

Committee	Healthier Communities Select Committee	Item No.	1
Title	Minutes 9 November 2011		
Wards	N/A		
Contributors	Scrutiny Manager		
Class	Part 1	Date	14 December 2011

Attendance and Apologies

Present: Councillors Muldoon (Chair), Beck, Bonavia, Foloronsu, Handley, Ibitson, Jeffrey, Maines and Whittle.

Councillor Fitzsimmons, Cabinet Member for Older People

Apologies: None

Also present: Paul Calaminus– Deputy Director Lewisham, SLaM
Dee Carlin – Head of Joint Commissioning, PCT/LBL
Christine Castro – Lay Visitor
Joy Ellery - Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust
Michelle Golden _ Local Compliance Manager, Care Quality Commission
Philippe Granger – Lewisham LINK Executive
Mike Hellier – Head of System Management, NHS Lewisham
Ruth Hutt – Public Health Consultant, Public Health, Lewisham PCT
Joan Hutton – Head of Adult Social Care, LBL
Salena Mulhere – Scrutiny manager, LBL
Georgina Nunney – Principal Lawyer, LBL
Jess Peck – Commissioning Manager HIV & Sexual Health, Lewisham Lambeth and Southwark
Thomas Pharaoh – London Health Programmes, NHS London
Sarah Wainer – Head of Strategy and Performance, Community Services
Martin Wilkinson – Managing Director, Lewisham Business Support Unit, PCT
Audrey-Marie Yates – Service Manager, Commissioning, Contracts and Brokerage, Community services LBL
Ali Young – Senior Commissioner, HIV and Sexual Health, Lewisham Lambeth and Southwark

1. Minutes of the last meeting

1.1 The minutes were agreed as a true record.

2. Declarations of Interest

2.1 Councillor Muldoon declared an interest as an elected member of the South London and Maudsley Trust (SLaM) Member's Council.

3. Response from Mayor and Cabinet: Kirkdale Centre

3.1 RESOLVED: To receive and note the response

4. Update from Care Quality Commission (CQC) local compliance manager

4.1 The Chair welcomed Michelle Golden, local compliance manager for Lewisham to the Committee. The Chair invited Michelle to give an overview of her role and the CQC role in Lewisham.

4.2 The key points to note were:

- The CQC was created in April 2009 to regulate health and social care, with people who use services (and their families and carers) at the centre of everything CQC does
- The scale of CQC regulated care is huge, and includes: 9000 primary medical services, 409 NHS hospital providers, 1500 Independent healthcare providers and 12,500 Adult Social Care providers
- CQC mitigates against risk by measuring systems and processes and deals with failure by responding to poor outcomes in order to reduce the likelihood of people being harmed. CQC listen to what people say about care and review data in order to identify possible risks. When risks are identified CQC review and inspect – “risk-based regulation”.
- Non-compliance does not mean unsafe – it means an increasing risk of care being unsafe: the more non-compliant a provider is the greater the risk but non-compliant is not an absolute judgement of the quality of care on offer
- Quality above “compliance” is not CQC’s responsibility – that lies with providers and commissioners
- It is the duty of providers to ensure compliance at all times. Should a provider not become compliant with the required standards CQC can give a warning notice, impose or vary conditions, suspend registration on some services, issue a fine, prosecute or close a service by cancelling registration

4.3 In response to questions from the Committee, Michelle Golden advised:

- There are 8 compliance managers in London, Michelle covers Lewisham, Greenwich, Bexley and Bromley – the numbers of inspectors in each compliance managers team depends on the budget – Michelle has 11 inspectors and 560 services to cover, so each inspector is responsible for about 45-55 providers. Each acute NHS hospital and ASC provider is visited at least annually

4.4 **RESOLVED: To note the presentation.**

5. Commissioning, Monitoring and arrangements for inspection of services in care homes used by Lewisham

5.1 Sarah Wainer and Audrey-Marie Yates introduced the report. The key points to note were:

- Commissioning is the process used to specify and procure services – it is the practice of translating local aspirations and assessed needs into services for the people who need them
- Commissioning is a cycle that includes assessing needs, prioritising outcomes, procuring the services, and managing delivery
- The procurement process is designed to identify the service provider who will deliver the services to the required standard at the optimum cost. Best value for

money is achieved by evaluating the tender submissions on a balance of “Quality” and “cost”

- Nursing and residential places are secured by block and spot contracts. Block contracts are used where there are a scarcity of beds, such as nursing and “category 1” places, which are fully funded by the NHS, spot contracts are used for the majority of care home placements, to secure individual placements on a case by case basis
- As well as individual’s care needs information, all care homes are issued with a service specification which sets out the standard and type of care that is expected to be provided to service users
- Once a residential or nursing home placement has been identified and agreed with the service user and their family as a suitable home, a contract monitoring process is then put in place to ensure the service user receives a good service on an ongoing basis. Contract monitoring includes both qualitative observations and quantitative data on how well services are being provided and whether desired service outcomes are being achieved
- Periodic reviews are also carried out of care homes training records, recruitment processes etc as part of the contract monitoring process. Officers also carry out unannounced visits

5.2 The Committee heard from the Cabinet Member for Older People and Christine Castro, a lay visitor. They advised:

- The lay visiting scheme was set up by the cabinet member and started with 8 volunteers. All volunteers are CRB checked and go through an 8 week training programme, which is provided by Age Concern
- When they have carried out a visit they send a confidential report through to Audrey Marie Yates, they highlight both good and bad practice identified
- The cabinet member and lay visitors have routinely found that older people want to have a greater say in their life and to be as independent as possible – they don’t always want things to be done for them but to be supported to do things for themselves.
- Almost all the service users visited report that the care they receive is “super”, but they don’t feel that they are living a “normal” life – for example a lot of the older ladies say they would like to prepare some meals and do some cleaning, as they always have done that and associate that with living a “normal” life – the cabinet member and lay visitors work with home providers to try and develop activities that enable the older people to do some of those sorts of activities.
- The cabinet member also works hard to help older people to continue to feel part of the community, by organising events and activities and days out with members of the wider community: a recent trip to the seaside with a group of older and young people was thoroughly enjoyed by all, and activities organised within the homes with younger people coming to and playing music with the residents or making Christmas decorations together with them are always popular.
- The cabinet member is exploring ways to provide some more activities to help people feel “normal” and part of the community as that is what is important to them – work is currently underway to try and organise a pub lunch and some shopping trips
- The cabinet member is currently trying to expand the lay visitor scheme to also cover individuals who are house-bound in their own homes.
- The lay visitor advised that the training was very good, as it highlighted to the visitors that they would be visiting peoples homes, and were guests in their home so must be mindful of that at all times
- Lay visitors generally have found that service users speak highly of the care they receive and the way staff respect and treat them

- Lay visitors are often shown around by staff and can see the pride staff take in their work and the qualifications they have or are working towards, they are often also invited to stay to lunch and often see that residents prefer being asked if they would like some help if they are struggling, rather than having their food cut up for them automatically was an example often given
- Lay visitors have the opportunity to go back to a home after a visit, they go with the contract manager and the manager of the home to discuss the report and what they found

5.3 In response to questions, Cllr Fitzsimmons, Audrey-Marie Yates and Sarah Wainer advised:

- Lots of activities are seen in action and the activities are discussed with the residents when they visit, it is important for the residents to have a range of fun things to do and look forward to – it is good to keep people physically and mental active and by doing a range of activities older people retain a higher self esteem, so access to a wide range of activities is very important
- There are a range of block and spot contracts to make sure that needs are met appropriately – there are 88 block nursing beds in the borough and 2 respite beds and the rest area spot contracts
- Retaining a link with the wider community and feeling as “normal” as possible is so important to the residents of care homes and is something that the cabinet member is working on, in discussion with officers and care home providers
- Councillors would be welcome to volunteer to take part in the lay visitor scheme, but would need to be reminded of the remit of the scheme and would be visiting in that capacity, as a friend, not an inspector or councillor.

5.4 The Committee discussed the report and evidence heard and concluded the view:

- 1) The Committee notes the excellent work of the lay visitors and the importance of this scheme, and asks that the Executive Director ensure the scheme and its participants are adequately supported and resourced to continue to carry out this excellent work.
- 2) The Committee notes the important work of the Cabinet Member for Older People in engaging with and supporting older people in Lewisham and asks that the Cabinet Member is afforded adequate officer support and resource to continue her excellent work.
- 3) The Committee suggests that all Councillors and Council staff be made aware of the lay visitor scheme and the opportunity to undertake training to become lay visitors be open to all councillors and staff.

5.5 **RESOLVED: The Committee resolved to refer the views outlined at 5.4 to Mayor and Cabinet.**

6. London Cancer Services: Implementing the model of care

6.1 Thomas Pharaoh introduced the presentation. The key points to note were:

- In December 2009 a case for change for cancer services in London was published. It showed that the lack of progress in implementing co-ordinated cancer services across the capital meant that services may be excellent in some instances but was hugely variable
- A proposed model of care was then published in August 2010. The proposals were developed over a 12-month period by over 45 cancer clinicians from the capital and an active patient panel, and took into account national and international evidence and best practice.

- The proposed model of care was the subject of a three-month engagement process with GPs, the public and Local Authorities. The feedback received was supportive and the proposals are now being taken forward
- The implementation programme has workstreams to address the areas identified for improvement in the model of care, including spreading best practice, improving radiotherapy, and ensuring early diagnosis of cancer
- The case for change highlights that the earlier that cancer is diagnosed and treated, the greater a patient's chance of survival and improved quality of life. It is estimated that 1,000 lives per year could be saved in London through earlier diagnosis

6.2 In response to questions, Thomas Pharaoh, Martin Wilkinson and Joy Ellery advised:

- Commissioners are talking with Lewisham Healthcare NHS Trust about the development of Lymph oedema services in Lewisham, services are currently provided for Lewisham residents by Greenwich and Bexley
- Palliative care is provided by a range of providers including Guys and St Thomas', across the borough – which provider is used is determined in part by where in the borough the patient lives
- The implementation of the revised model of care will see a governance structure put in place that all participating organisations will be involved in developing

6.3 **RESOLVED: The Committee noted the report and agreed to receive further information via email regarding the Lymph oedema service available in Lewisham.**

7. HIV Care and support review

7.1 Jess Peck introduced the report. The key points to note were:

- There are 1360 people in Lewisham known to be living with HIV. There is likely to be a much higher number of people who are yet to be diagnosed. The current portfolio of services providing HIV care and support services have been reviewed and a revised proposed service model put forward for consultation
- NHS Lewisham has identified HIV as a high priority issued and is currently working on delivering a number of strategies across the HIV pathway including prevention, testing and treatment.
- It is necessary to develop a model of care for HIV as a long term condition, in line with the changing needs of HIV positive patients in line with the epidemiological changes of HIV and biomedical advances of treatment
- Public consultation on the proposed changes will take place for 3 months from the 1st of November to the 31st of January – the final commissioning intentions and implementation plans should then be signed off by February 2012 with the new service procured by July 2012 and starting delivery in September 2012

7.2 In response to questions, Jess Peck, Ali Young and Ruth Hutt advised:

- Treatment and management of HIV as a long term condition would mean that some of the appropriate care and support is integrated more into primary care, as is the case with other appropriate long term conditions– HIV would remain a priority for NHS Lewisham and the specialist services would remain available as needed
- It is not the intention to identify savings as part of this review, but to identify efficiencies in delivering appropriate services based on the changing longer term need of HIV positive service users
- There are only 20-25 children in Lewisham diagnosed as HIV positive, so it is a very small number who would be very well supported on an individual basis through any necessary transition to adult services as they reach 18

- A range of consultation activities with service users and the community are planned and will take place in appropriate and accessible locations, as outlined in the engagement plan

7.3 **RESOLVED: To endorse the consultation and engagement plan, to note the proposed service model, options appraisal of current provision and summary commissioning intentions and to note the consultation process. The Committee resolves to receive a further update, including the outcomes of the consultation process, at its March meeting.**

8. CQC Inspection of the Ladywell Unit (Information item)

- 8.1 The Committee asked Patrick Gillespie for an assurance that the matters highlighted in the report were being addressed, in particular the concerns that “some” staff were not aware of safeguarding procedures. Patrick Gillespie advised that it was only one member of staff. The Committee discussed asking CQC for further clarification as to whether it was one member of staff or a number of staff who were not aware of safeguarding procedures.
- 8.2 At 9.20 a motion was moved to suspend standing orders. This motion was not carried by a vote of 3-2 against.

The meeting ended at 9:30 pm

Chair:

Date: