

# MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Thursday, 25 June 2015 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Colin Elliott, Ami Ibitson, Jacq Paschoud, Alan Till and Susan Wise and

APOLOGIES: Councillors Pat Raven and Joan Reid

ALSO PRESENT: Councillor John Paschoud, Lisa Palin, Monsignor N Rothern (Roman Catholic Church), Councillor Luke Sorba, Timothy Andrew (Scrutiny Manager), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Linda Gabriel (Chair) (Healthwatch Bromley and Lewisham), Heather Hughes (Joint Commissioner, Learning Disabilities), Joan Hutton (Interim Head of Adult Assessment & Care Management), Carmel Langstaff (Policy & Strategy Manager), Charles Malcolm-Smith (Head of Organisational Development) (Lewisham Clinical Commissioning Group), Tony Nickson (Voluntary Action Lewisham), Georgina Nunney (Principal Lawyer) and Belinda Regan (Deputy Director of Governance) (Lewisham and Greenwich NHS Trust)

## 1. Minutes of the meeting held on 21 April 2015

- 1.1 Resolved: that the minutes of the meeting held on 21 April be agreed as an accurate record.

## 2. Declarations of interest

- 2.1 The following non-prejudicial declarations of interest were declared:

Councillor Muldoon – non-prejudicial – Lead Governor of South London and Maudsley NHS Foundation Trust; personal – patient at Lewisham Hospital  
Councillor Jacq Paschoud – non-prejudicial – member of the Parent Carers Forum; personal – family member in receipt of a package of social care.  
Councillor John Paschoud – non-prejudicial- parent governor at Perrymount school; personal – family member in receipt of a package of social care.  
Councillor Susan Wise – personal – patient at Lewisham Hospital.  
Lisa Palin – non- prejudicial - parent governor at Greenvale school;  
personal – family member in receipt of a package of social care.

## 3. Response from Mayor and Cabinet on matters raised by the Committee

- 3.1 Councillor Muldoon provided an update to the Committee about the receipt of the Committee's referral at Mayor and Cabinet.
- 3.2 Resolved: to note the response from Mayor and Cabinet.

## 4. Transition from children's to adult services

- 4.1 Joan Hutton (Head of Adult Assessment and Care Management) introduced the report; the following key points were noted:

- Two key pieces of legislation (The Children and Families Act 2014 and the Care Act 2014) had implications for the way in which transition from children's to adult's social care services was managed.
- The changes brought about by the legislation provided the opportunity for further collaborative and multi-agency work to take place.
- There were currently 553 14-18 year olds in receipt of social care services. 121 would be eligible for adult services.
- It could be a challenge to work with young people in receipt of care services and their families, if there were already set ideas about the services and support they should receive.
- The decision to provide residential support, following education could also be difficult.
- 77% of young people aged between 19 and 30 in out borough residential placement had been placed directly from out of borough schools and colleges.
- The Council was building on good work with providers in the borough to increase the education and residential options available in the borough.
- There was an increasing focus on bringing together current resource and working together (health, social care and education) at an earlier stage of the transition process.

4.2 Joan Hutton (Head of Adult Assessment and Care Management) and Aileen Buckton (Executive Director for Community Services) and Heather Hughes (Joint Commissioning Lead Complex Care & Learning Disabilities) responded to questions from the Committee; the following key points were noted:

- The Council had a statutory responsibility to provide for Lewisham residents in out borough residential placements.
- Partners would be working together to create a dedicated team, bringing together shared resources to manage the process of transition.
- It was anticipated that this would deal with some of the current issues involved with decisions being made before adult services became involved.
- The positive impact of collaborative working had been demonstrated in other local authorities.
- Sensitive work was required to support families of young people who were not due to receive adult services after they left children's social care.
- The Council had a responsibility (formalised in the Care Act) to provide information and advice to people who did not meet the threshold for the delivery of services.
- It was proposed that additional capacity for people who were learning disabled would be created in the borough, this work would not happen immediately and there would be a gradual shift to in-borough placements.
- With demographic changes and improvements in medical care, it was anticipated that the number of young people (currently 121) transitioning from children's to adult's services would increase by about 20 per year.
- There were currently approximately 600 learning disabled young people who were in receipt of day services.
- Work was underway to create local supported living provision.
- There would be a phased rather than a sudden change of services.
- Two schemes were in development and provision would be in place for the beginning of the 16/17 academic year.

- Further information would be provided about the destinations of young people leaving social care in in and out of borough placements.
- Further information would be provided about the changing demographic of service users.

4.3 The Committee agreed to share its views with Mayor and Cabinet as follows:

- Having considered a report about the transition of young people from children's to adult social care and received a report from officers; the Committee recommends that further work be carried out to improve the opportunities for children and young people to access education and care provision in Lewisham that meets their needs. The Committee is concerned about the number of young vulnerable people placed outside of the borough.
- The Council should consider working with neighbouring boroughs to ensure that a range of provision is in place for children and young people in receipt of social care.
- The Committee also recommends that the Council take into account the need for transitional support for families in cases where children are not eligible for adult social care upon reaching adulthood.

4.4 The Chair thanked Members of the Children and Young People Select Committee for their contribution to the discussion.

4.5 Resolved: to refer the Committee's views to Mayor and Cabinet.

## **5. Healthwatch annual report 2014-15**

5.1 Tony Nickson (Director, Voluntary Action Lewisham) introduced the report; the following key points were noted:

- This was the second annual report from Healthwatch Lewisham.
- It had been a busy year. Healthwatch had provided views on health and social care services – as well as signposting and support for members of the public.
- There were some examples and case studies of actions carried out by Healthwatch in the report.
- The report followed the format set out by Healthwatch England.
- Lewisham Healthwatch had transferred to Healthwatch Bromley – to become Healthwatch Bromley and Lewisham as part of a successful re-tendering.

5.2 Linda Gabriel (Chair of Bromley and Lewisham Healthwatch) addressed the Committee; the following key points were noted:

- The take-over of Lewisham Healthwatch functions had been successful.
- The new organisation was keen to build on the successes of Healthwatch Lewisham.
- Bromley and Lewisham Healthwatch had been working successfully to engage with communities in both boroughs.

- Lewisham’s recently appointed community engagement worker had been visiting organisations across Lewisham and had worked made links with a range of groups, including the Clinical Commissioning Group. Healthwatch was currently involved in the ‘your voice counts’ consultation on the South East London Strategy.
- Healthwatch would also have a presence at Lewisham People’s Day.
- One particular area of focus in the coming months would be the mental health of children and young people.
- Bromley and Lewisham Healthwatch had good governance arrangements in place. Representatives from Lewisham and Bromley were on the board of the charity.
- Each borough also had a sub-committee to oversee its work plan.

5.3 Linda Gabriel (Chair, Bromley and Lewisham Healthwatch) responded to questions from the Committee, the following key points were noted:

- Healthwatch was an organisation which would speak for everyone who used healthcare services, whether they were described as service users, as consumers or as patients.
- The report followed the guidelines provided by Healthwatch England.
- The Board of Healthwatch comprised of ordinary people. There were no ‘vested private interests’ involved.
- Bromley and Lewisham Healthwatch was keen to be involved in community activities.
- The differences between the populations of Bromley and Lewisham provided an exciting challenge – and provided opportunities for each borough to learn from each other’s good practice.
- The boroughs had some different demographics (such as the age profile) but Healthwatch intended to use its experience to build on good work in the other.
- Healthwatch was represented on a number of boards and groups – and used its experience with the community to develop and enrich the process of engagement.
- The joint commissioning arrangements for Bromley and Lewisham Healthwatch were unique in the country – and were being watched closely by Healthwatch England.
- It was assumed that there would be some cost savings to be made through the sharing of services, but it was the first year of the arrangement, so further work would need to take place to determine how much those savings would be.
- Some monies from Healthwatch Lewisham had been returned to the Council from last year and some had been transferred to B&L Healthwatch.

5.4 Tony Nickson (Director, Voluntary Action Lewisham) responded to a question about the discontinuation of VAL’s hosting of Healthwatch. The following key points were noted:

- VAL had hosted Healthwatch for two busy and successful years.
- The Board of VAL recognised the need to reorganise its operations and retain its core focus.

- Part of VAL's purpose was to initiate new projects, this had happened – and VAL believed that it was important to let organisations develop their own identities so the Board chose not to take up the option of a contract extension for a third year.

5.5 Aileen Buckton (Executive Director for Community Services) responded to a question on the funding provided to run Healthwatch, the following key points were noted:

- Funding for Healthwatch was provided by the general fund, but it was not ring-fenced.
- Government indicated the amount it believed should be spent on commissioning Healthwatch services.

5.6 Resolved: to note the report.

## **6. Day centres consultation**

6.1 Aileen Buckton (Executive Director for Community Services) introduced the report; the following key points were noted:

- The report followed from previous discussions at Committee about changes to day centre provision.
- The service was being tasked to make a £1.3m saving in relation to its properties.
- Following scrutiny of the consultation options at Committee in January 2015, Mayor and Cabinet had agreed to consult on a proposal to consolidate directly delivered services for people with complex needs.
- There was a related report being considered by the Safer Stronger Communities Select Committee about changes to accommodation for the Community and Voluntary Sector and proposals for community hubs.
- The Ladywell centre would be retained for the provision of specialist support.
- Mulberry, Leemore and Naborhood centres would be developed as community hubs.
- The hubs would better utilise the available space, provide facilities for community organisations and training spaces for volunteers.
- The Leemore centre would operate as an information and advice giving centre.
- Voluntary sector organisations would be tasked to work more closely together.
- Work had been carried out to ensure that those who wanted to could still attend MENCAP evening club provision.
- Sessions had been held with service users and their advocates about the changes.
- If further staffing changes were required – consultation would be carried out with staff.

6.2 Aileen Buckton (Executive Director for Community Services) and Heather Hughes (Joint Commissioning Lead, Complex Care & Learning Disability) responded to questions from the Committee; the following key points were noted:

- It was agreed that the description of people 'living at home' might be misleading because wherever a person lived was their home. The term was used in the report to create a distinction between people who were in supported living and those who lived with family carers.
- Most of the work on transport issues had been completed; there were still some things to resolve in relation to people who were placed in Lewisham care from other boroughs.
- People would be helped to use different means of transport. Work with volunteer drivers had shown that they were eager to have regular hours, so transport to clubs would work well.
- Respondents to the consultation were not overwhelmingly against the proposals. There were specific concerns about some parts of the proposals, but it was recognised that there needed to be a change.
- There had been different views about different aspects of the consultation.
- Services users wanted assurances that their services would remain safe, that there would be some choice over activities and there were specific appeals for particular services.
- Some services were not sustainable and reorganisation was necessary.
- Officers would work to ensure there was a sensitive transition which would take account of the needs of affected staff.
- Assessments of all service users had not yet been completed. Reviews had been concentrated on people who would be most affected by the proposals, but there was more work to do.
- The case for change had been made in the original proposals, which were presented to Mayor and Cabinet. It was agreed that the consultation would be carried out on the option to consolidate day service provision.

6.3 The Committee also discussed their concern about the way in which consultations were presented and carried out. Some Members felt that certain consultations did not give enough weight to the responses received. Members also highlighted their concerns about the inability of the online system used to receive responses to determine whether there were multiple responses from the same source.

6.4 Georgina Nunney (Principal Lawyer) advised the Committee that there was a clear process for consultation, and the actions the local authority should take because of consultation responses, as set out in recent case law. There had to be an option to 'do nothing', the consultation should also seek to determine whether or not the proposal was achievable as described. The consultation carried out on the day centres proposals had been through a number of steps and it should be viewed as a whole.

6.5 Resolved: to note the report.

## **7. Lewisham and Greenwich NHS Trust Quality Account 2014-15**

7.1 Belinda Regan (Deputy Director of Governance, Lewisham and Greenwich NHS Trust) introduced the report; the following key points were noted:

- The draft quality account had been circulated widely for comments by Healthwatch, Clinical Commissioning Groups and partners.
- The development of the Account was an iterative process and it was still in the process of being reviewed and updated before the final deadline for publication.
- The delivery of the account was a requirement of the NHS Act, the format and content were prescribed by the Department of Health.
- The Trust was required to set out a review of the quality of the delivery of its services in the preceding year and to set out its priorities going forward.
- The Trust sought to move beyond the actions set out in its improvement plan (which followed the inspection by the CQC) and continue to strengthen the delivery of services.
- The actions identified following inspection by the CQC had almost all been carried out.
- Work on improving a number of clinical pathways had been completed and the Account set out further work that would be done in the coming year.

7.2 Belinda Regan (Deputy Director of Governance, Lewisham and Greenwich NHS Trust) responded to questions from the Committee; the following key points were noted:

- The Trust had developed its own individualised care plans following the withdrawal of the Liverpool Care Pathway for patients who needed palliative care.
- Audits were carried out on the effectiveness of the plans.
- Complaints information and data monitoring was also used to ensure that the approach was meeting the needs of patients.
- The Trust would look at providing increased end of life support cover in Lewisham. Currently there was 24/7 cover at Queen Elizabeth Hospital.
- There wasn't information in the report about the role of cleaning and catering staff in infection control.
- The Trust was preparing to get back on the pathway to Foundation status but there was no ridged timetable for moving to foundation status at present.

7.3 Following discussion, the Committee agreed to submit its views to the Trust as follows:

The Committee commends Lewisham and Greenwich NHS Trust for the detailed information provided in the Quality Account 2014-15 and it wishes to give recognition the efforts of everyone who works at the Trust, including both clinicians and support staff. The Committee also welcomes the decision by the Trust to produce an easy read version of the Account so that it can be shared more widely.

7.4 Resolved: to submit the Committee's views on the Quality Account to the Trust for publication.

## 8. **Select Committee work programme**

- 8.1 Timothy Andrew (Scrutiny Manager) introduced the report. The Committee discussed its programme of work and the possibility of carrying out an in-depth review into the issue of patients that do not attend their GP appointments. The Committee agreed that any proposed piece of work would need to clearly set out what its anticipated outcomes would be.
- 8.2 Resolved: to agree the work programme for the September meeting and to request a scoping report on the topic of patients missing their GP appointments.

**9. Referrals to Mayor and Cabinet**

- 9.1 Resolved: to refer the Committee's views on the transition from children's to adults' services to Mayor and Cabinet.

The meeting ended at 9.25 pm

Chair:

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Date:

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