

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 19 November 2024 at 7.00 pm

IN ATTENDANCE: Councillors Aliya Sheikh (Chair), Carol Webley-Brown (Vice-Chair), Peter Bernards, John Muldoon, Rachel Onikosi and Sakina Sheikh

ALSO JOINING THE MEETING VIRTUALLY: Councillor Rudi Schmidt, Nigel Bowness (Healthwatch Lewisham)

APOLOGIES: Councillor Andre Bourne

ALSO PRESENT: Councillor Paul Bell (Cabinet Member for Health, Wellbeing and Adult Social Care), Denise Radley (Executive Director of Adult Social Care and Health), Laura Jenner (Director of Systems Transformation), Joan Hutton (Director of Adult Social Care), Kenneth Gregory (Director of Adult Integrated Commissioning), James Lee (Director of Community Services) and Nidhi Patil (Scrutiny Manager)

ALSO PRESENT VIRTUALLY: Nick Penny (Head of Service Finance), Yusuf Shaibu (Strategic Finance Business Partner) and Catherine Mbema (Director of Public Health)

NB: Those Councillors listed as joining virtually were not in attendance for the purposes of the meeting being quorate, any decisions taken or to satisfy the requirements of s85 Local Government Act 1972

1. Minutes of the meeting held on 17 September 2024

1.1. RESOLVED: that the minutes of the last meeting be agreed as a true record.

2. Declarations of interest

None.

3. Developing Integrated Neighbourhood Teams in Lewisham

Laura Jenner (Director of Systems Transformation) introduced the report. The following key points were noted:

- 3.1. Lewisham was divided into four neighbourhood areas based on geography. Over the past couple of years, health and social care services had aligned themselves with these neighbourhoods. In the last 18 months, various approaches had been piloted to foster collaboration between health and social care services, voluntary organisations, and community groups. These pilots aimed to support individuals' health and care needs holistically. The neighbourhood model was designed to build on the lessons learned from these pilots and further develop this approach.
- 3.2. The programme had been co-designed with a strong emphasis on community engagement. Ensuring the voices of community members and voluntary sector representatives were central to the programme's development was considered essential.

- 3.3. In September 2024, an Integrated Neighbourhood Marketplace event was held with stakeholders, including community and voluntary groups who had been involved in similar pilots before. This event aimed to identify what had worked well, what challenges remained, and what priorities needed to be taken forward.
- 3.4. The aim of the neighbourhood working model was to integrate support within each neighbourhood across primary care, community services, adult social care, and the voluntary sector. This integration sought to create cohesive teams of professionals who could address residents' mental health, physical health, and social care needs effectively.
- 3.5. The neighbourhood working model categorised residents into three groups-
- Low complexity- Residents managing relatively well in the community but requiring occasional support. Community hubs, such as those at Waldron Centre, Lewisham Shopping Centre in Lewisham and Sevenfields, were established to provide this assistance.
 - Medium complexity- Residents with several long-term conditions, such as depression, who were not yet accessing the statutory services but were at risk of requiring them if left unsupported. This group was a key focus for preventative interventions.
 - Most complex- Residents already engaged with health and care services but whose support was fragmented. The aim here was to create a more coordinated and integrated care approach.
- 3.6. Lewisham's Population Health team consolidated data from various parts of the health and care system. This team played a crucial role in identifying individuals who could benefit from the neighbourhood model. The data helped neighbourhood teams proactively address issues related to lifestyle, medication management, social concerns, and housing, shifting from reactive crisis management to proactive support.

The Committee members were invited to ask questions. The following key points were noted-

- 3.7. It was enquired whether formal mechanisms existed for sharing learning between neighbourhoods. Officers acknowledged the importance of such processes and committed to exploring this further.
- 3.8. A detailed communications and engagement plan had been developed, exploring multiple avenues for resident involvement. An upcoming public event aimed to inform residents about the neighbourhood model and offer opportunities for co-designing initiatives.
- 3.9. A Committee member raised concerns about IT system integration, noting that differing systems across neighbourhoods hindered seamless data sharing and contributed to inequalities. Officers explained that all neighbourhood teams, including voluntary sector partners, would be part of a data-sharing agreement to address these issues. While existing IT disparities posed a significant challenge, there was a long-term goal to

connect these systems. Nationally, the 'London Connections' initiative was expected to support this effort.

- 3.10. A Committee member enquired about the project's budget and its sustainability. Officers noted that the business case and budget were still being developed. The aim was to integrate existing services and, eventually, establish an integrated budget for each area. However, it was difficult to comment on the sustainability of funding due to resources constraints across services. The full business case would provide further clarity on the budget position.
- 3.11. Addressing systemic barriers to care, including cultural challenges, was a key aim of the neighbourhood model. Officers explained that community and voluntary groups would play a role not only in outreach but also in delivering services. Contracts with these groups were expected to include learning opportunities for health interventions. Co-designing health and lifestyle initiatives with residents and voluntary groups was highlighted as essential, though significant work remained.
- 3.12. The Chair of Overview and Scrutiny attended a North Deptford PCN (Primary Care Network) workshop on language-informed healthcare. The workshop's clinical lead was contributing insights to the neighbourhood programme, ensuring these approaches informed wider healthcare practices and addressed power dynamics to support agency and service users.
- 3.13. The neighbourhood working model was described as a system-wide programme, not just a health initiative.
- 3.14. Officers acknowledged risks in planning and costing the programme simultaneously but anticipated finalising costs by January 2025.

RESOLVED:

- That the report be noted.

4. Budget Savings 2025-26

Denise Radley (Executive Director of Adult Social Care and Health) introduced the report. The following key points were noted:

- 4.1. This report contained the draft proposals for budget reductions that were being put forward to the Mayor and Cabinet on the 4th of December 2024. These initiatives were needed to address the £20m two-year general fund budget shortfall set out in the Medium Term Financial Strategy (MTFS) and the overspend in 2024/25, currently reported as £36m, which was not funded via the MTFS in 2025/26.
- 4.2. £9.617m of combined cost avoidance and early savings delivery proposals had been identified for 2024/25, as well as a further £3.45m of base budget reductions and £13.410m of cost avoidance measures for 2025/26 and 2026/27.
- 4.3. However, the cumulative totals of savings and recurring cost avoidance measures fell short of the respective targets. Therefore, the shortfall of cost avoidance measures would need to be added to the remaining savings target meaning that in 2025/26, a further £25.038m of savings would need

to be identified and implemented. Also the Council would need to use reserves to set the budget in 2025/26 to ensure adequate time for the additional saving identification, scrutiny and implementation process.

- 4.4. The budget position would be further informed by a policy statement from the Ministry for Housing, Communities and Local Government (MHCG) scheduled for November 2024 and the Provisional Local Government Finance Settlement in December 2024.
- 4.5. The Adult Social Care (ASC) budget proposals focused on building upon the existing savings programme. They included technical efficiencies, such as reducing debt provision, which improved the budget position without affecting service delivery.

The Committee members were invited to ask questions. The following key points were noted-

- 4.6. The Committee members had no comments on budget proposals ASC01, ASC02, ASC03, ASC06, ASC09, CR07, H01 and P02.
- 4.7. Budget proposal ASC04 focused on achieving additional savings from Care Home Reviews, particularly regarding the 1-1 and 2-1 support requested by providers at the initial stages of placements for individuals with challenging behaviours. When individuals- especially those with dementia or challenging behaviours- were placed in care homes, often following hospital admissions or extended stays in community care settings, care homes frequently requested additional 1-1 or 2-1 staffing support during the initial transition period. However, based on experience, officers noted that this level of support was typically not required long-term. The Care Home Reviews process assessed these needs and worked collaboratively with care homes. To date, this approach had delivered £1.6 million in savings across 21 cases. Through further data analysis, officers had identified an additional £600k in potential savings.
- 4.8. Budget proposal ASC05 focused on Electronic Call Monitoring (ECM) to achieve savings by uploading actual hours of care provided since quality control checks had identified errors and duplications in the uploads. When asked if fraud could be ruled out in these errors and duplication in uploads, officers stated that they carefully monitored the situation and relied on feedback from service users and their families. Officers emphasised that ECM technology helped ensure residents received appropriate care and that their charges reflected actual care provided, particularly for those paying for their care. In response to whether any improvements had been noticed, officers stated that ECM had enabled more accurate tracking of care delivery and provided valuable intelligence to understand the care being received.
- 4.9. Budget proposal ASC10 focused on revising bad debt provision calculations. The savings arose from changes made to the revenue budget provision for bad debt, following several months of work addressing outstanding debt. There had been an ongoing focus across the service to manage and reduce debt, which primarily stemmed from client charges for ASC. Revenues and ASC teams worked collaboratively to bring down the levels of outstanding debt. At the end of each financial year, debt levels

were reviewed, and provisions were made for bad debt, funded by the relevant service area. The significantly reduced debt levels reflected the positive efforts undertaken to address and manage the issue.

- 4.10. Budget proposal ASC11 focused on additional Section 117 ICB/SLAM recharge (ICB- Integrated Care Board; SLAM- South London and Maudsley NHS Trust). Under the Mental Health Act, individuals detained for treatment were entitled to aftercare (under Section 117 of the Act), which were the joint responsibility of the Council and the NHS and were provided free of charge. The Council had identified a number of clients that were eligible for health contributions under Section 117 Mental Health Aftercare. Inefficiencies in identifying these individuals previously existed because SLAM recorded data on a different system. Now that the individuals had been identified, discussions with ICB had been ongoing for some time, with a joint effort to review specific care packages. While there was agreement in principle, further discussions were needed to finalise delivery.
- 4.11. Budget proposal ASC13 focused on increasing client contributions towards the cost of care. It was noted that the associated equalities impact assessment indicated a neutral impact across all protected characteristics. Officers agreed to review and update these findings. The increase primarily affected full-cost care payers, representing a small minority of residents.
- 4.12. Budget proposal ASC14 focused on achieving additional savings from the Progression and Next Steps (PANS) initiative. These savings were in addition to those identified under the existing Empowering Lewisham programme for individuals with learning disabilities. An additional 19 people had been identified as suitable for transitioning to less restrictive care provisions, contributing to proposed savings.
- 4.13. Budget proposal P01 focused on ending the funding for the Council-run assembly programme. Committee members had mixed views on local ward assemblies. Some felt they were outdated, noting low attendance and that those who did attend were often the same few residents. They argued other forms of engagement should be explored. Others believed the assemblies were valuable, particularly in areas like Perry Vale, where they were seen as an essential space for community engagement. Concerns were raised that cutting the programme could harm local democracy and relationships with local representatives. This savings proposal was also discussed at the Safer Stronger Communities Select Committee, which planned to add an agenda item on local consultation and democratic engagement for its January 2025 meeting.
- 4.14. Budget proposal P03 focused on reducing leisure concessions. The Committee Chair raised concerns about the proposed increase in concessionary memberships and pay-and-play session fees, noting that it could create barriers to access for Lewisham residents, negatively affecting their physical and mental wellbeing. Even small price increases, such as £2, were noted as significant for some individuals. The equalities implications of the savings proposal highlighted negative impacts on protected characteristics, including age, ethnicity, gender and socio-economic inequality. It was also discussed that this saving worked against

the aims of the Council's Physical Activity Strategy. There were concerns that higher prices might discourage memberships, undermining expected savings. However, officers informed the Committee that extensive financial modelling was conducted with the leisure services provider to lock-in this figure for the savings and the risk for delivering the saving sat with them. So a reduction in memberships would not negatively impact the saving but it would put financial pressure on the provider.

RESOLVED: that the Committee would refer its views to the Public Accounts Select Committee as follows–

- the Committee believes that if the proposal related to local assembly funding is agreed, the Council's Constitution should continue to include provisions for local assembly meetings, with the specific wording in the Constitution to be agreed upon with the Director of Law and Corporate Governance.
- Regarding the savings proposal P03: Reduced Leisure Concessions-
 - The Committee has significant concerns about the proposed 10% increase in concessionary pricing for memberships and 'pay and play' sessions, especially as this increase would be in addition to other annual inflationary adjustments.
 - The Committee believes that such an increase could lead to a significant loss of memberships, as users seek alternative options. This reduction in memberships would, in turn, lead to decreased revenue.
 - Additionally, increasing concessionary prices could negatively impact residents' ability to access these services, harming their physical and mental health. From a health perspective, the savings anticipated from this proposal do not justify the potential harm to residents' well-being.
 - The Committee recommends reconsidering these increases in concessionary prices and instead suggests focusing on better advertising and promotion to attract more members and encourage greater use of these leisure services.

5. Physical Activity Strategy Review

James Lee (Director of Community Services) introduced the report. This was followed by questions from the Committee members. The following key points were noted:

- 5.1. Before Covid-19, the Council faced significant challenges with its leisure provider. However, the delivery of leisure services, community engagement, and operational management had greatly improved post-pandemic.
- 5.2. Downham Health and Leisure Centre saw a decline in participation between January 2023 and June 2024 and underperformed compared to other GLL-managed facilities. The Council was holding regular meetings with the provider, One Life, which was recently acquired by Parkwood- a larger and more experienced leisure services operator. Strategic discussions with Parkwood were ongoing, and they demonstrated an

understanding of the Council’s concerns. The Council had emphasised the importance of robust contract monitoring, drawing on lessons from previous contractual issues. While progress had been made on this matter, further improvements were still needed.

- 5.3. Efforts had been made to improve accessibility at leisure centres, including implementing suggestions such as making amendments to the windows at Glassmill Leisure Centre. Female-only swim sessions, transgender swim sessions, and collaborations with the Black Swimming Association were ongoing to address access barriers. Officers acknowledged that more work was needed and invited Committee members to suggest additional community groups for collaboration.
- 5.4. The Committee Chair raised concerns about the large glass windows in gyms that created access barriers for some members of the community. Suggestions included setting specific hours or days with window coverings. Officers noted the challenge of balancing commercial viability with equity and accessibility for leisure services, as leisure centres needed to remain financially sustainable to generate enough subsidy to provide concession rates to ensure inclusive access to all.
- 5.5. The report mentioned the development of clear and effective pathways to improve childhood obesity. There were multiple pathways, with activities taking place both within leisure centres and through partnerships with public health teams, schools, and community groups.
- 5.6. Providing residents access to swimming pools with higher temperatures and Hydrotherapy had been discussed at previous meetings of this Committee and was raised again. While maintaining high pool temperatures was not cost-effective for occasional activities, ongoing collaboration with Watergate and Greenvale schools, which have hydrotherapy pools, aimed to increase accessibility. However, these facilities would be limited to referral-based access.

RESOLVED:

- That the report be noted.

6. Select Committee Work Programme

6.1. The Committee considered the work programme report.

RESOLVED:

- That the agenda for the Committee meeting in January 2025 be agreed.

The meeting ended at 9.16 pm

Chair:

Date:
