

# MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 10 January 2024 at 7.00pm

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

ALSO JOINING THE MEETING VIRTUALLY: Nigel Bowness (Healthwatch Lewisham)

ALSO PRESENT: Councillor Jaqueline Paschoud, Councillor Paul Bell (Cabinet Member for Health and Adult Social Care), Tom Brown (Executive Director for Community Services), Bobby Pratap (Programme Director, Community Transformation, SLaM), Kate Lillywhite (Director of Strategy and Transformation, SLaM), Mark Pattison (Lewisham's Service Director for SLaM) and Nidhi Patil (Scrutiny Manager)

ALSO PRESENT VIRTUALLY: Councillor Liam Shrivastava, Michael Preston-Shoot (Independent Chair of the Lewisham Safeguarding Adults Board), Kenneth Gregory (Director of Adults Integrated Commissioning), Tristan Brice (Joint Commissioning Lead), Andrea Benson (Service Improvement and Assurance Manager), Charlene Pavitt (Neighbourhoods Superintendent Lewisham, MET Police), Adrian Hanna (Inspector, MET Police), Neil Jackson (Director of Estates and Facilities, SLaM), and Ade Odunlade (Chief Operating Officer, NHS Foundation Trust).

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 2 November 2023

- 1.1. At the November 2023 meeting, the Committee had enquired about the aspiration for the next phase of the community champions. An update on this matter was requested.
- 1.2. Councillor Jacqueline Paschoud's attendance in the November 2023 meeting minutes was recorded as being the guest of the Committee. It was discussed that this would be changed to reflect that she was attending under standing orders.
- 1.3. It was agreed that the name of a member of public, Sarah Upton, who contributed to the discussion at the November 2023 Committee meeting, be included in the list of attendees.

RESOLVED: that the minutes of the last meeting be agreed as a true record after-

- updating the wording relating to Councillor Jacqueline Paschoud's attendance and;
- adding the name of the member of public to the list of attendees.

## 2. Declarations of interest

None.

## 3. Lewisham Safeguarding Adults Board Annual Report 2022-23

Michael Preston-Shoot (Independent Chair of Lewisham Safeguarding Adults Board-LSAB) introduced the report. The following key points were noted:

- 3.1. The annual report contained details of two Safeguarding Adult Reviews (SAR)- Amanda (published on 2 November 2022) and Eileen Dean (published on 11 November 2022). Both these reviews had received significant national interest. The SAR of Eileen Dean was widely discussed, and a number of Safeguarding Adults Boards were using this review to highlight the shortage of appropriate placements for some people with enduring forms of mental illness.
- 3.2. Another SAR, expected to be published in the annual report 2023-24 was for 'Joshua', a young man who died as a result of restraint used by a number of police officers.
- 3.3. A lot of the SARs involved mental health issues. Therefore, facilitated by Councillor Paul Bell, the LSAB had held a number of high-level meetings with SLaM (South London and Maudsley NHS Trust) seeking assurance about the degree of support being provided to people- both to inpatients and to people with mental distress living in the community.
- 3.4. The annual report for 2022-23 included details of an assurance audit in relation to housing issues. This audit provided a degree of reassurance but also highlighted a number of recommendations for housing providers and for the Local Authority. The LSAB had an oversight on the implementation of these recommendations.
- 3.5. The next LSAB annual report for 2023-24, would include the details of an audit of the Mental Capacity Act assessments.
- 3.6. Several meetings of the LSAB had focused on monitoring the implementation of the Right Care Right Person (RCRP) operational model. The Independent Chair of LSAB reported that in his opinion, RCRP had been rolled out better than expected with very few cases requiring escalation. However, LSAB would continue to keep a close eye on the outcome of RCRP's implementation.
- 3.7. The Council's preparation for Care Quality Commission (CQC) assurance would also be included in the 2023-24 LSAB report. The Independent Chair of LSAB had shared with Council officers the feedback from the five pilot sites that experienced the CQC inspection towards the end of 2023. Further intelligence was expected from Hertfordshire, Hounslow and West Berkshire that were due to be inspected in early 2024.
- 3.8. The 2023-24 LSAB annual report would also focus on neurodiversity and the degree to which services were responding appropriately to people who experience different forms of neurodiversity.
- 3.9. Michael Preston-Shoot, who had been the Independent Chair of LSAB since January 2017, was stepping down from this role at the end of March 2024. He thanked all Lewisham Councillors for the support they provided to LSAB's work.

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

- 3.10. There were a total of 500 safeguarding concerns in 2022-23 with their primary support reason being physical disabilities. It was noted that this was a high number and that the LSAB was continually seeking assurance about the quality of care and support assessments undertaken by the Local Authority. It was also seeking assurance regarding the quality of Section 42 enquiries along with looking at the

range of support provision for people with disabilities. Assurance was being sought through various performance reporting and audit processes.

- 3.11. The 2022-23 LSAB annual report highlighted that the dominant subject area that was prevalent in the SAR notifications was mental ill-health, which was a feature in 66% of the published SARs and 3 further ongoing reviews. The Independent Chair of LSAB was involved in the national analysis of SARs across England and the percentage of SARs in England across the last four financial years featuring mental health was 70%. So Lewisham's 66% figure was in-line with the national figure of 70%. These high figures highlighted the challenges around ensuring effective primary and secondary mental health care. It was discussed that the 13 plus years of financial austerity had a major impact on mental health provision in both primary and secondary care.
- 3.12. The report outlined that adults from Black British, Black African, and Black Caribbean backgrounds were disproportionality more likely to be the subjects of a SAR notification linked to mental ill-health. It was discussed that much more work was needed across services to ensure reasonable adjustments were made to counteract discrimination and promote equality of opportunity across all protected groups. LSAB had sought assurance from SLaM about how they were planning to counteract discrimination and disproportionality in mental health and would continue to hold them to account.
- 3.13. One of the reasons why an audit on the Mental Capacity Act assessments was requested was because of the failure and shortcomings in relation to mental capacity emerging routinely in SARs across Lewisham and England. It was important to ensure that people were facilitated to make their own choices and were not subject to coercive behaviour or undue influence by others. On the basis of thorough assessments, when it was concluded that people did not have the capacity to take a particular decision, they needed to be involved as much as possible with advocate support.
- 3.14. The third highest number of SAR notifications between April 2018 and March 2023 were around issues of pressure area care. This had emerged as a local and national trend. The LSAB received regular reports from the pressure care panels (a community panel and a hospital panel) and the Integrated Care Board (ICB) was monitoring this closely as well.
- 3.15. Well-trained nursing staff was critical for patient safety. Financial austerity had a negative impact on the training of nurses, midwives, social workers and other practitioners in residential care homes and nursing homes. This needed to be raised with DHSC (Department of Health and Social Care) nationally as there was no national system for training social care staff.
- 3.16. The Covid-19 pandemic definitely had an impact on adult safeguarding as more adults were at risk due to lockdown. However, there was no specific impact on the number of SAR notifications.
- 3.17. Councillor Paul Bell, Cabinet Member for Health and Adult Social Care thanked Michael Preston-Shoot for all his work as the Independent Chair of the LSAB. Michael had been an excellent advocate for safeguarding in the borough and his role had been profoundly beneficial for the residents in Lewisham.
- 3.18. In the case of SAR Joshua, an inquest jury at Southwark coroner's court found that the cause of death was Acute Behavioural Disturbance (ABD), also known as excited delirium, leading to exhaustion. Numerous campaigners had argued that this

term contained racial biases and was often used to justify the use of lethal force by police disproportionately against black men. It was discussed that ABD was a problematic and potentially discriminatory term. There was a need to improve outreach for people living in communities with mental health issues and also to ensure that practitioners were trained on how to deal with people who are in acute distress.

RESOLVED:

- that the report be noted, and that Michael Preston-Shoot be thanked for all his work as the Independent Chair of the Lewisham Safeguarding Adults Board.

#### **4. Lewisham Adult Community Mental Health Service Developments**

Bobby Pratap (Programme Director, Community Transformation, SLaM), Kate Lillywhite (Director of Strategy and Transformation, SLaM), Mark Pattison (Lewisham's Service Director for SLaM), Neil Jackson (Director of Estates and Facilities, SLaM), and Ade Odunlade (Chief Operating Officer, NHS Foundation Trust) were in attendance to present the report. The following key points were noted:

- 4.1. In February 2023, officers from SLaM updated the Committee on the development of a business case to bring significant capital investment to improve the mental health physical infrastructure in Lewisham. It was discussed that sadly the national new hospitals programme did not accept SLaM's business case. No business case from a mental health organisation had been accepted by the programme.
- 4.2. The government had announced that no national funding would be made available for big capital projects until 2030. This meant SLaM had to take a different approach to the improvement of the Ladywell Unit.
- 4.3. Along with other partners, SLaM would continue to lobby that improving the infrastructure of the Ladywell Unit was their most important capital priority and a major clinical and safety risk. South-East London ICB had also made this their top priority, but significant funding issues still existed.
- 4.4. During 2022-23, the SLaM's estates team completed a programme to address the highest risk safety issues in the Ladywell Unit. An investment of £2.8m had been made to significantly improve the safety and environmental condition within the building. A further assessment would be undertaken in the last quarter of 2023-24, which would inform the annual long term maintenance programme of the current unit.
- 4.5. Officers reported that the current priority was to ensure alignment with Lewisham and Greenwich NHS Trust's general estates planning for their University Hospital Lewisham site on which the current Ladywell Unit was situated. But along with that, SLaM wanted to ensure that they were reducing the use of the Ladywell Unit which meant improving and optimising access, outcomes and experiences of their community services.
- 4.6. Since 2019, SLaM NHS Trust had been working to transform its community services and had made significant investment to deliver the necessary changes. Now, SLaM was carrying out a review of its community transformation programme and associated investment. The investment in the community services had shown some improvements such as improved access and shorter waiting times but teams were still struggling to keep up with the demand for services.

- 4.7. The findings from SLaM's review of its community transformation programme till date, would inform the development of a detailed specification for a new neighbourhood community model of care in Lewisham.
- 4.8. It was recognised that the care currently being delivered was much poorer for individuals of black ethnicity. SLaM was a pilot site for the 'Patient and Carer Race Equality Framework' (PCREF) for the last couple of years and this framework was due to be statutory from the next financial year. As a result of the work based on this framework, a Lewisham team made up of a- service user or carer, member of staff and member of the community team would be advising the Trust around how the organisation could be better at dealing with racial inequality.
- 4.9. It was discussed that Lewisham had an amazing and hardworking voluntary sector. Officers stated that the priority for the next 12 months was to strengthen the relationships with the voluntary sector.

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

- 4.10. The Committee expressed its disappointment on the capital funding situation but was happy to hear that the replacement of the Ladywell Unit remained a high priority for SLaM and South-East London ICB.
- 4.11. Community wait times had improved with 13 individuals waiting for secondary care contact as of last week. Officers reported that the biggest concern was individuals not being able to access primary mental health care and ending up in A&E. Last month, 300 individuals accessed mental health services through A&E. There was a need to increase clinical capacity at primary care level so that more people could be supported closer to home at their PCN (Primary Care Network).
- 4.12. The high-risk issues at the Ladywell Unit had been fixed. This included the replacement of all windows, improved airlocks for security and improved layout and visibility in the wards.
- 4.13. Replacement of the Ladywell Unit was a high priority for Lewisham. It was also important that the unit was rebuilt at the hospital site to ensure the integration between mental health and physical health. Lewisham's Executive Director for Community Services and SLaM were both part of the 'Lewisham Reconfiguration Programme Board' which was working on the proposals for rebuilding the Ladywell Unit.
- 4.14. It was discussed that austerity in local government had highlighted the impact of the wider social determinants on increasing mental health issues.
- 4.15. Given the current challenges in mental health services, it was important to innovate inpatient services for those individuals who did not have the option of community care. For the last 2 years, SLaM had gone through a process of quality improvement approaches across the Trust. Now each team had regular improvement huddles where they looked at key metrics and how they could be improved. This encouraged innovation of new practices inspired by patient experience at the ground level.
- 4.16. SLaM's Lewisham Board had a monthly meeting where the Head of Nursing, Associate Medical Director and other lead clinicians were in attendance. They reported assurances to the Board around quality of services. This information was triangulated through feedback from patients, carers and staff. Tenable audits were also undertaken that captured quality metrics from each ward.

- 4.17. The team aimed to keep the length of stay at the Ladywell Unit to an absolute minimum. The current average length of stay was 42 days, but the benchmark was 30 days, and the team was striving to achieve that.
- 4.18. The dependence on out-of-area beds had been reduced significantly over the last 6 months. A new 15-bed ward (Evans ward) was being opened at the Ladywell Unit to increase capacity. Officers were confident that the opening of Evans ward would significantly reduce and eventually stop all of Lewisham patients from being sent out-of-area.
- 4.19. A Committee member gave an example of the 'Repeat Attenders Service' that ran in Lewisham in partnership with One Health Lewisham but had now ceased. This service had 240 patients on the list and excelled at social prescribing. Patients met regularly at the Green Man and were supported in the community via various activities. SLaM officers expressed that they would be interested in learning more about this service.
- 4.20. SLaM had recently opened a recovery house which was a Trust-wide resource. This recovery house had 6 beds and was used to support people who approached A&E with mental health issues and were in need of short-term support. This was a relatively new service and clinicians had seen some people returning to the service. However, clinicians were trying to learn why people were returning and that information was helping tailor the development of the community service model of care.
- 4.21. As a result of the national community transformation programme- Lambeth, Southwark and Lewisham had received £38 million worth of investment over the last 3 years. Officers now needed to review whether the investment had been used in the right way. A conversation was also being had with the Maudsley Charity. The Charity was interested in investing in the community model of care and was willing to test the Lewisham community work with fundraisers. Officers were also hoping that NHS England's support for the programme would translate into funding.
- 4.22. South-East London ICB's Medium Term Financial Strategy included the ICB's commitment to increase the proportion of their budget going into mental health services. The strategy also recognised that Lambeth, Lewisham and Southwark had been underfunded for their mental health services. This meant that Bromley, Bexley and Greenwich had been overfunded. Therefore, ICB had made the commitment to increase funding for mental health services faster in Lambeth, Lewisham and Southwark.

#### RESOLVED:

- that the Committee write to Norman Lamb (SLaM) and Andrew Bland (South-East London ICS) to express disappointment in the lack of capital funding for the replacement of the Ladywell Unit;
- that the Committee recognised that the lack of capital funding meant there was a need to review the existing assets of SLaM, Lewisham Council and other partners, to see what could be done for improving Lewisham's mental health estate;
- that the report be noted.

## 5. MPS Right Care Right Person Update

Kenneth Gregory (Director of Adults Integrated Commissioning) introduced the report. Charlene Pavitt (Neighbourhood Superintendent for Lewisham) and Adrian Hanna (Neighbourhood Inspector for Lewisham) were also in attendance for this agenda item. The following key points were noted:

- 5.1. The Right Care Right Person (RCRP) initiative was introduced across London on 1<sup>st</sup> of November 2023. This initiative changed the way that the Metropolitan Police responded to calls related to health and social care incidents, mostly calls related to incidents where individuals were experiencing a mental health crisis. The general principle of RCRP was that police were not always the best and most appropriate individuals or professional service to respond to those types of incidents.
- 5.2. The RCRP policy had been structured and applied to 4 health-related pillars. These were- Medical support (physical and mental health); Concern for welfare; AWOL/walk outs from health care settings; and Transport of those detained under s136 Mental Health Act.
- 5.3. In October 2023 a Task and Finish Group was established with a range of local partners to plan and oversee the implementation of RCRP. Through this coordinated approach a comprehensive risk log was developed. This risk log was now monitored fortnightly.
- 5.4. The implementation of RCRP had broadly been smooth with only one incident being reported in November 2023. In this incident, the Police did not attend at first call (when the individual was aggressive) but attended at second call when the individual was holding a knife. The mental health crisis team was contacted but didn't attend. Everyone involved had been asked to share their learning with the Task and Finish group.
- 5.5. There was one risk in the risk log that had a red rating and a high-risk score of 16. This risk was around mental health patients attending A&E, being assessed but then going missing and presenting a risk for themselves and others. Even after mitigation action, the risk was kept at the same risk score. The Trust was working with other acute Trusts and partners in designing and agreeing a 'London Welfare Concerns Policy'. This was due to be completed in February 2024.
- 5.6. The Committee was really pleased with the level of detail in the risk log and praised officers for their diligent work on it.

RESOLVED:

- that the report reassured the Committee's concerns around RCRP implementation and provided a good example of partnership working.

## **6. Social Care Institute for Excellence (SCIE) Co-Production Update**

Tom Brown (Executive Director for Community Services), Tristan Brice (Joint Commissioning Lead) and Andrea Benson (Service Improvement and Assurance Manager), introduced the report. This was followed by questions from the Committee members. The following key points were noted:

- 6.1. It was noted that Adult Social Care (ASC) was due to be assessed by Care Quality Commission (CQC) within the next 2 years and that co-production would form a large part of that assessment.

- 6.2. The report recognised that while there were some areas of co-production good practice across ASC, more work was needed to embed a systemic practice around co-production at all levels throughout the organisation.
- 6.3. In March 2023, ASC commissioned the Social Care Institute for Excellence (SCIE) to develop an infrastructure and approach to co-production across the ASC service and embed it across all ways of working.
- 6.4. SCIE's initial findings confirmed what was already being discussed around the Council not having a strategy, toolkit or guidance in terms of how to move forward with co-production at a strategic level.
- 6.5. The project team had identified and liaised with a wide range of stakeholder groups and were now phoning individual clients and attending groups to raise awareness of the resident co-production group. However, SCIE and the ASC project team had encountered significant challenges with resident engagement. Therefore, officers were asking Committee members to use their networks and encourage residents to get involved in these co-production sessions. The first co-production workshop was on 26<sup>th</sup> of February 2024.
- 6.6. Officers shared the experience of co-production via the example of the maximising wellbeing at home contract procurement work. There had been significant learnings from this process. Officers also asked for the Committee's support towards developing a co-production strategy for future procurement.
- 6.7. One learning from the co-production work with unpaid carers had been around allowing longer time for the procurement exercise to develop. There had been a year-long specification process and consultation, but it was noted that consultation wasn't the same as co-production. After understanding how resident engagement functioned during the procurement exercise, the unpaid carers forum was created to allow for more efficient co-production.
- 6.8. Nigel Bowness from Healthwatch Lewisham expressed that Healthwatch welcomed the Council's decision to co-produce and also appreciated the candour of this report. It was discussed that having a corporate strategic approach to co-production was crucial and would help ensure consistency and identify resources. Capacity building amongst residents and staff was also required to ensure the best use of available resources.
- 6.9. It was noted that the work of the Disabled People's Commission was not just an adult social care or disability issue but rather a wider work based on citizenship and equality.
- 6.10. Committee members asked for more details about the co-production sessions scheduled for residents so that they could encourage residents to attend. Officers agreed to circulate posters about these sessions.
- 6.11. It was discussed that explaining 'co-production' was a challenging task and it was worth exploring how this could be communicated to residents in a simpler language.
- 6.12. The work being done by Lewisham Mayoresses around promoting the voice of older adults was discussed and the Committee members were invited to attend one of the sessions.
- 6.13. It was important to engage residents in this work around co-production. It was discussed that to facilitate that, it would be useful to know the different resident networks that already existed in the borough.

RESOLVED:



- that the report be noted along with the Committee’s interest in being involved with this piece of work.

## 7. Select Committee Work Programme

- 7.1. On the 31<sup>st</sup> of January 2024, new powers came into force allowing the Secretary of State for Health and Social Care to intervene in proposals for changes to local NHS services. Under these new regulations, powers previously held exclusively by Health Overview and Scrutiny Committees (HOSCs) to refer proposed reconfigurations to the Secretary of State were replaced with a call-in request process open to anyone. The Committee requested an information item on this topic.
- 7.2. The recent push towards migration from landline to digital was a cause of concern for some Committee members as they were worried about how this would impact older residents. It was agreed that more information would be gathered on this issue to understand if the Committee should look into it formally.
- 7.3. It was agreed that Lewisham Hospital representatives be invited to the next Committee meeting to provide an update on their performance data including key successes and challenges.

### RESOLVED:

- that the agenda for the next Committee meeting be agreed as-
  1. Healthcare and Wellbeing Charter
  2. Final report from Empowering Lewisham Programme
  3. Lewisham Hospital Performance Data

The meeting ended at 9.24pm.

Chair:

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Date:

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