

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 12 March 2024 at 7.00pm

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

APOLOGIES: Nigel Bowness (Healthwatch Lewisham)

ALSO PRESENT: Councillor Paul Bell (Cabinet Member for Health and Adult Social Care), Tom Brown (Executive Director for Community Services), and Nidhi Patil (Scrutiny Manager)

ALSO PRESENT VIRTUALLY: Miranda Jenkins (Chief Operating Officer, Lewisham and Greenwich NHS Trust), Dr Neil Goulbourne (Chief Strategy, Partnerships & Transformation Officer, Lewisham and Greenwich NHS Trust), Charles Malcolm-Smith (People & Provider Development Lead, SEL ICS) 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 10 January 2024

- 1.1. At its previous meetings, the Committee had enquired about the aspiration for the next phase of the community champions. It was noted that an update on this matter had been circulated on 12 March 2024.
- 1.2. In point 4.22 of the minutes, it was highlighted that the SEL ICB had made a commitment to increase the proportion of their budget going into mental health services. A Committee member emphasised that the discussion had clarified this increase in funding applied to both children and adult mental health services and requested that this be duly noted in the minutes.
- 1.3. Point 7.2 of the minutes noted concerns among Committee members regarding the ongoing shift from landline to digital communication. A Committee member stressed the importance of exploring this issue promptly to ensure residents received sound advice. POSAC (Positive Aging Council) was already doing some work on this matter. It was noted that the financial aspect of the digital switchover was challenging, with expenses such as installing voice-over-internet-protocol phones and data sims estimated at a quarter of a million pounds. A Committee member questioned why profitable companies like Virgin and BT weren't contributing to these costs or providing more guidance to customers. It was discussed that this transition was being driven by central government, with anticipated long-term benefits for digital infrastructure in homes, albeit at a significant expense.

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

- updating point 4.22 to note that the increase in SEL ICB's funding for mental health services applied to both children and adult mental health services.

2. Declarations of interest

None.

3. University Hospital Lewisham Update

Miranda Jenkins (Chief Operating Officer, Lewisham and Greenwich NHS Trust) and Dr Neil Goulbourne (Chief Strategy, Partnerships & Transformation Officer, Lewisham and Greenwich NHS Trust) presented the update. The following key points were noted:

- 3.1. Officers presented some important statistics related to the performance of University Lewisham Hospital (UHL). In 2023/24, the hospital had 317,330 outpatient appointments and saw 350 to 450 patients in the emergency department per day.
- 3.2. Officers were currently working towards the launch of a patient portal. This portal would improve people's access to their appointments and patient records as well as streamline communication. The patient portal project was currently in the programme delivery phase and had two main components-
 - The Doctor-Doctor portal- this would facilitate the exchange of patient letters and patient appointment details between doctors. This would also allow patients to cancel appointments electronically. Officers hoped that in the long-run this would enable patients to choose appointments electronically as well.
 - Patient Knows Best- this tool would empower patients to access their own medical records independently and grant access to specific caregivers as needed.
- 3.3. The hospital was reviewing its patient experience approach to explore how they could capture and use patient experience data more systematically and also to develop a programme of work around bedside care. This work was being led by the Chief Nurse and the governance team.
- 3.4. The front door at UHL was being redesigned and it was noted that construction on this would start later this year. Redesigning of the front door would also lead to the creation of a separate urgent treatment centre.
- 3.5. The hospital faced significant challenges with extended waiting times and the current focus was on reducing these long waits. These long waiting times were particularly pronounced for ENT services because the demand for ENT services exceeded the system's capacity. The closure of ENT services at the Princess Royal University Hospital in Bromley 18 months ago had further strained resources, necessitating additional workload redistribution to UHL as well as to Guy's and St Thomas' NHS Trust (GSTT). While long-term plans for ENT care models were under collaborative development, immediate efforts focused on expanding operational capacity, recruiting new consultants and redesigning service delivery. Work was underway to establish a new community-based ENT service for South-East London, slated to commence operations in June 2024.
- 3.6. UHL's emergency department's performance was hovering between 65% to 70%. This was below the annual target of 76%. Officers reported that daily meetings were being held to improve performance.
- 3.7. UHL had received very positive feedback from CQC (Care Quality Commission) on their maternity services. CQC's report on its inspection of maternity services and care provided at UHL and Queen Elizabeth Hospital (Woolwich), reported that both sites had maintained good ratings overall with UHL improving to an outstanding rating in the well-led domain.
- 3.8. Officers reported that some funding had been made available through NHS England to improve the acute access for sickle cell patients on the UHL site. This funding would be utilised to develop a hyperacute sickle cell unit so that patients in sickle cell crisis don't have to go through the emergency department.
- 3.9. Lewisham and Greenwich NHS Trust was assessing the financial implications of maintaining its commitment to the London Living Wage for the upcoming year, given significant funding pressures and an anticipated overall financial deficit. Nevertheless,

despite these challenges the Trust remained steadfast in its commitment and was determined to find ways of managing the situation.

- 3.10. Construction commenced in March 2024 for two new theatres on the UHL site, aimed at enhancing the acute care capacity across South-East London.
- 3.11. Officers acknowledged the challenges with the current infrastructure of the Ladywell Unit and the need to improve the facility. South London and Maudsley NHS Trust (SLaM) was currently exploring community-based models for mental health care provision, aiming to reduce reliance on facilities like the Ladywell Unit.

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

- 3.12. The discussion highlighted the positive impact of the patient portal's development but acknowledged that not everyone had access to smartphones due to various reasons including age, digital literacy, and financial constraints. A Committee member raised concerns about ensuring equitable access to information for those without technology. Mention was made of the Lewisham Healthwatch report on digital exclusion, indicating the team's existing focus on this issue. The Doctor-Doctor portal was accessible via text message and email, accommodating users without smartphones. Prioritising patients capable of utilising technology was underscored to streamline services for those who couldn't. Therefore, efforts were being made to transition to electronic communication where feasible. Additionally, officers briefed the Committee on an Inequalities and Population Health Management programme aimed at addressing healthcare disparities and devising strategies to mitigate them.
- 3.13. The team, with whom the Trust was collaborating to deliver the patient portal components- Doctor-Doctor and Patient Knows Best- had deployed these tools nationwide, thus exhibiting adeptness in addressing language access challenges.
- 3.14. A Committee member enquired about the frequency of patient safety discussions and the corresponding measures taken. It was reported that patient safety was addressed in daily 2-hour huddles within emergency department, however, issues could also be escalated outside of those sessions. Additionally, several meetings were held throughout the day with senior officers to discuss emergency department operations.
- 3.15. A significant focus area was reducing prolonged length of stay throughout the Trust, which contributed to congestion in the emergency department. Although there were no patients in corridors on wards, the Hospital experienced double boarding and extra patients occupying ward spaces where beds would not typically be. This situation had persisted through winter, but the Trust was actively striving to rectify it.
- 3.16. A Committee member asked about the average waiting time for patients in the A&E. Currently, performance stood at about 68%, indicating that 68% of individuals visiting A&E were seen within 4 hours. Triage efforts aimed to direct individuals to the appropriate queue. Ongoing efforts were being made to enhance this process, with a system-wide initiative involving the Lewisham UEC Board.
- 3.17. It was noted that GSTT's MyChart and Swiftqueue patient platforms had proven to be highly effective. However, upon their initial implementation, there were some issues, such as patients accessing biopsy results before clinicians. It was suggested that the Lewisham and Greenwich NHS Trust team should learn from these mistakes. Officers recognised that it was imperative to ensure patients accessing their records did not encounter unfamiliar results. The Trust was not deploying MyChart as it didn't have the same EPR (Electronic Patient Record) system as GSTT but it eventually aimed to integrate into the same system for optimal patient care. However, financial constraints and the need for a fair procurement process were important factors to consider in choosing the right system.

- 3.18. A Committee member emphasised the importance of including numbers and data from the previous year alongside the statistics for 2023-24 in the presentation, stating that it would aid the Committee in identifying trends or activity pattern.
- 3.19. During discussions, it was suggested that the Committee would appreciate additional data on patient experience at a later date, potentially at the next update from UHL. Officers agreed to incorporate this into their future presentation.
- 3.20. An enquiry was made regarding the impact of changes made by Lewisham Council to their care offering, particularly focusing on the enablement service. The query aimed to ascertain if these changes were facilitating smoother discharges, especially for those needing care upon returning home.
- 3.21. The Committee requested further information on the waiting times in the hospital's emergency department as well as other services such as ENT.
- 3.22. It was acknowledged that it was important to retain internationally trained nurses, and that they were supported in the Trust by dedicated resources. Detailed numbers of internationally trained nurses would be provided by officers post-meeting.
- 3.23. The junior doctor strike was noted to be affecting A&E waiting times and patient appointments, necessitating consultants to handle additional workload. The Cabinet Member for Health and Adult Social Care enquired about the recovery plan, particularly concerning lost appointments for cancer care. Officers reported that efforts were made to minimise cancellations, especially for cancer patients, and to mitigate waits. However, the impact was more significant on routine appointments, with some areas managing to increase capacity while others experiencing longer wait times.
- 3.24. The Committee expressed that the replacement/ rebuilding of the Ladywell Unit was a high priority for Lewisham Council. It was important that the Ladywell Unit remain on Lewisham Hospital site to maintain the integration of physical and mental health services on the same site. The Committee was pleased with Lewisham being chosen as the pilot site for SLaM's community mental health model but emphasised that even with that model, the need for secure beds would remain.

RESOLVED:

- that the report be noted along with the request for further information on the waiting times in the hospital's emergency department as well as other services such as ENT.

4. Health and Wellbeing Charter

Charles Malcolm-Smith (People & Provider Development Lead, SEL ICS) and Catherine Mbema (Director of Public Health) presented the report. This was followed by questions from the Committee members. The following key points were noted:

- 4.1. A Committee member expressed satisfaction with the layout of the Charter's sections focusing on 'What you can do', noting its empowering tone for patients.
- 4.2. The Committee discussed the importance of receiving future updates on the Home First scheme, including data on its success rates and insights into cases where it didn't yield positive outcomes.
- 4.3. The Committee Chair commended the development of the Charter since its inception and proposed a reordering of the slides. Specifically, it was suggested that slide 5, with information on 'use the right service', precede slide 4, which discussed diversity and health inequalities.
- 4.4. It was suggested that the section discussing better health could benefit from additional content highlighting the Council's leisure services, such as the Be Active programme,

outdoor gyms, and parks. Including additional public health initiatives in the Charter would provide a better outlook on wider health determinants. Officers agreed to collaborate to incorporate this supplementary information in the Charter.

- 4.5. The importance of clear and consistent messaging in the Charter was emphasised. One Health Lewisham supported Lewisham GP practices in conducting health checks but this wasn't consistently practiced across all GP practices, leading to variations. Officers agreed to follow up with One Health Lewisham to ensure accurate information was included in the Charter.
- 4.6. Officers agreed to revisit the layout and visual presentation of the Charter.
- 4.7. It was discussed that maintaining the Charter's relevance by keeping it up-to-date was crucial. This could be achieved by including links to regularly updated pages within the digital copies of the Charter. However, paper copies of the Charter would be more challenging to update regularly.

RESOLVED:

- that after implementing the suggested changes to the Charter, it be presented to patient forums/ panels in the borough with the assistance of community champions and Healthwatch, allowing for the collection of public feedback. Following that, the Charter be submitted to the Health and Wellbeing Board for agreement.

5. Update on the Empowering Lewisham Programme

Tom Brown (Executive Director for Community Services) introduced the report. The following key points were noted:

- 5.1. In its initial 2 years, the Empowering Lewisham programme had delivered over £4.2million in savings, surpassing the original forecast of £3.5million.
- 5.2. In 2023, the programme had been nominated for 2 awards- at the Local Government Chronicle and MJ awards, with judges highly commending its entry into the Workforce Optimisation category at the MJ Awards.
- 5.3. Due to the programme's implementation, the workforce was now operating in a fundamentally different manner, incorporating new work methodologies and leveraging data more effectively. Notably, a significant shift had occurred in the utilisation of live data, which greatly enhanced management decision-making both at a case-by-case level and also in macro commissioning of services.
- 5.4. When the first diagnostic exercise was undertaken- 58% of the people being supported by the Council weren't achieving the best outcome for them; over 1,600 people in formal care did not receive an annual review in 2020; and just 9% of practitioner time was being spent with residents, with the majority of time being spent on completing paperwork.
- 5.5. Based on the diagnostic exercise, this transformation programme had the following areas of focus- better decision making, examining the existing services (particularly enablement service); empowering staff by changing the culture to be much more focused on outcomes for people; multi-disciplinary working to better manage risk, and making better use of digital technology and tools such as the Power BI dashboards.
- 5.6. When the diagnostic exercise was re-run in September 2023, a significant shift was observed- the percentage of individuals supported by the Council who did not achieve the optimal outcome decreased from 58% to 36%.
- 5.7. Lewisham demonstrated exceptional performance in a key statutory metric- supporting individuals to remain at home 91-days post hospital discharge. The Council also ranked

among the top performers, landing in the top decile for facilitating transitions from hospitals to the enablement service.

- 5.8. Despite facing challenges in recruiting skilled personnel for the adults with learning disabilities progression and next steps team, significant progress had been made. 45 adults with learning disabilities transitioned to more independent living arrangements and 68 individuals experienced reductions in their care packages.
- 5.9. The 2023 health check of the programme confirmed the sustainability of changes initiated in 2022.
- 5.10. Further enhancements were made in the hospital discharge pathway, and the programme's impact on individuals under 65 with physical disabilities showcased its role as a catalyst for wider improvements. Around one million pounds in savings were realised during this financial year by supporting under 65s to achieve greater independence after discharge.
- 5.11. The programme had consistently exceeded savings targets outlined during the diagnostic stage and in the updated cash profile. Notably, substantial savings were attributed to the Enablement team's efforts in promoting independence. Moreover, surpassing targets in the progression of individuals with learning disabilities resulted in significant financial gains, particularly due to the transitions toward independence for individuals with high-cost placements.

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

- 5.12. The Committee was pleased with the sustained positive impact achieved by the programme. This programme was a strong example of a local authority undertaking transformative and creative initiatives. It served as a compelling case study for other local authorities seeking to learn innovative approaches and incorporate managed risks. It was important to acknowledge the programme's positive impact not only on individuals who gained more independence through it but also on their friends and family.
- 5.13. The importance of regular quality checks was underscored to ensure data gathering and sampling yielded valid results. Data used by adult social care teams originated from Liquidlogic (case management system) and ContrOCC (a tool for managing social care finance contracts, payments, assessments, and billing). It relied on workers ensuring that records were updated, and that care package information was entered correctly. The system was set-up as such that invoices wouldn't be paid if the care package information didn't align with the budgetary commitment that it was being invoiced against. Various checks and case audits were in place to uphold quality standards.
- 5.14. A Committee member enquired about the extent to which cultural changes, such as increased proactive data usage, were embedded within the Council as an institution, recognising that officers eventually move on, necessitating institutional embedding. It was discussed that these best practices were being disseminated among colleagues across the Council including teams such as Children Social Care and Housing.
- 5.15. A Committee member praised the commissioning of learning disability services in Lewisham.
- 5.16. Long-term care for adults with disabilities was discussed with an emphasis on the importance of quality housing. It was noted that there was a lack of suitable properties in the private rented sector for individuals with disabilities. However, proactive data utilisation had led to a better understanding of housing needs, enabling services to become proactive rather than reactive. Collaborative efforts with the Council's regeneration team were focused on acquiring suitable housing for adults with disabilities. The housing scheme in

Mayow Road last year was successful and officers were hopeful about more funding from NHS England for similar projects.

5.17. It was noted that feedback from the Adult Social Care (ASC) Survey highlighted that 84% of individuals using ASC services were satisfied with the care and support they received.

RESOLVED:

- that this report be noted acknowledging the positive outcomes it had showcased for the community.

6. Select Committee Work Programme

6.1. Councillor Laura Cunningham presented the Committee with an update on the Lay Visitor's scheme for residential and care homes, as she had been working with Councillor Paul Bell to revitalise this scheme following its disruption post Covid. Together, they had conducted visits to multiple care homes alongside Council officers, focusing on assessing the quality of these facilities. Officers had now developed a leaflet to promote participation in the Lay Visitor scheme. This leaflet included details on how people could apply to be a Lay visitor and highlighted the fact that training would be provided for this role. The Committee commended the efforts of officers and councillors involved in resurrecting this scheme.

6.2. The following topics were also suggested for the 2024-25 work programme:

- Final report for the Empowering Lewisham Programme,
- Update on the community model of mental health from SLaM;
- Social prescribing and community care;
- Update from SEL ICB on functioning of each PCN including details such as patient satisfaction, accessibility, etc.
- Access to primary care (affecting access to secondary care).

RESOLVED:

- that the completed work programme for 2023-24 and the Committee's suggestions for the 2024-25 Work Programme be noted.

The meeting ended at 8.45pm.

Chair:

Date:
