

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 13 January 2016 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.

APOLOGIES: Councillors Susan Wise

ALSO PRESENT: Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People), Aileen Buckton (Executive Director for Community Services), Matthew Henaughan (Community Resources Manager), Joan Hutton (Interim Head of Adult Assessment & Care Management), Gerald Jones (Service Manager, Community Education Lewisham), James Lee (Service Manager, Inclusion and Prevention and Head of Cultural and Community Development), Georgina Nunney (Principal Lawyer), David Walton (Community Assets Manager), Simone van Elk (Scrutiny Manager) and Nigel Bowness (Healthwatch Bromley and Lewisham)

1. Minutes of the meeting held on 12 November 2015

- 1.1 **RESOLVED:** that the minutes of the meeting held on 12 November 2015 be agreed as an accurate record.

2. Minutes of the meeting held on 8 December 2016

- 2.1 Councillor Jacq Paschoud noted that she had a declaration of interest for the meeting on 8 December, namely that one of her family members is in receipt of a package of social care.
- 2.2 **RESOLVED:** that the minutes of the meeting held on 8 December 2015 are agreed as an accurate record, subject to this amendment.

3. Declarations of interest

- 3.1 The following non-prejudicial interests were declared:

Councillor Muldoon is a governor of the South London and Maudsley NHS Foundation Trust

Councillor Jacq Paschoud has a family member in receipt of a package of adult social care

Councillor Colin Elliot is a Council appointee to the Lewisham Disability Coalition

Councillor Raven has a family member in receipt of a package of adult social care.

4. Leisure Centre Contracts Performance update

- 4.1 David Walton (Community Assets Manager) introduced the report. The following key points were noted:

- The majority of the borough's leisure centres are managed by Fusion Lifestyle. Only the Downham leisure centre is under contract with 1Life. Although there are different contracts in place for these two contractors, the aims for the contracts are the same.
- Attendance for the leisure centres has increased over the last year, especially amongst certain target groups listed in paragraph 5.2.4. Capital investment in the leisure centres has generally been followed by an increase in participation rates.

4.2 David Walton, James Lee (Head of Culture and Community Development) and Aileen Buckton (Executive Director for Community Services) answered questions from the Committee. The following key points were noted:

- The data on usage presented in the report is based on the registered members of the leisure centres. It is difficult to capture statistics on users' age, background or whether they're a resident of the borough for people who pay for occasional usage.
- There is anecdotal evidence that the Glass Mill leisure centre is particularly busy during the early morning and later afternoon/early evening. This could be due to commuters taking advantage of its location near the station but is difficult to say definitively.
- Paragraph 5.2.9 of the report contained an error in the statistics on the usage of the Council's free swimming scheme to be corrected after the meeting.
- The electricity bill for the Glass Mill leisure centre is considerably higher than the other leisure centres. This is due to the fact that Glass Mill does not have a gas supply so uses electricity to heat everything including its pool where the other leisure centres use gas to heat their pools. Overall Glass Mill's utility bill is significantly lower than the other leisure centres.
- There has been 'lifecycle' investment for refurbishments in the Bridge leisure centre including the toilets. There have not been complaints in recent times about the state of the toilets in the Bridge leisure centre. The pool at the Bridge leisure centre had been closed for refurbishment when asbestos was discovered in the ceiling. This issue is being addressed and the pool area is set to reopen in March.
- The Bridge leisure centre is considered the weakest building of all the leisure centres. Instead of continuing to reinvest in repairs to a building with defects, one consideration is to look at redeveloping the site completely. This is being looked at as part of the review of the leisure centre contracts for the saving on the leisure centres scheduled for 2017-18.
- The numbers of people following up on a GP referrals to the Exercise on Referral and Active Heart schemes and completing the schemes is low. The referral scheme as a whole is under review.
- The usage of leisure centres by users with a disability was reduced in the last year. Two groups responsible for group bookings for disabled users have had to cancel their bookings with Fusion due to a reduction in grant funding. The Royal Society for the Blind are looking into organising exercise sessions for blind people outside the leisure centres, such as for example guide running.
- Fusion have instituted a yearly check on the eligibility of residents for the Be Active Card. This resulted from people continuing to use scheme after they had moved out of the borough or moved from benefits into work. Officers would

initiate a conversation with Fusion about how this eligibility check would relate to residents who are eligible due to a condition that does not change with time.

- There is an on-going water leak in a meeting room in Glass Mill with an unknown cause. The likely cause is the Health Suite above the room. Dye tests have been carried out in an attempt to identify the source of the leak but this has been unsuccessful so far. Defects to the building are still generally the responsibility of the developer to fix as the building is still in a guarantee period.

4.3 RESOLVED: that the Committee note the report.

5. Adult Learning Lewisham annual report

5.1 This item was discussed after item 7 London Health and Care Collaboration Agreement and London Devolution Pilots.

5.2 Gerald Jones (Service Manager Adult Learning Lewisham) introduced the report. The following key points were noted:

- The success rates for Adult Learning Lewisham (ALL) were the highest they had ever been. Success rate combines measurement of whether people have completed a course with whether people have achieved their intended learning outcomes.
- The funding for accredited and non-accredited courses will be combined into one grant from central government.
- ALL has developed partnerships in the last year. One significant one is where ALL is working with schools to offer family learning courses to parents whose children are most at risk of underperforming.
- ALL has specified nine different areas of impact that non-accredited courses have for learners. These areas of impact provide evidence for the benefits non-accredited courses can have. The impact may not be straightforward to measure and evidence, but that doesn't mean the benefits do not exist. Learners are being asked about these areas of impact when they start a course. They are also encouraged to write themselves a postcard, that is sent to them 6 months after completing a course encouraging themselves to engage with ALL's telephone calls asking for longer term feedback on the impact the course has had on their lives.
- Department for Business Innovation and Skills may look to develop a London wide funding body for adult learning. Further education colleges across London are experiencing funding problems. Colleges may merge or specialise in specific areas of education. Community education in this context can provide important services that are complementary to the work done by further education colleges.

5.3 Gerald Jones responded to questions from the Committee. The following key points were noted:

- The new funding arrangements are not finalised yet so it may be that justification is needed for the provision of non-accredited courses.
- ALL does encourage learners to progress after completing a course, and not stay engaged in the same course continuously, and it also wants to continue to

engage new learners. Funders don't necessarily appreciate if a group of people attend the same course year after year.

- The subject area of Neighbourhood Learning in deprived communities is named after a central government funding stream. ALL communicates about these courses with the abbreviation NLDC and doesn't emphasize the mention of deprived communities.
- ALL provides small scale learning, and can feel closer to home and safer for many people than attending a large further education college. The provision of ALL supports the provision of colleges but isn't necessarily the same.
- Although it can be very beneficial for people to (re)learn skills at a later stage in life and retrain to enter new career paths, the current funding situation is that people tend to need student loans to be able to retrain.

5.4 The representative from Healthwatch Lewisham and Bromley noted that:

- As well a need for digital inclusion and improving people's literacy skills, many people could also benefit from courses in financial inclusion. A representative from Healthwatch would be to meet with an officer from ALL to discuss how they could help happy to signpost people to financial literacy courses.

5.5 **RESOLVED:** that the Committee noted the report.

6. Implementation of the Care Act 2014

6.1 Joan Hutton (Head of Adult Assessment and Care Management) introduced the report. The following key points were noted:

- There is a work programme in place to support the implementation of the Care Act. Phase two of the implementation was due to come in in April 2016 but this has been postponed until possibly 2020.
- The Care Act requires Councils to provide assessments and support services for carers equal to those given to service users. There has been an increase in the number of requests for assessment, but not the massive increase that was originally expected. This reflects the national picture.
- Officers are developing quality assessments of providers in the market for adult social care services as part of the Council's responsibilities for adult safeguarding. This allows officers to identify possibly vulnerable providers.
- Work is being to prepare for the implementation of the Dilnot reforms, in case the date for implementation is pushed forward from the currently expected date in 2020.

6.2 Joan Hutton (Head of Adult Assessment and Care Management) answered questions from the Committee. The following key points were noted:

- Officers are focused on developing relationships with the people that require care services so that assessments are done in an appropriate way. The new ways of working under the Care Act enable problems for people to be solved in ways they prefer them to be solved.

- The Council works with a charity called My Support Brooker who advises on improving access to digital services for people who aren't used to using the internet.
- Prevention services are provided by Linkline services, enablement services and the support and advice provision amongst others. Sometimes improvements in someone's physical environment can add to prevention of further problems, so the Council doesn't just offer advice to increase prevention. There is a GP referral system where GPs can refer residents to these services, which is more proactively used in some areas of the borough than others.
- The support services provided to carers depend on the type of carer. Paid carers do not qualify for an assessment and any subsequent support. Volunteers also do not qualify, but family and friends do.
- Advocacy is provided by an independent service. The uptake of the service wasn't that high and work is being done to promote the service amongst practitioners so they can advise people of the service. The uptake has slowly increased over time.
- The Council has regular contract and quality control meetings with the services it commissions. To date the feedback received by the Council has been good.

6.3 The Committee made the following comments:

- There had been an announcement in the Local Government Chronicle that day that the Better care fund £1bn payment for performance scheme was being stopped. It was agreed that further information on the implications would be provided to the Committee after the meeting.
- Paragraph 6.2.6.1 showed that due to a delay in the award of contracts spend of the increased budget in adult social care for £2.2m for the payment of travel time to home carers would not be spent until 2016/17. The question was raised why the payment of travel time could not occur earlier. It was resolved that the Committee would be provided with information about whether travel time was being paid for before 2016/127.
- There was a query about how the travel time paid to care workers in agencies would be calculated. It was resolved that the Committee would be provided with details about the calculation of travel time.

6.4 **RESOLVED:** that the Committee noted the report, and the Committee would be provided with the information listed in paragraph 6.3

7. **London Health and Care Collaboration Agreement and London Devolution Pilots**

7.1 This item was moved forward on the agenda to be discussed directly after agenda item 4.

7.2 Aileen Buckton introduced the report. The following key points were noted:

- All London Boroughs and London CCGs have signed up to the Health and Care Collaboration Agreement. The agreement describes how the borough and CCGs aim to work together in a collaborative way.

- There has also been agreement between the Chancellor of the Exchequer and London for a programme of devolution in London. This agreement is not as detailed as some other areas of the country where devolution is taking place such as for example Manchester.
- Neither of these agreements contain changes to the governance arrangements for the local authorities involved.
- The health and care pilots are designed to test out whether devolution can help on a sub-regional level with the integration of health and adult social care. Lewisham Council's pilot is a continuation of the work on health and adult social care integration that the Council is already engaged in.
- The bid for devolution that London Councils put forward was signed by the leaders of all London Boroughs. It asks central government for three things: a) flexibility for the use of estates owned by the NHS; b) support in developing terms and conditions of employees working in joint teams; c) suspension of the tariff that's used to pay hospitals for the care they deliver to encourage increased preventative work. A business case needs to be developed for all these three asks of central government.
- A press release was issued which implied that Lewisham's health and care devolution pilot was focused on the integration between mental and physical health. This is a reflection of the current situation of integration of health and care in Lewisham but is not the focus of the pilot.

7.3 Aileen Buckton and Georgina Nunney (principal lawyer) answered questions from the Committee. The following key points were noted:

- The benefits to patients from devolution are similar to the benefits from the integration programme. If estates owned by the NHS become available to community based teams more easily than patients would see the benefits of community based teams realised more quickly.
- The Mayor of Lewisham has signed the London Health and Care Collaboration Agreement as Chair of Lewisham's Health and Wellbeing Board. That agreement has also been signed by Lewisham CCG. The legal status of the agreement and what obligations, if any, it would put Lewisham Council under, could not be specified at the time of the meeting.
- The London Devolution Bid is a statement of intent that does not bind Lewisham Council to anything.

7.4 The Committee made the following comments:

- All Members should receive a briefing on what devolution agreements had been signed by the Council, whether these agreements were binding and what these agreements were binding the Council to, if anything.
- A simple message about what the London devolution deal entails was also needed for residents and for Members to share with residents.

7.5 **RESOLVED:** that the Committee noted the report, and encouraged a briefing be provided to all Members on the status of any devolution agreement relevant to London.

8. **Select Committee work programme**

7.1 Simone van Elk introduced the report. The Committee discussed its programme of work and agreed its programme of work for the next meeting.

7.2 **RESOLVED:** that the work programme be noted.

9. Referrals to Mayor and Cabinet

None

The meeting ended at 9.25 pm

Chair:

Date:
