MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 14 October 2015 at 7.00 pm

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

ALSO PRESENT: Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Tim Higginson (Chief Executive) (Lewisham Healthcare NHS Trust), Joan Hutton (Interim Head of Adult Assessment & Care Management), Corinne Moocarme (Joint Commissioning Lead, Community Support and Care, Community Services, LBL), Sarah Wainer (Head of Strategy, Partnerships and Improvement), Martin Wilkinson (Chief Officer) (Lewisham Clinical Commissioning Group), Fiona Jolly (Direct Payments Manager), Simone van Elk (Scrutiny Manager), Georgina Nunney (Principal Lawyer) and Nigel Bowness (Healthwatch Bromley and Lewisham).

1. Minutes of the meeting held on 9 September 2015

1.1 **RESOLVED**: that the minutes of the meeting held on 9 September 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: a family member in receipt of a package of social care.
Councillor Paul Bell: member of the King's College Hospital NHS Foundation Trust.
Councillor Susan Wise: member of the King's College Hospital NHS Foundation Trust

2.2 Councillor Paul Bell also declared a prejudicial interest in agenda item 4 as he is employed by Unison.

3. Briefing on Health and Adult Social Care Integration

3.1 Martin Wilkinson (Chief Officer Lewisham CCG) gave a presentation to the Committee. The following key points were noted:

- Lewisham Health & Care Partners work together on the integration of health and adult social care. The relevant partners are Lewisham Clinical Commissioning Group, Lewisham Council, Primary Care and local GPs, Lewisham and Greenwich NHS Trust, and South London and Maudsley NHS Foundation Trust.
- Lewisham Health & Care Partners have the following shared vision: To achieve a viable and sustainable 'One Lewisham Health and Social Care System' that will enable the local population to maintain and improve their physical and mental wellbeing, enable independent living, and have access to person-centred, evidence-informed, high quality, yet cost-effective pro-active care, when it is needed.

- The partners have been engaging with service users on their views of the services provided to ensure the right services are offered at the right place.
- Neighbourhood care networks are being created to provide care and support for residents closer to home. The networks will bring together individuals from different services and agencies to coordinate care for adults. There is separate work going on for care provided to children and young people.
- There will be four networks across Lewisham, which will map onto the existing four GP neighbourhoods in the borough. The networks will also be aligned with the existing adult mental health teams.
- Sites are being identified to place the network team. The Waldron Health Centre has been identified as the first site for one of the network teams to operate from.
- The work on neighbourhood care networks is the same work as the Local Care Networks/ Community Based Care, being promoted through the Our Healthier South East London (OHSEL) programme.

3.2 Martin Wilkinson, Tim Higginson (Chief Executive, Lewisham and Greenwich NHS Trust) and Aileen Buckton (Executive Director for Community Services) responded to questions from the Committee. The following key points were noted:

- There is engagement with community pharmacies in Lewisham around the programme of health and adult social care integration. There is a trial on-going to see if pharmacists could work in GP practices. In addition, the CCG promotes “walk-in-my-shoes” days where GP’s and pharmacists get the opportunity to shadow each other’s roles for a day.
- Recently the Lewisham Integrated Medicines Optimisation Service (LIMOS) was recognised in the Value in Healthcare Awards 2015. Under LIMOS, pharmacies work together with GP’s and social services to support patients with long-term conditions to manage their medicines.
- Any patient treated by a neighbourhood care network will have to sign up to a protocol before any of their data can be shared amongst the participating agencies. Patients always have the right to opt of this agreement. The sharing of data about patients between agencies will make it easier for health and care professionals to provide appropriate care and creates better outcomes for patients. Work is currently underway through Connect Care to enable data sharing.
- A map of the GP neighbourhoods would be provided to the Committee and the partners are working towards producing a map which shows where all the relevant services are located in the borough.
- Patients who are being discharged from hospital with serious conditions will often get a more flexible and personalised care package from social services for the immediate future. After the rehabilitation period, care workers will assess their long-term care needs and identify a care package to support residents in the long-term.
- The Community connections work is modelled on the same areas as the neighbourhood care networks. Support workers will take referrals from GP’s and social workers. They will then, based on an individual’s needs and preferences, advise about relevant voluntary sector organisations that can offer support and provide activities.
- It is a requirement of the Care Act that the Council provides a website which lists information on what providers of care exist in the community. The Council’s website will be developed to be fully interactive. It currently contains information uploaded by the voluntary sector and gives links to relevant websites hosted by the voluntary sector. The website is intended to become the first port of call for people for self-referral to services and self-assessment for care needs. The next phase of the website is due to go live in April 2016. The Council is working with relevant advice agencies to provide the best possible content.

RESOLVED: to note the presentation, and to receive a map of Neighbourhood Care Networks based on GP populations.

4. Development of the local market for Adult Social Care Services

4.1 Dee Carlin (Head of Joint Commissioning), Corinne Moocarme (Joint Commissioner) and Fiona Jolly (Direct Payments Manager) introduced the report to the Committee. The following key points were noted:

- The provision of adult social care is changing so the need for residential care is avoided where possible. As care for residents who live at home has changed and improved, people tend to stay at home longer and are much frailer once they require a residential or nursing bed.
- The process of personalisation is part of the Care Act. The Council is offering information and advice about the care and support services available for people with a personal budget. This advice is offered to people who are able to select their appropriate care themselves.
- The Council has a website with information and advice on adult social care services. Members of the Healthier Communities Select Committee will receive the link to the website. Officers are actively seeking feedback on the website.
- A new role within the Council's adult social care has been created for support planning. Support Planners advise people on available care services and activities that could suit their needs and preferences. They also have a vital role in shaping the market by identifying gaps, as they will be aware of what people want and need in terms of care services. The work done by the Council in creating community connections is important to this role.
- The Council is in the process of re-procuring its domiciliary care contracts. The tenders for the domiciliary care contract are being evaluated. The Council's procurement has been based on an outcome focused approach where the success of a service is measured by results that matter to residents as opposed to time spent on activities.

4.2 Dee Carlin, Corinne Moocarme and Fiona Jolly answered questions from the Committee. The following key points were noted:

- Performance indicator LP1254 1C (2) captured in the Council's management report indicates that the Council is not meeting its aim of increasing the percentage of people using social care who receive direct payments. There has previously been a problem with the IT, but this has now been resolved. There have been reviews of people using direct payments, who are subsequently no longer using direct payments. The percentage of people using direct payments has been increasing week on week, but this data wasn't available in time for the Council's latest management report. One of the difficulties in encouraging people to use direct payments, is many people require a small number of hours of care for specific times. There isn't an excess of supply of care workers for whom such working conditions are favourable.
- The award of the contracts for domiciliary care provide options to Mayor and Cabinet (Contracts). They can decide to include a requirement in the contracts for providers to pay the London Living Wage (LLW) to their staff and increase the cost of the contract for the Council. They can also decide to require providers to pay care workers for travel time and therefore also increase the cost of the contract for the Council. If the Council's requires its providers to pay the LLW and travel time, it could then decide to sign up to Unison's Ethical Care Charter.
- Direct payments mean that residents pay people directly to provide them with care. Any arrangements about the pay and working conditions including paying LLW or paying for travel time are part of the employment contract between the resident and the care worker. The Council cannot impose any conditions for care workers paid via direct payments. The direct payments the Council provides to people using social care who receive a direct payment cover the full cost of employment, including provision for maternity leave and sick pay. If residents require specialist care, the Council has a process in place to review whether increased payment for travel time under that specific direct payment is appropriate.

- Any new provider awarded a contract by the Council for domiciliary work would be expected to reduce any zero hour contracts with their staff. Providers would also be required to provide training and development for their staff.
- Support planners review on an individual basis whether it is appropriate to refer residents to existing support networks, either family and friends or community based. The aim is to not take people's independence away. The other role of support officers is to identify what services are missing from the current supply and feed this back to commissioners.
- The Council also employs care planners or brokers, who plan and arrange placements for people with long term care needs. Their work is different from that of support planners. Support brokers are not required to have a specific qualification. The employees come from a range of backgrounds with a range of skills. The majority have worked for the Council for many years.
- The support planners receive extensive training to reach a specific Qualification Credit Framework (QCF) Level. It was clarified after the meeting this was QCF 3. This method of working by the Council has been published as a model of good practice at the Association of Directors of Adult Social Services (ADASS) conference.
- People can use their direct payments to access services that anyone else would be able to. They can for instance use their payment to enable them to access a specific restaurant. The Council does review whether direct payments are used to pay for appropriate support services, but isn't able to review and monitor every single provider of such support. Support planners maintain a registered list of activities and providers that they use to advise people of suitable support available.
- The Council is developing a function on its website that allows residents to exchange information on services they've used and advise each other on the quality of service they've experienced. Residents would also be able to use this online service to plan group activities together.
- Ensuring the payment of LLW in care homes is complicated. Most placements of residents in nursing or residential homes is done by spot-purchasing beds. A local authority may only pay for a small number of the beds provided in one home and one home may provide beds to more than 10 different local authorities at once. Requiring the payment of LLW for the staff employed on just the beds for one Council, could mean unfair treatment of staff across one care home or significantly increased prices for the beds used by that one authority to cover the costs of paying LLW to all staff employed by a home. Unfortunately not all local authorities are committed to LLW or to ensuring their contractors pay LLW.
- A number of nursing and residential care providers have exited the market due to a number of factors: the costs of staff, the difficulties in recruiting and maintaining staff, the difficulties in providing appropriate training for staff and the requirements of the CQC's inspection regime.

RESOLVED: to note the report.

5. Our Healthier South East London Strategy Update

5.1 This agenda item was moved forward on the agenda to be heard immediately after agenda item 3.

5.2 Martin Wilkinson introduced the report on Our Healthier South East London Strategy Update to the Committee. The following points were noted:

- The OHSEL programme is led by the six south east London CCGs – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark – and NHS England. The programme aims to develop a commissioning strategy to ensure improved, safe and sustainable services across the six boroughs.
- Following agreement on the general direction of travel, the next phase has been to scope out further options for care models before an options appraisal takes place. Following the

options appraisal and the specific changes being suggested, this could be followed by a formal consultation process at a later stage. Although many aspects of the strategy will not require this level of public consultation going forward.

- Four areas have been identified where further works needs to be done: urgent and emergency care, maternity services, children and young people's services, and planned care.
- The aim of the work in urgent and emergency care is to reduce further growth in the demand for emergency services, not to reduce the demand for emergency care that currently exists. The OHSEL programme has this week sent a letter to its stakeholders to affirm that there are no plans to close any A&E departments in South East London, including the A&E in Lewisham. Nor are there any plans to reduce the provision of 24-hour care by Lewisham's A&E. Further works needs to be done in urgent and emergency care to ensure it adheres to the London Quality Standards across in South East London.

5.3 Councillor Muldoon advised the Committee that a Joint Health Overview and Scrutiny Committee (JHOSC) was being established between the 6 boroughs. A report on the JHOSC was due to go the Council meeting on 25 November.

5.4 Georgina Nunney advised the Committee that if a JHOSC was formed, this would not preclude the Committee from also looking at the OHSEL programme.

5.5 Martin Wilkinson responded to questions from the Committee. The following points were noted:

- The OHSEL programme has reviewed the demand for NHS services and has concluded that all hospital sites across South East London will be needed to meet current demand although what each hospital does may change over time. To avoid the need to build an entire new hospital, community based services are being developed as well as a range of different hospital models of care.
- Each borough's Health and Wellbeing Board (HWB) receives the same briefings from the OHSEL programme, but the focus of any presentation is likely to differ depending on the priorities set by each HWB. In some ways the populations in each of the boroughs is similar, but in other ways it can differ significantly. The same principles and planned outcomes are agreed in the OHSEL programme, but the methods of delivery can change from borough to borough and provider to provider.
- Providers have separate strategies to prevent people from not attending appointments. These can range from sending reminders via letters and texts to providing access over the phone instead in person. This is done to avoid waste and duplication.
- NHS England is involved in the OHSEL programme as a co-commissioner of primary care, while some specialised, tertiary care services are commissioned directly by NHS England from hospital trusts. NHS England also serves as the assurance body for the CCG. The CCG is accountable to its membership, the population it serves and to NHS England.

RESOLVED: to note the report.

6. Select Committee work programme

6.1 Simone van Elk (Scrutiny Manager) introduced the report. The Committee discussed its programme of work and agreed the work programme for the next Committee meeting.

RESOLVED: that the work programme be noted

7. Referrals to Mayor and Cabinet

None

The meeting ended at 9.05 pm

Chair:

Date:
