

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 6 September 2023 at 7.00pm

IN ATTENDANCE: Councillors Chris Best (Chair), Aliya Sheikh (Vice-Chair), Peter Bernards, Stephen Hayes, John Muldoon and Carol Webley-Brown

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

APOLOGIES: Councillor Laura Cunningham

ALSO PRESENT: Councillor Paul Bell (Cabinet Member for Health and Adult Social Care), Councillor Jaqueline Paschoud, Tom Brown (Executive Director for Community Services), Joan Hutton (Director of Adult Social Care), Sarah Wainer (Director of System Transformation, Lewisham Health and Care Partnership) and Nidhi Patil (Scrutiny Manager)

ALSO PRESENT VIRTUALLY: Ceri Jacobs (Lewisham Place Executive Lead, SEL ICS), Charles Malcolm-Smith (People and Provider Development Lead, SEL ICS), Kenneth Gregory (Director of Adults Integrated Commissioning), Catherine Mbema (Director of Public Health) and Andrea Benson (Service Improvement and Assurance Manager)

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 20 June 2023

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

1.2. The Chair of the Committee mentioned that at its meeting in June 2023, the Committee provided comments on the draft Physical Activity Strategy which was later submitted to the Mayor & Cabinet. A follow-up would be conducted on how the Committee's comments were presented and to explore whether using a formal template for documenting comments and responses would be a sensible way forward. The Chair added that in the Physical Activity Strategy, only the Committee's comments about minor wording changes were addressed, leaving some other comments unaddressed.

2. Declarations of interest

2.1. None.

The Chair informed the committee that the items on the agenda would be considered in the following order- Lewisham Health and Care Partners (LHCP) Local Care Plan 2023-28, Health & Wellbeing Strategy and Healthcare & Wellbeing Charter and then A Vision and Strategy for Adult Social Care in Lewisham.

3. Lewisham Health and Care Partners (LHCP) Local Care Plan 2023-28

Sarah Wainer (Director of System Transformation, Lewisham Health and Care Partnership) introduced the report. The following key points were noted:

- 3.1. In October 2022, Lewisham Health and Care Partners discussed the priority areas on which they wanted to work, in order to achieve substantial improvements in health and care outcomes and to address existing inequalities. 5 priority areas were agreed that formed the basis of the Local Care Plan (LCP) 2023-28.
- 3.2. The first high level priority objective was to strengthen the integration of primary and community care. To achieve this objective, it was important to focus on delivering effective integrated care at a neighbourhood level. Through the neighbourhood focus, two long term conditions would be identified for which local models of care would be established, along with developing a local network support for older people. This approach would also include a focus on expanding the provision of early intervention and community support for mental health.
- 3.3. The second priority was to build stronger, healthier families and to provide families with integrated support services. This was being achieved through an integrated model for family hubs across Lewisham which was being delivered by the Children and Young People's Directorate.
- 3.4. The third priority focused on addressing inequalities throughout Lewisham's health and care system. Dr Catherine Mbema, Director of Public Health was leading the work around this priority objective.
- 3.5. The fourth priority was to maximise the roles of health and care partners as anchor organisations to build a happier and healthier workforce. To achieve this objective, joint apprenticeship programmes were being identified and workforce planning was also being carried out in collaboration.
- 3.6. The fifth priority was to attain financial sustainability across the system. All the work related to the other four priorities would be executed in a manner that bolstered the fifth priority.
- 3.7. To facilitate the delivery of the LCP, several programme boards and groups were in place. The LCP and its objectives also aligned with existing programmes such as Empowering Lewisham, Mental Health Alliance programmes and initiatives being delivered by colleagues in the Children and Young People directorate. The report mainly discussed the LCP which was a high-level document. All the specific details, action plans, engagement and co-production with residents was happening at the programme levels.
- 3.8. All the programmes across the system where joint work was taking place, reported to the Place Executive Group which ensured effective oversight of all programmes.

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

- 3.9. During the consultation phase, it became evident that certain portions of the Local Care Plan (LCP) were written using highly corporate language. Feedback was provided to the programme board, emphasising the need to translate it into a more user-friendly language.
- 3.10. The Integrated Neighbourhood Network Alliance was responsible for bringing together partners across primary care and community health.
- 3.11. The Integrated Care System (ICS), via the Integrated Care Partnership (ICP) Board, had been exploring ways to enhance the community and voluntary sector's role as an equal health partner within the ICS. During a recent meeting, the ICP Board deliberated on a draft for the South East London Voluntary, Community and Social Enterprise (VCSE) Charter. Councillor Paul Bell (Cabinet Member for Health and Adult Social Care) informed the Committee that he would share this Charter with them.

- 3.12. Nigel Bowness (Healthwatch Lewisham) enquired about the impact that the quality of housing had on programmes like Home First. Officers acknowledged that the availability of decent housing was a significant determinant of health outcomes, but there were limited actions that LHCP alone could take to improve housing outcomes. Nevertheless, strong partnerships existed, and health and care colleagues collaborated with housing counterparts to enhance outcomes to the best of their abilities.
- 3.13. Due to the cumulative delays caused by the Covid-19 pandemic and various isolation measures, there was a noticeable increase in hospital admissions, affecting not just older people but a broader demographic. The entire healthcare system was experiencing heightened pressure due to the pent-up demand stemming from the epidemic's impact. The GP appointment data indicated that appointments were now back up to pre-pandemic levels. However, it was clear that the system was still under pressure with increased demand and full recovery would take time.
- 3.14. A member of the Committee requested to see the risk registers for the various programme boards.
- 3.15. Handyman services by housing department were no longer available for residents being discharged from the hospitals. However, there were alternative arrangements to ensure that residents were returning to a safe home/ environment. There were voluntary sector organisations that assisted with making changes to people's homes to make them safe. The Council also established a safe micro-environment for residents which involved things like moving the furniture to make the property safe.
- 3.16. It was acknowledged that there was a wider workforce challenge. With reduced budgets in the public sector, more services were being expected with less resources. Diminishing resources meant shortages in critical roles like nursing staff, GPs and therapists. The real challenge was in recruiting and fairly compensating these essential professionals.
- 3.17. The recent launch of the 'Maximising Wellbeing at Home' contract underscored the importance of a comprehensive staff skills development programme. The intention was for the training opportunities to function as a 'skill escalator' to support staff in advancing to more qualified positions, fostering career progression.
- 3.18. The Council had a small enablement service, but the care service was all externally commissioned. Currently, 80% of purchased care was from outside the Council. The recently launched contract of maximising wellbeing at home, offered more competitive compensation to care workers compared to neighbouring boroughs. While acknowledging the importance of offering flexible working hours to staff members, there was also a clear intent to stay away from zero-hour contracts, thus providing staff with guaranteed hours that could be extended as desired.
- 3.19. In 2019, the Council signed up to UNISON's ethical care charter which included paying travel time to carers. The new maximising wellbeing at work contract that went live on the 1st of September 2023 contractually required providers to pay travel time to carers. The contract also required providers to pay occupational sick pay. The Council received monthly reports through the commissioners to ensure effective implementation of these payment policies.
- 3.20. There was a parking permit scheme in place that NHS workers and care workers could use. Care providers were also giving out train and bus passes to their staff.
- 3.21. It was discussed that referring to areas by geographic location instead of the formal terminology of 'Neighbourhood 1', 'Neighbourhood 2' and so on, would be easier to understand for councillors as well as residents.

3.22. The Committee Chair stated that she was delighted to hear about the development of a business case for the Twilight scheme.

RESOLVED:

- that the report be noted, along with the comments made by the Committee.
- that the Committee expressed its gratitude to Sarah Wainer and wished her all the best for her retirement, marking her last Committee meeting with a heartfelt note.

4. A Vision and Strategy for Adult Social Care in Lewisham

Tom Brown (Executive Director for Community Services) and Joan Hutton (Director of Adult Social Care) presented this item to the Committee. The following key points were noted:

- 4.1. This was the first draft of the Adult Social Care Strategy and officers wanted to take this forward in a co-productive way. It was discussed that partnerships were really important in delivering this strategy, this included partnerships within the system and partnerships with residents.
- 4.2. The vision for the strategy was to work jointly with residents, carers, partners and providers to co-produce it in order to enable the right care to be provided to residents.
- 4.3. It was noted that Lewisham was due to be inspected by the CQC (Care Quality Commission) and that the Council was preparing for that by doing mock inspections and by being part of a peer review in February 2024.
- 4.4. Officers highlighted the key objectives detailed in the report to the Committee that the Adult Social Care strategy would focus on, including:
 - Independence and safety- working together to enhance Quality of Life and maximising independence for residents.
 - Motivated and sustainable workforce- working towards Lewisham being a place that people want to work in and developing, supporting and motivating staff to feel empowered to make the right decisions.
 - Ensure a sustainable and diverse care market
 - Co-production and collaboration- working jointly with citizens, carers, partners and providers to co-produce and provide the right support to residents, as close to home as possible.
 - Improvement and innovation- focusing on innovation and improvement, in readiness for CQC and wider ASC reforms.
 - Equality and accessibility- ensuring equality and accessibility by improving access and simplifying and streamlining communications, data, processes and systems.
 - Effective budgets and resourcing- delivering value for money, making the best use of resources across the system.

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

- 4.5. Nigel Bowness (Healthwatch Lewisham) stressed the importance of a corporate 'One Lewisham' approach to co-production with an agreed definition of what co-production means in Lewisham context. Councillor Paul Bell shared a helpful definition of co-production with the Committee and agreed that a corporate approach was required. The definition stated- "Co-production refers to a way of

working where service providers and users work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it". Officers reported that Social Care Institute for Excellence (SCIE) had been commissioned to help better understand the co-production approach in Adult Social Care but learning from that would be applicable to wider Council areas as well.

- 4.6. It was noted that the equalities implications in section 6 were helpful as broad statements, but it was suggested that they should place a clearer emphasis on the barriers to hearing residents' voices and the mitigations required to overcome those barriers.
- 4.7. Councillor Jacqueline Paschoud attended the meeting as the Committee's guest and highlighted residents' concerns about inconsistent reviews of their care packages. Some residents had also reported not fully understanding their financial assessment letters. In advance of raising this point, Councillor Paschoud declared a personal interest in the issue as she had a close family member in receipt of a care package from Lewisham Social Care.
Officers acknowledged the importance of timely care package reviews and suggested a co-production approach to involve residents in improving the process. Residents were advised about the financial charges in the initial stages, but officers expressed a willingness to explore process improvements.
- 4.8. The importance of adhering to the 'Nothing about us without us' principle in delivering appropriate care to individuals was emphasised during the discussion. The co-production work undertaken by SCIE aimed to align with this principle, establishing an effective co-production model in Social Care that could subsequently be extended to other Council areas.
- 4.9. Lewisham had around 50 vacancies for in-home wellbeing carers, one of the lowest counts in the region.
- 4.10. A Committee member raised the issue of arranging transport for elderly residents attending GP and hospital appointments. It was clarified that funding transport for GP appointments fell under the NHS's purview, not Adult Social Care. Nevertheless, it was stressed that the Council should actively promote the available community offer around transport to facilitate residents' access to services. Additionally, it was highlighted that individuals with disabilities had the option to apply for a 'Disabled Person's Freedom Pass' for free public transport.
- 4.11. Councillor Paul Bell stated that there was a home care provider that offered training for 'direct payments' and that he would share the name of that provider with the Committee.
- 4.12. The discussion emphasised that having a diverse workforce wasn't equivalent to having a culturally competent one. Training for a diverse workforce was necessary to ensure culturally sensitive service delivery.
- 4.13. In the budget table on page 31 of the agenda pack, the term 'Client contributions' was used, and a Committee member enquired about changing it to 'Client charges'. Officers explained that they used the terminology from the National Contribution Framework but stated that 'Client contributions/ charges' could be used going forward.
- 4.14. It was discussed that digitalisation of services could pose a barrier to access for certain individuals. Officers reassured the Committee that digitalisation of services would not involve moving all services online and that face-to-face elements would still be retained where necessary.
- 4.15. The significant role of unpaid carers in providing care in the borough was discussed, with the suggestion to include a reference to them in the strategy.

- 4.16. The value of the Council's enablement service was acknowledged, and it was proposed that the strategy should highlight some of its achievements. Additionally, it was discussed that the strategy should recognise partnerships with other Council departments responsible for broader health determinants.
- 4.17. The Committee Chair recommended including a note in the strategy's current landscape section to highlight that adult social care offered a '7 days-a-week' service.
- 4.18. The need for timelier corporate data publishing was recognised.
- 4.19. Councillor Paul Bell informed the Committee that the 'Shared Lives Service' had recently retained its 'Good' CQC rating and efforts were underway to further promote the service. He also emphasised the significance of loneliness in impacting people's wellbeing and suggested its inclusion in the strategy.
- 4.20. It was discussed that this strategy was still in the very early stages of development and that it would be revisited by this Committee in the future.

RESOLVED:

- that the report be noted, along with the comments made by the Committee.

5. Health & Wellbeing Strategy and Healthcare & Wellbeing Charter

Charles Malcolm-Smith (People and Provider Development Lead, SEL ICS) and Catherine Mbema (Director of Public Health) presented this item to the Committee. The following key points were noted:

- 5.1. Following the meeting of the Healthier Communities Select Committee on the 20th of June 2023, officers had carried out more engagement on the Charter through the People's Partnership Committee.
- 5.2. The draft Charter was a high-level document which would form an integral part of the Health and Wellbeing Strategy.
- 5.3. The existing Health and Wellbeing Strategy was due to expire this year. The aim was for the new strategy to look at the interface between health and care services and wider determinants of health.
- 5.4. Two strategy development workshops were being planned that would bring together all the stakeholders. At these workshops, discussions would be had about how the Healthcare and Wellbeing Charter could support the actions that would be articulated in the Health and Wellbeing Strategy.

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

- 5.5. The Committee expressed its dissatisfaction with the Charter as they were expecting a more collaboratively developed, co-produced document. It was understood that the initial draft of the Charter was quite high-level, but there was a need to make it more relevant and meaningful for residents. Committee members had advocated for the Charter to centre on empowering residents to take proactive steps. They had previously provided feedback that the Charter should emphasise the importance of practical measures such as the role of pharmacies, residents' ability to self-refer and addressing the 8am GP rush.
- 5.6. The Chair of the Committee requested that an informal meeting be arranged for the Committee members and officers to further consider the Charter's content. This meeting would focus on discussing how the Charter could reflect what the residents could do themselves for their health and wellbeing, and what they could expect from

the health and care partners. It was noted that Committee members were seeking a draft Charter that they could present to residents for further engagement.

5.7. It was acknowledged that keeping appointments posed a more significant challenge for individuals suffering the cumulative impact of disadvantage. It was suggested that the Charter should ideally encourage people, whenever feasible, to prioritise keeping their appointments.

5.8. Officers noted that this Charter served as a foundational framework for them to reference when developing system intentions. It was also recognised that there was no mechanism for enforcing this Charter on residents, but its guiding principles would be integrated into service specifications.

RESOLVED:

- that the Committee's dissatisfaction with the current draft of the Charter be noted and an informal follow-up meeting be arranged for the members of this Committee, relevant officers, Cabinet Member for Health and Adult Social Care and Cabinet Member for Communities, Refugees and Wellbeing to further discuss the development of this Charter.

6. Select Committee Work Programme

6.1. It was discussed that the South London and Maudsley NHS Trust (SLaM) would be invited to the next Committee meeting to present the agenda item on improving mental health provision.

6.2. It was suggested that Lewisham Speaking Up be invited for the agenda item on the Learning Disabilities Implementation Plan.

RESOLVED:

- that the addition of the Learning Disabilities Implementation Plan to the Committee's work programme be noted.
- that the agenda for the next Committee meeting on the 2nd of November 2023 be agreed.

The meeting ended at 8.50pm.

Chair:

Date:
