

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

**Tuesday 13 June 2017, 7.30pm**

Present: Councillors John Muldoon (Chair), Susan Wise (Vice Chair), Sue Hordijkenko, Stella Jeffrey, Olurotimi Ogunbadewa, and Jacq Paschoud.

Apologies: Councillors Paul Bell, Peter Bernards, Colin Elliot, Joan Reid, and Nigel Bowness (Healthwatch)

Also Present: Joan Hutton (Head of adult social care), Sarah Wainer (Programme Lead, Whole System Model of Care, Lewisham CCG), Amanda Pithouse (Deputy Director of Nursing, SLaM), Dr Daniel Harwood (Clinical Director, SLaM), Dr Alison Beck (Head of Psychology and Psychotherapy, SLaM), and Vanessa Smith (Service Director, mental health of older adults, SLaM), John Bardens (Scrutiny Manager).

## **1. Minutes of the meeting held on 18 April 2017**

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 Susan Wise is a governor of the King's College Hospital NHS Foundation Trust.

## **3. Responses from Mayor and Cabinet**

Resolved: the Committee noted the response from the Health and Wellbeing Board to their referral on the integration of health and social care.

## **4. SLaM Quality Account**

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

4.1 The South London and Maudsley NHS Foundation Trust (SLaM) draft Quality Account for 2016/17 sets out the Trust's performance against the quality priorities and national priorities set last year, as well as setting out new priority areas for the coming year. It is part of SLaM's five-year 2014-19 Quality Strategy, which comprises more than 100 quality-improvement projects.

4.2 The quality priorities for 2016/17 covered patient safety, clinical effectiveness and patient experience. The Trust set nine priorities, achieved four and has seen improvement in all areas except staffing. Given the staffing pressures, SLaM is

currently working with local partners (Oxleas and St George's NHS Foundation Trusts) to consider new workforce models.

- 4.3 Overall, the number of restraints in the Trust has decreased by 20%. The number of prone restraints, however, has increased by 9% – the Trust had aimed for a reduction of 20%. This could be the result of better reporting by staff. The Trust is aiming for a 50% reduction in prone restraint in 2017/18.
- 4.4 Overall, 91% of patients received a full risk assessment – exceeding the target of 85%. This could be the result of an improved electronic system at the Trust. The Care Quality Commission (CQC) said in its recent report that it had also noticed improvements in this area.
- 4.5 The Trust achieved its target for people feeling involved in their care, with 90% of patients saying that they do. The Trust is however carrying out further work to speak to patients and understand what it means to them to be involved in their care.
- 4.6 The Trust partially achieved its target for physical healthcare screening of patients, with 93% of inpatient, 77% of early intervention services users and 68% of community service users assessed. The target for inpatient and early intervention was 90%, the target for community users was 50%.
- 4.7 43% of identified carers were offered a carers assessment and a carers care plan. The Trust did not achieve its target of 50%. In response to feedback from carers, the Trust has developed a new assessment tool which looks at more than just the financial aspects.
- 4.8 The Trust has set 12 priorities for 2017-18. This includes a new strand on staff experience, which includes priorities relating to staff wellbeing, stress and whether staff would recommend the Trust as a place to work.
- 4.9 The southeast London Sustainability and Transformation Plan (STP) should help the Trust improve further in some quality areas, for example, providing care closer to people's homes.
- 4.10 The impact of Brexit on nursing staff is unclear at the moment. The Trust has significant challenges in this area already. This is why it is collaborating with local partners (Oxleas and St Georges NHS Foundation Trusts) to try to reduce Trusts competing for staff.
- 4.11 Providing care close to home is about providing more person-centred care in the community. It involves community teams looking at what a person needs and whether they can be treated intensively at home. It's also about trying to shorten the length of stay when an admission to hospital has been necessary. It includes having crisis care plans in place and identifying triggers of poor health and intervening early on, at home or with a short stay in hospital.
- 4.12 One of the Trust's new quality priorities is to reduce work-related stress. The Trust is looking to achieve this by better job planning and improving appraisal

standards – making sure that people’s jobs are doable and that they feel valued. Support for line managers and staff will also be improved, enabling managers to better support staff and prevent stress-related illnesses developing.

- 4.13 The mortality rates among people with mental ill health are higher than average. People with mental ill health are more likely to be overweight, smoke and have poor access to services. Improved physical health screening can help with this. This is why the Trust is working with patients early on to make sure people register with a GP and get into the habit of having regular checks and seeking medical help.
- 4.14 SLAM’s IT systems were not affected by the recent NHS malware attacks.
- 4.15 SLAM, in partnership with Oxleas and South West London and St George’s, has developed new Assistant Practitioner roles to work in inpatient care areas. Assistant Practitioners will receive training at London Southbank University and work towards a Foundation degree via day release for 18 months. The new roles will be able to take some tasks away from registered nurses. It is anticipated that the delegation of appropriate tasks will release time for more therapeutic engagement time with patients.
- 4.16 The target to reduce the average length of stay from 45 days to 40 days and then to 30 days is not as drastic as it sounds. It is about focusing on those who tend to have very long stays (100s of days). It’s an ambitious but doable target. And by freeing up more beds the Trust can also relieve some pressure on community and primary care.

*Resolved: the Committee noted the report*

## **5. Neighbourhood care networks update**

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

- 5.1 Neighbourhood Care Networks (NCN) are a key part of the development of community-based care in Lewisham. There are currently four NCNs arranged around four neighbourhood area footprints.
- 5.2 Activity to improve the co-ordination and delivery of care and support includes holding further Multi-Disciplinary Meetings; Neighbourhood Coordinators supporting health and care staff in each neighbourhood; Lewisham’s Single Point of Access continuing to support residents with information and advice; and the introduction of online assessment forms for services users and carers. Officers are also looking at how those people who need support in making online self-referrals can receive support to do so, for example from their local community library/hub.
- 5.3 Staff who have been involved in Multi-Disciplinary Meetings have said how useful they have been, how they’ve helped professionals to take a more holistic approach

to people's health and wellbeing and to coordinate that care around the patient or service user.

5.4 With the right advice and support, many people can be supported to help themselves. People who present at GP surgeries, or elsewhere, who would benefit from local opportunities or activities which would help to maintain or improve their health and wellbeing can be referred to Community Connections (if over 18) or Lewisham SAIL (if over 65) and be connected to activities and opportunities available in their local neighbourhood. Anyone can make a SAIL or Community Connections referral.

*Resolved: the Committee noted the update*

## **6. Social prescribing in-depth review scope note**

John Bardens (Scrutiny Manager) introduced the report.

6.1. Members discussed the scoping paper and suggested a number of possible site visits as part of the review, including the Health Living Centre and St Mary's Therapeutic Garden in Lewisham and the Bromley-by-Bow centre in Tower Hamlets. Members also suggested making contact with the NHS's National Clinical Champion for social prescribing, Dr Michael Dixon.

*Resolved: the Committee agreed the key lines of enquiry for the review.*

## **7. Select Committee work programme**

John Bardens (Scrutiny Manager) introduced the report and updated members on a number of developments with the work programme, including:

7.1 An item on charging for some adult social care services is expected to be brought to committee in July. This follows on from the savings brought to the committee last year. It will set out the proposed charges and consultation process.

7.2 The report on the CQC inspection of Lewisham and Greenwich NHS Trust will not be published in time for the July meeting. This item will be postponed until there is a date for publication.

*Resolved: the Committee noted and agreed the work programme.*

## **8. Referrals**

*There were none.*

The meeting ended at 21.10pm

Chair:

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Date:

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