

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 9 September 2015 at 7.00 pm

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

APOLOGIES: Councillors Susan Wise

ALSO PRESENT: David Austin (Head of Corporate Resources), Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People), Nigel Bowness (Healthwatch Bromley and Lewisham), Diana Braithwaite (Commissioning Director) (Lewisham Clinical Commissioning Group), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Joan Hutton (Interim Head of Adult Assessment & Care Management), Georgina Nunney (Principal Lawyer), Dr Simon Parton (GP, South Lewisham Group Practice) (Lewisham Local Medical Committee), Dr Danny Ruta (Director of Public Health), Janet Senior (Executive Director for Resources & Regeneration), Geeta Subramaniam-Mooney (Head of Crime Reduction and Supporting People), Ian Brandon (Interim Inspection Manager) (Care Quality Commission), Charlotte Dale (Interim Overview and Scrutiny Manager) and Simone van Elk (Scrutiny Manager)

1. Minutes of the meeting held on 25 June 2015

- 1.1 **RESOLVED:** that the minutes of the meeting held on 25 June 2015 be agreed as an accurate record.

2. Declarations of interest

- 2.1 The following non-prejudicial interests were declared:

Councillor Muldoon - Lead Governor of South London and Maudsley NHS Foundation Trust.

Councillor Jacq Paschoud - Chair of the Parent Carers Forum; and a family member in receipt of a package of social care.

Councillor Pat Raven – trustee of Lewisham Disability Coalition and a family member in receipt of a package of social care.

3. Care Quality Commission Update

- 3.1 Ian Brandon (Interim Inspection Manager Hospitals Directorate, CQC) gave a presentation to the Committee. The following key points were noted:

- The CQC's purpose is to make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.
- A CQC inspection will produce a rating on the following scale: outstanding, good, requires improvement and inadequate.
- The CQC can intervene in the work of providers in a number of ways ranging from regulatory action through to putting conditions on services and even starting criminal prosecutions.
- After the Keogh review in 2013, the CQC changed its approach to inspections. The new inspections regime means that hospital inspection teams always include specialist inspectors, clinical inspectors and experts by experience.
- After an inspection of a hospital, a quality summit is held with the provider and stakeholders to launch the quality improvement process.
- Lewisham and Greenwich NHS Hospital Trust was last inspected by the CQC 18 months ago. As a result, an action plan was created to improve the care provided. The action plan contains 140 metrics. These metrics are continuously monitored by the CQC as the action plan is being implemented.

3.2 Ian Brandon responded to questions from the Committee and the following key points were noted:

- The CQC performs both announced and unannounced inspections. It can inspect providers 24 hours a day, and will often focus attention on the change-over between shifts.
- The CQC has recently acquired new powers to look at the sustainability and financial position of providers, but there is an ongoing conversation about the division of these responsibilities between the CQC and the NHS Improvement Agency.
- To assess the responsiveness of providers, the CQC looks at patient flow through the hospital from admittance through to discharge. It specifically looks at discharge planning, planning for the needs of the local population (e.g. winter planning and capacity planning), and shift patterns of staff.
- In schools, a rating of inadequate can lead to difficulties in recruitment. The CQC is reviewing the impact of its new rating system for this potential issue, although it hasn't been a problem so far. When a trust is rated as inadequate, often special measures are imposed and external support is put in place.
- When issues of particular urgency are identified during an inspection, the CQC will raise them as soon as possible with responsible staff and this often leads to immediate changes.
- When issues require improvement, the CQC can issue warning notices containing a deadline for change or send letters of action which highlight major concerns and ask for immediate action.
- The CQC is an independent arms-length body that inspects both NHS providers and private providers. It has been inspecting private providers since April 2015. It's too early to tell how private providers compare to NHS providers in inspection results. Both types of providers are required to meet the same regulatory standards. Often private providers will use different performance metrics to NHS providers so there is work ongoing to enable a comparison between the different metrics used by different providers.

3.3 **RESOLVED:** to note the presentation from the CQC and for the Committee to receive the CQC newsletter listing upcoming announced inspections.

4. **Lewisham Future Programme: 2016/17 DRAFT Revenue Budget Savings Proposals for Scrutiny**

4.1 David Austin (Head of Corporate Resources) introduced the main savings report; the following key points were noted:

- This report should be seen in the context of the Medium Term Financial Strategy that was presented at Mayor and Cabinet meeting in July, which presents the Council's financial strategy up 2019/20. The Council is working towards the savings targets set for the Lewisham Future Programme, as public austerity is expected to continue.
- The Comprehensive Spending Review will be announced on 25 November, with the Local Government Financial Settlement (LGFS) expected to be announced in early December. It isn't until the LGFS that Council will know what budget it can set in February.
- It was agreed by Councillors last year that £45m of savings needed to be identified in setting the budget for 2016/17. The proposals presented amount to savings of between £25m and £26m, which leaves a gap of about £20m to fill. Further savings are still being developed, and will be presented to the Committee when they're available.
- The specific proposals for this committee to examine in detail amount to roughly £8m, of which roughly £3m are proposals for the 2015/16 budget and £5m are proposals for the 2017/18 budget.

4.2 Aileen Buckton (Executive Director for Community Services) introduced the adult social care savings proposals. The following key points were noted:

- The proposals look ahead for two financial years, and for those proposals due to be implemented in 2017/18, detailed plans will only be brought forward at a later date.
- The proposals A11 to A15 fit within the overall framework of Adult Social Care Integration.
- The Public Health savings proposals have been developed to meet the targets from the Lewisham Future Programme, but don't contain any plans to deal with the in-year savings to Public Health Grant proposed by central government.

4.3 Aileen Buckton and Joan Hutton (Head of Assessment and Care Management) responded to questions from the Committee on savings proposals *A11: Managing and improving transitions plans*. The following key points were noted:

- The Council is developing supported living schemes for young people with complex needs in the borough, to avoid the cost of expensive out of borough placements. Work has started to develop these proposals with a target to implement them as part of the 2017/18 budget. A detailed proposal for the

creation of these places is expected to be presented to a Mayor and Cabinet meeting in the autumn.

- Choices between different types of provision will be available to young adults, but these choices will be constrained by the budget available to the Council, the resources of young people themselves and their relatives as well as the availability of other services.
- The provision of additional places at House on the Hill would happen in a phased way, with a total capacity of 40 places but initially only 10 places becoming available. Aside from the places at House on the Hill, other places will be created in the borough.

4.4 **RESOLVED:** that the Committee be provided with information on the number of places becoming available as well as an indication of the number of young people affected by this proposal.

4.5 Joan Hutton introduced savings proposal *A12: Reducing costs of staff management, assessment and care planning*. The following key points were noted:

- This proposal aims to redesign the management structure, to reduce the costs for assessments and make best use of professional staff. There are no details yet as to which staff would be affected.
- This work will be done in cooperation with key partners.

4.6 Dee Carlin (Head of Joint Commissioning) responded to questions from the Committee on savings proposal *A13: Alternative Delivery Models for the provision of care and support services, including mental health*. The following key points were noted:

- The Council will be working with partners to develop better ways of delivering care while using the Better Care Fund. This saving would result from the use of new models of care and demand management.
- This proposal will be developed as part of the integrated care programme, in collaboration with health partners. Mental Health provision is now part of the work programme for the integrated care programme.

4.7 Joan Hutton and Aileen Buckton responded to questions from the Committee on savings proposals *A14: Achieving best value in care packages*. The following key points were noted:

- The Council will work with residents to develop their support plans. As part of this their care needs will be identified and worked through in detail. Residents will be encouraged to use their own resources in the form of support from family and the community to avoid the need for the Council's social care services.
- This proposal entails a change in approach to practice in accordance with the Care Act. The Care Act aims to improve care but also to better coordinate care and avoid duplication of work. One of the principles of the Better Care Fund is to invest in adult social care services if it prevents further hospital admissions down the line.

- For some residents, the Council may recommend local clubs they can attend to combat isolation and loneliness. In other cases, the Council may offer specific equipment so residents can continue to wash themselves instead of needing daily care visits.
- For those residents that still need care delivered, a risk assessment would take place to identify which care the Council will provide.
- The Council has invested in the voluntary sector in recent years to create some of the services required, such as the Meet me at the Albany programme. Officers will be mindful of the cuts to funding happening within the voluntary sector when referring residents to these services.
- The Council has worked with the voluntary sector to develop sustainable services, and will look at ways to increase its income if services developed with support from the Council become profitable – depending on previous negotiations about support offered and its potential benefits.
- The Council offers support to residents in a crisis as well as support by a key worker to ensure sustainable.
- The Committee noted that the proposal did not contain sufficient detail about the services that would be cut nor the basis for the estimations of the expected savings, for the Committee to adequately comment on the proposal.

4.8 The Committee resolved to advise the Public Accounts Select Committee of the following:

The Committee submits that there was insufficient information on how this proposal would impact on service users; especially on which services may no longer be available. The Committee requested monitoring reports at key stages of the implementation of this strand of work which should include risk analysis of the impacts on service users. The Committee welcomed the suggestion by officers to provide anonymised case studies of service users affected by changes to support plans as part of the information provided for this savings proposal. The Committee requested reassurance that service users would be supported in avoiding future crisis situations, as well as being supported during a crisis. In addition, the Committee commented on the difficulties of managing expectations as to what the Council will be able to provide and therefore highlighted the need to engage with both service users and practitioners to affect this change in culture.

4.9 **RESOLVED:** to refer the Committee's views to the Public Accounts Select Committee.

4.10 Dee Carlin responded to questions from the Committee on savings proposal A15: *New Delivery Models for extra care – Provision of Contracts*. The following key points were noted:

- A number of new extra care schemes are currently being built in the borough. This provides an opportunity for the Council to completely review its extra care contracts, which are due to expire at the end of 2017.
- As new schemes are being developed, this provides an opportunity for the Council to closely work with providers to design the scheme to specifically suit residents' needs.

- The need for residential care is reducing, and models for extra care housing are developing. For both adults with dementia and people who are extra frail, the Council can now provide nursing care for people with very complex needs in extra care housing.

4.11 Danny Ruta (Director of Public Health) responded to questions from the Committee on savings proposal *A16 Public Health (not including sexual health, drugs and alcohol)*. The following key points were noted:

- There are three categories of savings proposed under A16. The prescribed medication saving is straightforward efficiency savings, as payments for public health related medication can now be disaggregated from CCG payments to GP's.
- The proposals for dental health savings will have the least impact on public health. Lewisham Council is the only borough in London that still employs a specific dental infection control nurse, and there is a lack of evidence that this disadvantages the rest of London.
- Government's proposals for in-year savings to the Public Health Grant add further uncertainty to which services Public Health can provide.

4.12 Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People) commented on savings proposal A16 Public Health:

- These savings proposals include a plan to cease the provision of free swimming. Greater uptake was expected when the programme was introduced, and greater uptake would have created greater value for money.
- Beneficial public health outcomes can be derived from exercise when it is frequent. Of the under 16's who use the programme, many use it very infrequently so are not increasing their health in the long term.
- The Council offers a number of other programmes to encourage exercise in the over 60's, such as walking football and providing outside gyms in parks.
- As part of the leisure centre contracts, the Council would aim to create affordable membership deals to mitigate a loss of service for residents that are currently using the free swimming programme.

4.13 Danny Ruta responded to questions from the Committee on savings proposal *A17 Sexual Health Transformation*. The following key points were noted:

- This proposal ties into work being done to reconfigure the provision of sexual health services across London. There is a move to provide more online services, and a number of clinics may close as a result of the reconfiguration.
- Currently sexual health is an open access service which is free at the point of delivery. Residents from Lewisham can access services across London, and the costs are charged to Lewisham Council. These services can cost more to provide in other London Boroughs than Lewisham so this work is being done to encourage residents to use local sexual health services.

4.14 Geeta Subramaniam (Head of Crime Reduction and Supporting People) responded to questions from the Committee on savings proposal *K4 Drug and Alcohol Service*. The following key points were noted:

- The first aspect of the savings proposal entails a change in the way methadone is prescribed. The second element of the savings proposal would entail reducing the cost price of the service when reprocurring in 2017.
- Currently methadone is prescribed for 12 weeks in all cases. Following this proposal, more regular reviews of the prescriptions would be introduced which would result in the prescription of methadone according to need, which could be less than 12 weeks, which would result in a reduction of prescription costs. Discussions with the current provider are ongoing about the proposed regularity of these reviews.
- The current provider employs a doctor (MD) to review patients' need for methadone and who is responsible for issuing the prescriptions.

4.15 Geeta Subramaniam responded to questions from the Committee on savings proposal *B2 Supporting People*. The following key points were noted:

- The savings agreed for the 2015/16 budget are currently being implemented. As this is a saving proposed for the budget of 2107/18, the proposal is still being developed.
- The further savings proposed will have an impact on service users. Not everyone who receives a service now, will be able to receive services in the future.
- Officers are working to identify ways to minimise the impact of these proposals on vulnerable residents. Officers are investigating whether housing benefit payments could be used to pay for the accommodation provided as part of the current service. Officers are also working to identify any alternative support networks in the community that could replace services currently provided by the Council.
- The Committee expressed concern that this proposal contains a risk that additional costs could fall on other public services, such as, for instance, the Council's Housing Options Centre, the hospital and adult social care services.
- The Committee also commented that this proposal could also increase anti-social behaviour.
- The Committee was sceptical that alternative provision could be found outside the Council to replace these services.

4.16 The Committee resolved to advise the Public Accounts Select Committee of the following:

The Committee notes with great concern the potential impact of removing services for some of the most vulnerable residents in the borough, as these services often function as a last resort. The Committee is also concerned about the risk of this proposal leading to cost shunts to other services. The Committee is supportive of work undertaken to identify alternative sources of funding for these services and to identify other support networks. The Committee rejects the proposal to reduce the provision of the accommodation and floating support services for these vulnerable residents.

4.17 **RESOLVED:** to refer the Committee's views to the Public Accounts Select Committee.

4.18 Standing orders were suspended at 21.20 to enable the completion of Committee business.

4.19 David Austin responded to questions from the Committee on savings proposal O4 Financial Assessments review. The following key points were noted:

- The Benefit Service became responsible for adult social care financial assessments in October 2014. The proposal would entail refining the procedures used to perform financial assessments as well increasing the use of technology.
- Officers would carefully assess how to increase the use of technology while keeping the service accessible for residents.

The Committee thanked officers for their hard work in developing these proposals.

4.20 **RESOLVED:** to refer the Committee's views on the savings proposals to the Public Accounts Select Committee.

5. Annual Public Health report

5.1 Danny Ruta introduced the report. The following key points were noted:

- This report is produced by Public Health to provide an independent assessment of the health of the population of Lewisham.
- The main focus of this year's report is on children's health from pre-natal through to the age of 18.
- This report has been produced in close collaboration with the Children and Young People's directorate. The draft Children and Young People Plan (2015-18) has already taken account of many of the recommendations contained in the Public Health Annual Report.

5.2 Danny Ruta responded to questions from the committee. The following key points were noted:

- Lewisham's high birth rate compared to the average for London and England, has implications for the demand for maternity and children's services, as well as possibly creating cases of toxic stress due to the poverty of the population.
- Premature mortality from cancer in Lewisham is higher compared to London and England. The Committee expressed concern about the prevalence of breast cancer, cervical cancer and cancer in the under 75s. Officers are developing a cancer prevention action plan.
- Funding is being sought for a pilot of a Maternity Early Sustained Childhood Home-visiting Programme (MESCH), as this approach has had good outcomes in Australia.

5.3 **RESOLVED:** to note the report.

6. Public Health Grant Reallocation 2015/16

6.1 Janet Senior (Executive Director for Resources and Regeneration) introduced the report. The following key points were noted:

- As part of the 2015/16 budget, potential disinvestments from Public Health funded services were identified of £3.1m.
- The Council must use its Public Health Grant for activities that have a positive impact on public health outcomes. The Executive Director for Resources and Regeneration and the Director of Public Health have identified a list of Council activities with a positive impact on public health outcomes that could be supported by the re-investment of the £3.1m, and prioritised them according to the greatest public health outcome.
- The savings in the budget directly managed by the Director of Public Health have been absorbed by a reshaping of the Public Health services, not by cutting services completely.
- By comparison, the in-year cut to the Public Health being proposed by central government would result in a real reduction of services to the Council.

6.2 **RESOLVED:** to note the report.

7. Scoping Paper - GP Missed Appointments

7.1 The Chair introduced the item:

- In March 2015, the Chair received a letter from the Chair of the Patient Participation Group at the Grove Medical Centre in Deptford. The letter explained that missed appointments wasted the time of GP's and receptionists as well as inconveniencing other patients and therefore suggested that Committee might want to look at the issue.
- The Chair recommended that the Committee - when deciding whether to undertake the review - consider whether it would add value, how easy it would be to gather the relevant data and whether any recommendations would be acted on.

7.2 Diana Braithwaite (Director of Commissioning & Primary Care, Lewisham CCG) addressed the Committee. The following key points were noted:

- Data on Do Not Attends (DNAs) is not routinely collected nationally. Individual GP practices may very well not collect this data.
- The CCG commissioned the Primary Care Foundation to support GP practices with the more generic issues of access, which encompassed DNAs. However, it is important to note the DNAs are a small element of improving access to GP services. Of the 40 practices in Lewisham, 36 took part in this work. All appointments were recorded including appointments with nurses and phone calls across these 36 practices for one week. This resulted in a large volume of data.
- Only 6 practices had DNA rates of over 7.5%. Of this only 3 had rates above 10% and the highest rate was 11.6%.

- On review of the findings the Primary Care Foundation indicated that there were so few numbers of appointments involved, that it would not be worth diverting practice resources to reduce the occurrence of DNAs.
- The CCG is reviewing NHS England's Transforming Primary Care in London: a Strategic Commissioning Framework in terms of access to GP services; and offered to return to the Committee later in the year with more information about GP access, and suggestions for how the Committee could contribute.

7.3 Simon Parton (Chair of Lewisham Local Medical Committee) addressed the Committee. The following key points were noted:

- The main concern for the LMC is patient access. Missed appointments mean that another patient has not been able to access their GP practice.
- It is important to look at this issue in the wider context of access to GP services. Demand for GP services is increasing and GP's tend to serve as a gatekeeper for access to other NHS services. However, there is no gatekeeper for access to GP services themselves.

7.4 **RESOLVED:** That a review into GP missed appointments not be carried out, but that the committee receives information from the CCG about the wider issue of access to GP services as part of the 2016/17 work programme and considers a review into the wider issue of access to GP services.

8. Select Committee work programme

8.1 Simone van Elk (Scrutiny Manager) introduced the report. The Committee discussed its programme of work and agreed to add an additional meeting to the work programme in early December to replace a meeting that had been cancelled earlier in the year.

8.2 **RESOLVED:** that the work programme be noted, and an additional meeting be held in early December.

9. Referrals to Mayor and Cabinet

9.1 **RESOLVED:** to refer the Committee's views on savings proposal A14 and savings proposal B2 to the Public Accounts Select Committee.

The meeting ended at 10.15 pm

Chair: _____

Date: _____