

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 16 April 2013 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Pauline Beck, Peggy Fitzsimmons, Chris Maines, Jacq Paschoud and Alan Till

ALSO PRESENT: Diana Braithwaite (Lewisham Clinical Commissioning Group), Joy Ellery (Lewisham Healthcare NHS Trust), Philippe Granger (Lewisham LINK), Salena Mulhere, Roger Raymond, Dr Danny Ruta (Public Health Lewisham, NHS South East London), Sarah Wainer, Malcolm Hines (Southwark CCG), Lynn Saunders (Lewisham Healthcare Trust) and Rebecca Scott (Southwark CCG)

Apologies for absence were received from Councillor Helen Gibson, Councillor Carl Handley and Councillor Ami Ibitson

1. Confirmation of Chair and Vice-Chair

1.1 RESOLVED: The Committee confirmed Cllr John Muldoon as Chair and Cllr Stella Jeffrey as Vice Chair.

2. Minutes of the meeting held on 19 March 2013

2.1 RESOLVED: That the minutes of the meeting held on 19 March 2013 be signed as an accurate record of the meeting.

3. Declarations of interest

3.1 Councillor Muldoon declared a non-prejudicial interest as an elected Governor of the South London and Maudsley NHS Foundation Trust (SLaM) Council of Governors.

4. Improving Health Services in Dulwich and Surrounding Areas - consultation by the Southwark Clinical Commissioning Group

4.1 Rebecca Scott, Programme Director – Dulwich; and Malcolm Hines – Chief Finance officer, introduced the report and the following key points were noted:

- The new Southwark Clinical Commissioning Group (SCCG) is aiming to improve community access to healthcare in the south of Southwark.
- Even though the health services are in Southwark, there are over 5,000 residents from Forest Hill ward registered with Southwark GPs, and a few hundred from Crofton Park, Telegraph Hill and Perry Vale.
- There was an initial 'engagement period' last year for 3 months, which had over 1,000 responses. This helped narrow the proposals for the main consultation which runs from 28 February

2013-31 May 2013.

- Another aim of the consultation is to improve community access to health care related to long-term conditions. Services need to be reviewed as Southwark's population is predicted to increase 11-12% in the next 8-10 years, and a significant amount of that increase will be in the 20yo-40yo age range.
- The Business Case is scheduled to be approved in late 2013/early 2014, and services to be commissioned over the next two years.
- It's highly likely that Dulwich Community Hospital site will be developed in conjunction with Southwark Council as part of the improvement in services.
- The proposals suggest that services could be accessed via a local GP, a nearby GP or health centre, or a larger health centre, which is likely to be on the Dulwich Community Hospital site.
- Two options are proposed in the consultation document, Option A, which is a more centralised system, or Option B is a more decentralised system.

4.2 In response to questions, the Committee were informed that:

- South East London Doctors On Call (SELDOC) is still based at Dulwich Community Hospital, but it's not envisaged that it will permanently remain at the site.
- Dulwich Community Hospital is earmarked as the main health centre, as other potential sites are not central and do not have as much space.
- There is a Renal Dialysis Unit at Dulwich Hospital which could be moved if necessary; however Kings, who provide the service, are keen to remain on site.
- The consultation concentrates on the south of Southwark as the opportunity has arisen to improve the services in this area, and also provides an opportunity to release the £2m running costs for Dulwich Community Hospital.
- Officers recognise that public transport to the Dulwich Hospital site from the Forest Hill area is currently not ideal. They will explore this further with Transport for London (TfL).
- SCCG officers would be happy to visit the Local Assembly of Lewisham ward, primarily Forest Hill, to engage with residents.

4.3 RESOLVED: that

- a) the Committee ask Southwark CCG to consult with the Forest Hill Local Assembly before the consultation closes on 31 May 2013; and
- b) Southwark CCG returns to the Committee at its September meeting to update the Committee on the conclusions of the consultation.

5. Lewisham Hospital - Update

5.1 Joy Ellery - Director of Knowledge, Governance and Communications, Lewisham Healthcare Trust and Lynn Saunders - Director of Business

Development and Planning Lewisham Healthcare Trust introduced the report and the following key points were noted:

- The Secretary of State for Health's decision on the TSA report for South London Healthcare Trust (SLHT) slightly altered the recommendations in the report.
- The Secretary of State for Health decided that Lewisham Hospital should have a smaller, fully-admitting Accident & Emergency (A&E).
- Lewisham Hospital, in light of the Secretary of State's decision, has been analysing the impact the recommendations will have on all of their services.
- The Judicial Review of the Secretary of State's decision in relation to Lewisham Hospital is due to be heard over a three day hearing between late May and mid-July. Its outcome will influence the planning of services.
- In terms of the TSA recommendation to merge Queen Elizabeth Hospital with Lewisham Hospital, Lewisham Healthcare Trust supports this recommendation.
- Lewisham Healthcare Trust are already planning for the proposed merger to ensure that there is a smooth and safe transition to the new organisation so it is working effectively from day one.
- It is proposed that it will be merger by acquisition, which means Lewisham will acquire Queen Elizabeth Hospital, with Lewisham's Board remaining in place.
- Work is being carried out to ensure that the bureaucracy for each work stream (e.g. finance, governance) is fully integrated once the merger is complete.
- Lewisham Healthcare Trust will be contacting stakeholder groups to engage with them as the planning for the merger continues.
- Work has commenced to produce a Business Plan for the merger, to be reviewed by the NHS Trust Development Authority (NTDA) at the end of May.
- The 'transaction date' for the merger has been set at 1 July, but is unlikely to happen at this time. The NTDA have appointed a Programme Director for Transactions who is currently reviewing the timetable.
- A Due Diligence questionnaire has been developed with legal advice, and submitted to SLHT, providing a comprehensive information request to see how the organisation is being run at present.
- The key Clinical appointments will soon be made in anticipation of the proposed merger.
- Consultation with staff at SLHT has begun to place. It is expected that staff at SLHT would be integrated into the merged organisation.
- The Foundation Trust application has being put on hold until the integration is complete.
- Lewisham Healthcare Trust have launched a 'Business As Usual' campaign to let residents know that Lewisham Hospital is operating as normal at the present time. Also a staff survey has shown that Lewisham Healthcare Trust is in the top 20% of organisations where workers would recommend Lewisham Hospital to family and friends if they needed treatment.

- The original TSA Special Administrator Matthew Kershaw has now moved on to be the Chief Executive of Brighton and Sussex University Hospitals NHS Trust. The new TSA Special Administrator is Caroline Taylor.

5.2 In response to questions, the Committee were informed that:

- The Due Diligence Process will examine the processes of the SLHT, including its finances. These will include questions such as PFI issues, governance issues, and impact on Lewisham Healthcare Trust's Risk Register.
- As part of the merger, there will be a 2-year plan to oversee the merger and it will include financial models and financial plans for Queen Elizabeth Hospital to deliver the merger and make it solvent.
- Lewisham Healthcare Trust has always been in favour of a merger with Queen Elizabeth Hospital. However the Secretary of State for Health's decision in relation to the TSA's recommendations has meant that the effect is unclear and will need to be analysed in terms of impact on services.
- In terms of re-employing those who have been made redundant from another healthcare organisation, SLHT has a Mutually Agreed Resignation Scheme. Once this is concluded staff will be identified for resignation. Therefore SLHT will have a list of staff who have been made redundant so the process will be very transparent,
- Lewisham Healthcare Trust is engaging with Queen Elizabeth Hospital staff about integrating them into the new proposed merged organisation.
- Lewisham Healthcare Trust commissioned an independent review with a healthcare provider on the usage of the current site. The review clearly showed that the TSA plans for the site were not feasible.
- In terms of the A&E Department decision by the Secretary of State of Health, modelling will have to be carried out to understand the clinical implications of treating up to 75% of the patients who currently use the A&E, alongside potential acute admissions.

5.3 RESOLVED: that the Report be noted, and 'Lewisham Hospital – Update' remains on every agenda for this municipal year to inform the Committee of developments when required.

6. Development of the Health and Wellbeing Strategy

6.1 Sarah Wainer, Head of Strategy & Performance, and Danny Ruta, Director of Public Health, NHS Lewisham, introduced the report and the following key points were made:

- It is a legislative requirement for Health and Wellbeing Boards to produce a Health and Wellbeing Strategy.
- The Council is committed to improving the health and wellbeing of citizens in Lewisham. In Shaping our future – Lewisham's Sustainable Community Strategy, one of the priority objectives that all partners will work towards is that the borough and its communities

should be 'Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and wellbeing'.

- The engagement process has consisted of a number of events between December 2012-April 2013.
- Key messages arising from the engagement so far include:
 - o The negative impact of social isolation on people's physical and mental health and wellbeing
 - o The numerous barriers that hinder people from pursuing a healthy lifestyle, from cost and access to a lack of confidence to turn up and engage with existing activities.
 - o The existence of a range of opportunities and activities, already provided within the community that could support people to feel healthier and maintain their independence.
- Lewisham produced its first Joint Strategic Needs Assessment, Health, Well-being and Care in 2010. It has subsequently produced an online version, accessible at www.lewishamjsna.org.uk. This has helped to form the priorities of the Shadow Health and Wellbeing Board.
- The CCG has worked to align its priorities with the key areas of focus identified by the Shadow Health and Wellbeing Board.
- The draft strategy has identified nine priority areas and they are as follows:
 - o Increase the uptake of immunisation
 - o Prevent the uptake of smoking among children and young people and reduce the numbers of people smoking
 - o Reduce the harm caused by alcohol misuse
 - o Promote healthy weight
 - o Improve mental health and wellbeing
 - o Improve sexual health
 - o Delay and reduce the need for long-term care and support
 - o Reduce the number of emergency admissions for people with chronic long-term conditions
 - o Increase the number of people who survive colorectal, breast and lung cancer for 1 and 5 years.
- The priorities will be underpinned by specific interventions to ensure improvement is made in these areas.

6.2 In response to questions from Members, the following was noted:

- In respect of community representation, officers said that the Board will be asked to consider additional membership at its first meeting. There will also be an opportunity for people to sit on one of the groups that support and feed directly into the health and wellbeing board.
- Feedback from all the engagement process will be collated, analysed, and will feed into the Action Plan.
- Review of the evidence contained in needs assessments has led to selection of the nine priority areas. This does not of course affect the work that continues to be done in other areas. In addition, the Strategy will be reviewed regularly.
- An objective will be to connect the strategy with the community and community groups, so it they can support the delivery of the strategy.

- Educating the public, and health professionals on health improvements is very important. Doctors do receive training on policies and protocols, for example the distribution of antibiotics.

6.3 RESOLVED: to make a referral to the first Health and Wellbeing Board meeting to:

a) welcome the development of the Health and Wellbeing Strategy.

b) recommend that the Health and Wellbeing Board specifically addresses the issue of engagement with service users, either through:

(i) appointments to the Health and Wellbeing Board; or

(ii) a second tier of user groups feeding directly to the Health and Wellbeing Board.

7. Changes in light of the Health and Social Care Act 2012 Report & Health Scrutiny Protocol (Revised)

7.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report and the following key points were noted:

- The report lays out the organisational changes to the NHS and other bodies due to the enactment of the Health and Social Care Act 2012.
- The report notes that overview and scrutiny continues to have a statutory role to act across the whole health economy. In Lewisham, this will continue to be carried out by the Healthier Communities Select Committee.
- The original Health Scrutiny Protocol was agreed in the 2008-2009 municipal year. Its purpose is to agree how the various bodies would interact with the Committee as it exercised its statutory duties.
- The Protocol now needs to be revised in light of the changes enacted in the Health and Social Care Act 2012.
- If the Committee is in agreement to revise the Protocol, officers will work to bring a revised Protocol to the May meeting for confirmation.

7.2 In response to questions, the Committee were informed that:

- The Health Scrutiny Protocol is primarily concerned with local bodies in the health economy. However, this does not preclude other health bodies being invited and asked to give evidence to the Committee, as has been done on numerous occasions.

7.3 RESOLVED: that the Report be noted, and a draft Health Scrutiny Protocol be presented at the next Committee meeting in May.

8. NHS 111 - Update

8.1 Diana Braithwaite, Director of Commissioning, Lewisham Clinical Commissioning Group, gave an update on the NHS 111 roll-out.

The following key points were made:

- The NHS 111 areas that have been rolled out in South East London have been Bexley, Bromley and Greenwich, and this took place on 12 March.
- There have been some issues related to the roll out in these areas, leading to a delay in the NHS 111 rollout to Lambeth, Southwark and Lewisham.
- There have been improvements in the NHS 111 service since the initial problems.
- NHS Direct closed on 21 March, but it is still possible to contact SELDOC. They will be encouraging GPs to update their information so that patients are aware they can contact SELDOC now that NHS Direct is no longer operational.

8.2 In response to questions, the Committee were informed that:

- The South-East London Commissioning Unit is overseeing the rollout of NHS 111.
- Committee members could be sent a more detailed briefing on the progress of NHS 111 since the roll-out began.
- A further NHS 111 update can be given at the Committee's May meeting to inform Members.

8.3 RESOLVED: that there be a further update on NHS 111 at the next Committee meeting in May.

9. Work Programme 2013-14 (Emergency Services Review (Scoping))

9.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report. The following key points were made:

- The proposed work programme for 2013-2014 is included in the agenda papers.
- Once all the work programmes are agreed, they will be presented to Business Panel so the work across the Select Committees is coordinated.
- The scoping paper for the Emergency Services Review is also included in the agenda papers. If the Committee agree to carry out this review, all recommendations will be collated with the other Select Committees who have agreed to participate in the review, and pulled together into an Overview and Scrutiny Emergency Services Review Report.
- If the duration of the Council was extended so that the local council elections were to coincide with the European Parliament Elections, an additional meeting of the Committee could be arranged as necessary.

9.2 Members suggested the following amendments to the work programme:

- HIV Services: be moved to the July meeting.
- Francis Report Update: an item to be added to the December meeting.
- Hepatitis B Update: should not be added to the Work Programme at this stage.

- Outcomes Based Commissioning: Members welcomed an informal afternoon meeting with service users to be arranged for the afternoon of the July meeting.
- New Cross Gate Healthy Living: should be discussed at the next Agenda Planning meeting to decide if it needs to go to the next Committee meeting.
- Welfare Meals Contract: if there are substantive issues to be decided at the 1 May meeting of Mayor and Cabinet, Committee members should be sent the papers for that meeting.

9.3 RESOLVED:

- a) the Committee agree the 2013-14 Work Programme, subject to the amendments outlined in 9.2.
- b) the Committee agree the scoping report for its participation in the Emergency Services Review.
- c) it was agreed that the items that would go the next meeting on 29th May 2013 will be:
 - Emergency Services Review (evidence)
 - CQC inspection Lewisham hospital and Local compliance manager update
 - Community Mental Health Review
 - Quality Accounts (Lewisham NHS and SLaM)
 - Scrutiny Protocol
 - NHS 111 – Update
 - New Cross Gate Healthy Living (provisional)
 - Lewisham Hospital - Update

10. Matters to be referred to Mayor & Cabinet

10.1 There were none. However it was agreed to make a referral to the Health and Wellbeing board as at 6.3:

- a) welcome the development of the Health and Wellbeing Strategy.
- b) recommend that the Health and Wellbeing Board specifically addresses the issue of engagement with service users, either through:
 - (i) appointments to the Health and Wellbeing Board; or
 - (ii) a second tier of user groups feeding directly to the Health and Wellbeing Board.

The meeting ended at 9.25pm.