues into account – not all people use the internet to access information or services.
- The Chair pointed out that some of the proposals will also go to the Business Panel, with the possibility of call-in.

*Resolved: the Committee agreed to the consultation plans for all the proposals except those on substance misuse, which they agreed would go forward to tender.*

## **6. Select Committee work programme**

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

- The Chair mentioned that he'd received a letter from the Save Lewisham Hospital campaign about the sustainability and transformation plan – an

information item on the agenda – and that the Scrutiny Manager would arrange a response from officers.

- The Committee also asked about the progress on a possible item on the re-organisation of TB labs in London. The Scrutiny Manager explained that he'd spoken to Public Health England and the Newham CCG and was now waiting for a response from the Lewisham CCG.
- The Committee agreed to combine the items on the work programme about place-based care and neighbourhood networks, as these would cover similar information.
- The Committee also agreed to move the item on adult safeguarding, currently on the September agenda, to October so that the committee would have more time in September to scrutinise the Lewisham Future Programme proposals.
- The Committee also agreed to move the item on elective Orthopaedics, also on the agenda for September, if there was any delay to the current timeframe.

*Resolved: the Committee agreed changes to the work programme*

## **7. Referrals**

The Committee didn't make any referrals

The meeting ended at 9.20pm

Chair:

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Date:

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