

# MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 23 September 2020 at 7.30 pm

PRESENT: Councillors John Muldoon (Chair), Coral Howard (Vice-Chair), Kim Powell, Leo Gibbons, Sue Hordijkenko and Alan Smith

APOLOGIES: None

ALSO PRESENT: Councillor Bill Brown (Chair of Overview & Scrutiny), Councillor Chris Best (Deputy Mayor and Cabinet Member for Health and Adult Social Care), Tom Brown (Executive Director for Community Services), Donna Hayward-Sussex (Service Director (South London and Maudsley NHS Foundation Trust), Angela Helleur (Chief Nurse/Chief Operating Officer) (Lewisham and Greenwich NHS Trust (LGT)), James Lee (Director of Strategy, Partnerships and Improvement, Director of Culture and Community Development (jobshare)), Katharine Nidd (Strategic Procurement and Commercial Services Manager) (LBL), Tony O'Sullivan (Save Lewisham Hospital Campaign), Dr Simon Parton (GP, South Lewisham Group Practice) (Lewisham Local Medical Committee), Sarah Wainer (Director of System Transformation) (Lewisham Health and Care Partners), Martin Wilkinson (Director of Integrated Care and Commissioning) (Lewisham Health and Care Partners) and Nigel Bowness (Healthwatch Bromley and Lewisham)

## 1. Confirmation of Chair and Vice-Chair

Resolved: that Councillor John Muldoon be confirmed as the Chair and Councillor Coral Howard be confirmed as the Vice-Chair of the Select Committee.

## 2. Minutes of the meeting held on 15 January 2020

Resolved: the minutes of the last meeting were agreed as a true record.

## 3. Declarations of interest

The following non-prejudicial interest was declared:

In relation to item 7 (Leisure Contract Management) Cllr Alan Smith declared a non-pecuniary interest as the Chair of the board of a small social enterprise in Woolwich which has previously given advice to GLL.

## 4. Mayor and Cabinet response to referral on Adult Safeguarding

Resolved: the committee noted the response.

## 5. Lewisham health and care recovery plan

Tom Brown (Executive Director for Community Services) and Lewisham health and care partners (Donna Hayward-Sussex, Service Director, SLaM; Angela

Helleur, Chief Nurse/Chief Operating Officer, LGT; Simon Parton, Chair, Lewisham Local Medical Committee) introduced the report and the following key points were noted:

- 1.1 The Lewisham health and care system recovery plan sets out what local health and care partners intend to do to continue and accelerate our efforts to tackle inequalities and improve health and wellbeing in Lewisham.
- 1.2 Key priorities include: early intervention, supporting prevention, building community resilience, supporting our hospitals and care homes, and looking after our residents' mental health.
- 1.3 This includes children and young people, those in crisis, those with long-term conditions, those living in increased poverty and therefore more prone to the negative impacts of the wider determinants of health, and our staff.
- 1.4 Health and care partners are also utilising the opportunities presented digital growth to further reduce barriers to accessing services.
- 1.5 The focus of Lewisham and Greenwich NHS Trust's (LGT) plans for recovery include: to fully restore cancer services; to restore 90-100% of elective activity by October; to optimise use of the independent sector; and to implement stringent infection prevention control procedures. The Trust is also working closely with other acute providers in southeast London to maximise equity of access.
- 1.6 The South London and Maudsley NHS Foundation Trust (SLaM) introduced a number of measures during the pandemic, including: providing mobile phones to patients to help stay in touch; creating "hot" and "cold" wards for patients depending on their Covid diagnosis; and working with social care to identify and care for the most vulnerable patients.
- 1.7 The Trust is now looking to resume its community transformation programme, which is about working closer with GPs and sharing patient information.
- 1.8 Working with LGT the Trust has set up a new assessment function to see more patients presenting with mental health issues outside of the emergency department, and this is being increased to six rest bays this autumn.
- 1.9 In terms of inequalities, the Trust is currently working with partners and colleagues to create BAME-specific, culturally sensitive services and interventions. The feedback from service users has been that services can be very difficult to access and leave.
- 1.10 During the pandemic GPs mobilised a range of consultations methods, including via the phone and internet. GPs also continued to provide face-to-face consultations and quickly created "hot sites" where patients could be safely assessed with the appropriate PPE.
- 1.11 GPs also worked with local partners to support shielded patients and to reach out to other vulnerable groups who may not have access to the internet.
- 1.12 For the second wave GPs are looking, in particular, at how they can continue to support vulnerable and isolated patients, and those with long-term conditions, in a safe environment.
- 1.13 Dr Simon Parton also noted his thanks to NHS commissioning colleagues who provided GPs with the capacity to deal with the pandemic by pausing on some of their GP contractual obligations.
- 1.14 Dr Simon Parton also thanked local patients for their continued understanding during the pandemic.

There was a discussion and the following key points were noted:

- 1.15 The independent sector was commissioned by NHS England Improvement to provide capacity while acute NHS hospitals paused most of their elective work. As the independent sector didn't have patients with Covid they were able to protect their pathways. The contract for this was agreed at NHS rates.
- 1.16 Local health partners are engaging with the independent sector as part of recovery plans to reduce waiting lists.
- 1.17 It was also noted that the Council, Lewisham Homes, Phoenix Community Housing, and other registered providers, did a lot of work to identify and reach out to other vulnerable people using a wide range of methods.
- 1.18 During the pandemic GPs identified shielded and vulnerable patients by using an algorithm and searches on their IT systems. They reached out to patients over the phone, messaging services and the internet to reassure patients that they were still there to support. GPs were also able to identify those patients they weren't reaching digitally and create other ways of contacting them.
- 1.19 One of the things SLaM has done, working with GPs, to improve access to acute mental health services is to introduce joint triage on GP systems so that people can get the appropriate support quicker. This has reduced waiting times for mental health services by 25 days.
- 1.20 SLaM noted that it is beginning to see an increase in those presenting at hospital emergency departments who have not been in contact with mental health services before. The partners in the mental health alliance are working to provide a joined up response.
- 1.21 SLaM is aware that black communities do not access mental health services readily and this is an area it is focusing on in partnership with the community.
- 1.22 There is concern about the long-term impact of the pandemic on children's mental health and there are plans to include children's mental health in the mental health alliance so that interventions and support can be developed collectively.
- 1.23 While LGT is trying to encourage digital consultation, it is recognised that it is not for everybody. Face to face consultations are still available for patients who may have an issue.
- 1.24 While no one yet knows the extent of the second wave of Covid, LGT and other health partners' intention over the next six months is to continue to provide all services.
- 1.25 GPs are using digital platforms as a tool but these should never be seen as the only option.
- 1.26 There are plans to re-open the intensive support (ISR) day service in Ladywell in the coming weeks, depending on the Covid risk level. The ISR service provides support to those carers under the greatest strain. Alternative services and outreach services have also been offered and provided to others who may normally use day services.
- 1.27 A representative of the Save Lewisham Hospital Campaign recounted a recent poor experience with the NHS 111 service and argued that it showed how a centralised and outsourced service is failing Lewisham and national residents.
- 1.28 The representative asked the committee to join the national call for test and trace services to be embedded locally and to ask the council to add its voice to those of other councils demanding funding from central government to

support the building back of a locally led test and trace system embedded within public health, the local authority and primary care.

Resolved: the committee agreed to refer its views on test and trace to Mayor and Cabinet.

## **6. Financial stabilisation - budget update and medium term plan**

Katharine Nidd (Strategic Procurement and Commercial Services Manager) introduced the report and the following key points were noted:

- 1.1 The current circumstances present an unprecedented challenge across four separate fronts: the impact of the Covid-19 pandemic on services and finances; in-year overspends as a result of continuing cost and demand pressures; extreme public finance uncertainty for local government; and the wider impact of the economic recession.
- 1.2 The council currently faces in-year financial pressures of around £20m from providing critical services in response to Covid and around £17m from service overspends.
- 1.3 The council continues to lobby government on the costs of responding to Covid and management action is being taken on service overspends, which has to date identified more than £5m of in-year cash reductions.
- 1.4 The Medium Term Financial Strategy sets out the need to identify at least £40m of cuts over the next three years with the majority, around £24m, needed in the first year.
- 1.5 Officers are identifying opportunities to transform services and reduce budgets by collaborating across services and working in themes, as opposed to working in silos and salami slicing budgets.
- 1.6 Officers are focusing first on the needs of the community and the priorities of the council and then working back through to the operational arrangement and budgets.
- 1.7 The timetable is for detailed cuts proposals to be scrutinised in November and for a final budget to be presented to council for approval in February 2020.

There was a discussion and the following key points were noted:

- 1.8 As well as public consultation on those specific cuts proposals where this is required there will also be broader communications and engagement on the overall financial challenge faced by the council.
- 1.9 The council has been conservative in its assumptions in the Medium Term Financial Strategy as to what the local government financial settlement may be, so there shouldn't be a significant shock if the settlement does come very late.
- 1.10 The committee expressed its gratitude to the council officers and directors working hard, in unprecedented circumstances, to preserve services for the most vulnerable in the community.

Resolved: the committee noted the report.

## 7. Leisure Contract Management

James Lee (Director of Communities, Partnerships and Leisure) introduced the report and the following key points were noted:

- 1.1 The council is in the process of transferring its leisure management contract from Fusion Lifestyle to GLL (Greenwich Leisure Ltd). Staff consultations are being carried out as part of the transfer.
- 1.2 Covid-19 has had a significant impact on the leisure market and the Covid security of each of the facilities is being assessed ahead of a proposed reopening by November.

There was a discussion and the following key points were noted:

- 1.3 GLL fully recognised all unions that have members on their sites (primarily Unite, Unison and GMB) and union representative are given the required time and space to fulfil their duties. GLL are also committed to following the ACAS guidelines on TUPE, which include the recognitions of unions.
- 1.4 Once GLL have full access to the leisure sites they will carry out comprehensive mobilisation inspections which will include ensuring the facilities are fully accessible and Covid safe.
- 1.5 There will also be a significant marketing and mobilisation campaign. This is an opportunity for a fresh start to ensure the borough's leisure provision meets the needs of its communities.
- 1.6 The council is expecting to sign the leisure management contract with GLL in October.
- 1.7 The council has learned that, with market changes and changes in local demographics, leisure services have become more expensive to run than previously accounted for.
- 1.8 As part of the mobilisation phase members may need to consider the council's overall approach to leisure to ensure that it is accessible to those on low incomes but attractive to those who can afford to pay.
- 1.9 The contract will be for two years initially with an option to extend for a further three years subject to quality of performance and delivery and consideration of other options.
- 1.10 GLL will be expected to work with all the other businesses currently operating from leisure sites across the borough (soft play, gymnastics clubs and football team, for example). Change to subleasing arrangements are not currently being considered. GLL will however have to undertake a Covid risk assessment to ensure they are able to operate safely.
- 1.11 The council is planning to reopen the swimming pools at Glassmill, Forest Hill and Wavelengths in November. Any decision to close a pool would be a member decision subject to scrutiny.

Resolved: the committee noted the report.

## 8. Select Committee work programme

The scrutiny manager introduced the report. There was a discussion and the following key points were noted:

- 1.1 The committee discussed and agreed to include a substantive item for the November meeting from health commissioners on the new pathology contract and pathology arrangements.
- 1.2 The committee discussed and agreed to keep the Birmingham and Lewisham health inequalities review on the work programme in order to look into the scoping, methodology and progress.
- 1.3 The committee discussed and agreed to liaise with officers about receiving an update on the health care system recovery plans in January, with a focus on domiciliary and non-domiciliary care, day services for older adults and those with learning disabilities, work with local housing providers, and corporate communications and engagement.
- 1.4 The committee discussed and agreed to receive an update on the Lewisham and Greenwich NHS Trust's review of migrant charging as an information item. The review is expected to conclude towards the end of the calendar year.
- 1.5 The committee also agreed to consult the chair of overview and scrutiny about whether the issue of food insecurity and the impact on low income families should fall within the remit of the Safer Communities Select Committee or an independent task and finish group.

The committee agreed its work programme for the year.

The meeting ended at 9.33 pm

Chair:

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Date:

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