MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 2 March 2016 at 7.00 pm

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

APOLOGIES: Councillors Pat Raven and Susan Wise

ALSO PRESENT: Nigel Bowness (Healthwatch Bromley and Lewisham), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Joan Hutton (Interim Head of Adult Assessment & Care Management), David Norman (Service Director, Older Adults) (South London and Maudsley NHS Foundation Trust), Georgina Nunney (Principal Lawyer), Folake Segun (Manager) (Healthwatch Bromley and Lewisham), Amanda Pithouse (Deputy Director of Nursing) (South London and Maudsley NHS Foundation Trust) and Simone van Elk (Scrutiny Manager)

1. Minutes of the meeting held on 13 January 2016

1.1 **RESOLVED**: that the minutes of the meeting held on 13 January 2016 be agreed as an accurate record.

2. Declarations of interest

2.1 The following non-prejudicial interests were declared:

Councillor Muldoon is a governor of the South London and Maudsley NHS Foundation Trust, and the Chair of the London Scrutiny Network (in relation to agenda item 6: Health and care devolution in London).
Councillor Reid is a member of the Department of Health-led Mental Capacity Act Steering Group (in relation to agenda item 5: Lewisham Safeguarding Adults Board Annual Report for 2014-15).

3. SLaM CQC Compliance Inspection Results and actions

3.1 David Norman (Service Director, South London and Maudsley NHS Foundation Trust) and Amanda Pithouse (Deputy Director of Nursing, South London and Maudsley NHS Foundation Trust) introduced the report. The following key points were noted:

- The results of the CQC inspection were made public on 8 January 2016. The overall rating for the trust was ‘good’. The report presents a summary of the general conclusions reached by the CQC after its inspection of the trust in autumn 2015. Some areas may be more relevant to Lewisham specifically. The

trust has developed a detailed action plan which contains actions the Trust 'must do' as well as actions the trust 'should do'.

- The trust needs to ensure its risk assessments are sufficiently detailed and consistent across the trust. The actions it will take to ensure this is to redesign the electronic Patient Journey System (ePJS), so any risk assessments are consistently captured and can be found in one place. The electronic observations (EObs) are being adapted so more time can be spent with the service users.
- The trust needs to reduce the incidents where restraints are being used, as well as the reporting system for restraints in the trust's electronic reporting system DATIX. More detail needs to be captured about when a restraint is used, by whom, and when the restraint is removed again. The trust is doing a project together with the Devon Partnership NHS trust, funded by the Health Foundation, to reduce any incidents of violence in all inpatients wards. This project will support the work done to reduce the use of restraints.
- The CQC made a number of comments in the area of environmental risk. Some locations the trust operates out of needed to improve their fire escape routes as well as ensuring the buildings were properly maintained overall. The trust has also instigated an audit of the risk for ligatures across the sites it operates out of, and has instituted a capital programme to reduce such risks.
- In some areas, there were concerns that there weren't the right numbers of staff. The trust has put in place a reward scheme for staff in areas where recruitment is difficult. It is also looking at increasing its notice periods. There is also a review of the need for training in dementia for staff in older adults services. Those staff that have received dementia awareness training are good, but the trust now needs to ensure that mostly unqualified staff in bands 2 and 3 receive dementia awareness training.
- The CQC also raised concerns around patient dignity. In some inpatient wards there are windows in the doors of bedrooms which restrict patients' privacy. This was the case in the Heather Close unit. The trust is also reviewing its use of any blanket restrictions to ensure individual patients' needs can be met.

3.2 David Norman and Amanda Pithouse answered questions from the Committee. The following key points were noted:

- The CQC's inspection was conducted by more than 100 inspectors over the course of one week in September. The inspectors were able to visit the trust at any time during the day or night, although none visited during the night. The Child and Adolescent Mental Health Services (CAMHS) and older adults units both had unannounced visits in the week before the formal inspection which fed into the overall assessment of the trust.
- The CQC raised concerns about the quality of the trust's places of safety. The staffing levels across the places of safety are being reviewed. There were also concerns around the on-going maintenance of the physical environment.
- In some areas, it is difficult to recruit the necessary staff so the trust relies on agency staff. In those cases it is more difficult to ensure that all teams are run in the most optimal way. The trust is investing in a recruitment drive to ensure the necessary staff can be recruited. It is generally difficult to recruit staff in band 5.
- The DATIX electronic reporting system allows any incidents of restraints to be captured by clinical staff and ensure that information is held in one central

place. Cases of the use of restraint would then be anonymized and shared with larger groups of staff for learning.

- The trust was capturing data on incidents where restraints were being used, but not data on how long restraints were in place.
- The fit and proper person's tests had been carried out for all trust board members as required, but the data was not present in every board member's files when the CQC inspected them. The action listed in the report related to the trust ensuring the files of their board members were all up to date.

3.3 The Committee made a number of comments. The following key points were noted:

- In some areas, it may be difficult for the trust to ensure improvements are being made, especially when it comes to changes in staff attitudes and ways of working. Medical information is captured on a patients' chart which provides a method to ensure the right actions are taken consistently across the trust. With improvements to patient's rights and dignity, it would be more difficult to capture and track changes.
- The trust may want to consider the option of in-house provision of their catering during the tendering process. It may be economical to share this kind of service across multiple trusts if other trusts are also about to retender their catering contracts.

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

4. Healthwatch report - The Vietnamese Community and Access to Health and Wellbeing services in Lewisham

4.1 Folake Segun (Director, Healthwatch Lewisham and Bromley) introduced the report. The following key points were noted:

- Healthwatch has undertaken a piece of work to look at access to health and wellbeing services for members of the Vietnamese community in Lewisham. This work took place over the course of two months.
- The report details the conclusions of this work. Many instances of good practice were recorded, where GPs where helpful and many members of the community felt they received the care they needed.
- There were also concerns recorded about the quality of the interpretation services offered. Some interpreters may have expertise in conversations around immigration issues, but not medical issues which had an impact on the quality of care.
- Some individuals were not aware of the medical landscape so found it difficult to know where to go to get the care they needed. Lewisham CCG has been made aware of this report and has taken steps to engage with the Vietnamese community to understand their concerns better.
- Vietnamese is the third most requested language from interpretation services in Lewisham. Healthwatch is also working with the Polish community to identify any problems they may have in accessing health and care services, but that report has not been written yet.

4.2 The Committee made a number of comments. The following key points were noted:

- The Committee expressed concern about some of the quality of interpretation services described in the report. There was particular concern that some interpreters may not have the medical vocabulary necessary to ensure that information about medical conditions was conveyed accurately and understood by the patient.
- The Committee raised concerns that it may not be appropriate for residents to have to rely on friends or family members to provide translation services for them. Some conversations around health and wellbeing may not be appropriate to be shared with family members and friends, especially when the person providing the translation is a child, but also because there can be issues around confidentiality. In addition, a lay individual may not be able to convey medical information in the right words or with the right tone, which means people may leave medical appointments without the necessary information about their health.
- The Committee agreed that it can be difficult to book a timely appointment with a GP but noted that these problems of access seem to apply to residents across Lewisham and not only members of the Vietnamese community.
- The Committee agreed that it was important that eligibility criteria for interpreting services are clarified and published among Lewisham residents.
- The Committee suggested that one method that may help GPs in communicating with residents that do not speak English would be to provide a series of documents that provides information about medical conditions in both English and the languages most commonly spoken in Lewisham aside from English. GPs and patients could use this document to point to during appointments. The document would contain the names of common medical conditions, a description of the most common symptoms, a description of the most commonly prescribed treatment options and appropriate advice on lifestyle choices. Information already provided on NHS websites could be used as the basis for such documents.

4.3 **RESOLVED**: that the Committee noted the report and that the Committee's comments in paragraph 4.4 be sent to Healthwatch Lewisham and Bromley as a response to their report.

5. Lewisham Safeguarding Adults Board Annual Report for 2014-15

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

- All partners that are members of the Lewisham Adult Safeguarding Board comply with the same safeguarding duties. All partner organisations audit themselves and present the findings to the board. Each partner organisation has provided their own report on adult safeguarding that has been incorporated into the LSAB annual adult safeguarding report.
- There is an increased demand relating to Deprivation of Liberty Safeguards (DoLS).

- No Safeguarding Adults reviews were necessary in Lewisham in 2014-15. There have been some reviews of domestic homicide cases.
- The next LSAB annual adult safeguarding report with data from 2015-16 will be published in July instead of February, but with non-validated data.

5.2 Joan Hutton and Aileen Buckton (Executive Director Community Services) answered questions from the Committee. The following key points were noted:

- The national trend for DoLS is that overall the figures have gone up. The numbers of DoLS in Lewisham are in line with those in neighbouring authorities. The Councils is following the CQCs guidance on the appropriate use of DoLS.

5.3 The Committee made a number of comments. The following key points were noted:

- There has been a spike in DoLS nationally since the Supreme Court judgement that lowered the threshold for what counts as a deprivation. This was expected to come down.
- The report uses the phrase ‘own home’ as distinct from ‘care home’ or ‘residential home’ to describe people’s living arrangement. Care homes and residential homes are people’s own homes for the people living in them, which is an important realisation for staff providing care in those environments.

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

6. Health and care devolution in London

6.1 Aileen Buckton introduced the item. The following key points were noted:

- The London Health and Care Collaboration Agreement is a London-wide agreement that has been signed by each local authority in London. The care act places a legal duty on local authorities and organisations in the NHS to work collaboratively to improve health outcomes.
- The Agreement functions as an expression of interest to find further avenues for collaboration.
- At the same time, regional pilots are taking place that are testing new ways of working to improve collaboration. The pilots have key themes: management of estates, developing of joint roles between local authorities and NHS bodies, developing community services, and developing preventative work.
- A business case for each pilot needs to be developed that would outline what central government could do to help. The timetable was that each business case needed to be sent to London Health Board by June 2016. A draft business case would be presented to the Healthier Communities Select Committee before going to Mayor and Cabinet for a decision.

6.2 Aileen Buckton answered questions from the Committee. The following key points were noted:

- The changes to health and social care presented in the Lewisham devolution pilot are part of the integration work. This integration has previously been consulted on.
- It was illegal to charge for health services. In integrated care this was taken account of by people not being charged for the health care aspect of their care plans while still being means tested for the adult social care aspects of their care plans.
- There was no element of devolution being proposed where local authorities would take on responsibility for health services.

6.3 The Committee made a number of comments. The following key points were noted:

- That London health and social care devolution programme board had not made arrangements for scrutiny, and that some could questions whether this would lead to a deficit in accountability.
- One Member of the Committee requested that it be noted that they had grave concerns that devolution of health and care would lead to further fragmentation of health services.

6.4 **RESOLVED**: that the Committee noted the update provided, and the documents tabled at the meeting.

7. Autism Spectrum Housing Progress Report (information item)

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

8. Select Committee work programme

8.1 Simone van Elk (scrutiny manager) introduced the report. The Committee made the following recommendations for items for next year's work programme:

- An item about the Deal for adult social care and wellbeing offered by Wigan Council, as an approach to providing adult social care.
- Devolution

8.2 Aileen Buckton made the following suggestions:

- The Committee review the business case for health and care devolution at its April meeting.
- That the Committee review the proposal from the South London and Maudsley NHS Trust to make changes to the provision of places of safety at its April meeting.

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

9. Referrals to Mayor and Cabinet

None

The meeting ended at 9.00 pm

Chair: ---

Date: ---