

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 19 March 2013 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Pauline Beck, Ami Ibitson, Chris Maines, Jacq Paschoud and Alan Till; Val Fulcher (Lewisham LINK).

APOLOGIES: Councillors Peggy Fitzsimmons and Helen Gibson; Jonathan Beder, Service Manager, SLaM.

ALSO PRESENT: Georgina Nunney (Principal Lawyer), Sarah Wainer (Head of Strategy & Performance), Robert Mellors (Finance Manager, Community Services and Adult Social Care), Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust), Mike Hellier (Lewisham Clinical Commissioning Group), Danny Ruta (Director of Public Health, NHS Lewisham), Jane Miller (Joint Deputy Director of Public Health, NHS Lewisham), Fiona Kirkman (Prevention & Inclusion Manager, Community Services), Dr Helen Tattersfield (Chair, Lewisham Clinical Commissioning Group), Diana Braithwaite (Director of Commissioning, Lewisham Clinical Commissioning Group), Salena Mulhere (Overview and Scrutiny Manager) and Roger Raymond (Scrutiny Officer).

1. Minutes of the Meeting Held on 6 February 2013 and the Minutes of the Joint Meeting of Mayor and Cabinet, Healthier Communities Select Committee and Overview and Scrutiny Business Panel held on 10 December 2012

- 1.1 **RESOLVED:** That the minutes of the meetings held on 10 December 2012 and 6 February 2013 be signed as an accurate record of the meeting, after amendment of adding Cllr. Peggy Fitzsimmons to the attendance of the 6 February meeting.

2. Declarations of Interest

- 2.1 Councillor Muldoon declared a non-prejudicial interest as an elected Governor of the South London and Maudsley NHS Foundation Trust (SLaM) Council of Governors.

3. Premature Mortality Review - Update on Implementation of Recommendations

- 3.1 Dr Danny Ruta and Jane Miller introduced the report and the following key points were noted:

- The target for smoking 'quits' was 1800 for 2012-13, but data up to the 3rd quarter shows that there are 1076 'quits'; therefore it is likely they will miss the target set. The Department of Health have also reinforced their 'traffic lights system', meaning it is likely that the Stop Smoking service will get a red rating for missing its target.
- A review of the service will be carried out, in conjunction with Lewisham Healthcare Trust, to look at the productivity and efficiency of the Stop

Smoking service. It must be noted however that the work carried out in areas of deprivation has been very successful.

- There has been success in terms of tackling illegal tobacco sales, with 10kg of tobacco seized in the borough. A survey of 1700 smokers across SE London by the South East London Tobacco Alliance (SELTA) has recently been completed to identify how they obtain illicit tobacco. For Lewisham, the results suggest that two sources of illicit tobacco predominate - buying from someone's home and buying from a pub and of these the former was most significant in terms of frequency of purchases and volume of tobacco purchased. 13 out of every 20 Lewisham smokers surveyed claimed to have been offered illicit product with around 6 in every 20 smokers reporting that they had bought illicit tobacco in the previous 12 months.
- A Tobacco Peer education programme is offered to every secondary school for year 8. The programme focuses on the tobacco industry's marketing strategy to target young people to create the next generation of smokers. Sydenham Girls' and Sedgehill have completed and Ladywell Fields is at the planning stage. Schools are generally interested but often feel unable to commit to the programme because of other priorities. Public Health hope they get can improve the links with secondary schools in the borough so they participate in the programme.
- 300 children have participated in the Obesity Programme which is approximately 3% of the children that could benefit from it. There is a very good uptake of school meals in primary schools but less so in secondary schools, but the Director of Public Health hopes to improve this. There is an 'exclusion zone' of 400m around schools for fast food outlets. However there are already quite a number of fast food outlets which were operating before the exclusion zone was put in place. Public Health are working in partnership with the Environmental Health Team to implement the Healthier Catering Commitment Scheme in Lewisham. The initial phase starting in February 2013 focuses on working with fast food outlets. The scheme offers practical solutions on how small changes can make food healthier, often at no cost to the business.

3.2. In response to questions, the Committee was informed that:

- There has been distribution of 'Stop Smoking' posters and material across the borough, but Public Health will look to see if this can be further improved.
- Public Health have been trying to get schools to participate in the Tobacco Peer Education programme, but it has been difficult to keep them engaged in the programme, which is disappointing as it is a programme that delivers results.
- The Government-produced anti-smoking campaigns have been quoted by quitters as being influential in encouraging them to stop smoking.
- Illicit sales of tobacco usually take place person-to-person in places like pubs or other venues where the sellers think it would be less likely they would be apprehended by the police.
- In terms of stopping food outlets selling unhealthy food via planning, action would depend on the size and type of restaurant.
- Public Health alongside the council are working with schools to improve the environment where school meals are eaten, encouraging 'lock-in' at

lunchtime, as well as pupils and parent involvement in the menus, and this should help to improve the uptake in school meals.

- Officers will also look at the council website pages to consider what can be done to make it clearer that there is free swimming across the borough for the over 60s, and not just at a discount.
- There are difficulties in hiring school venues such as gyms and swimming pools as they have to be hired at a cost, but the Director of Public Health feels these factors could be overcome. There are also community initiatives such as St. Dunstan's acquisition of the Powerleague, meaning that they have designated 500 hours per week free usage for youth organisations to use the facilities, as well as public access to their swimming pool at the school site.

3.3 RESOLVED: The Committee resolved to refer the following to Mayor and Cabinet:

The Committee recommends that:

- All secondary schools to be encouraged to commit to on-going participation in the Tobacco Peer Education Programme (the programme focuses on the tobacco industry's marketing strategy to target young people to create the next generation of smokers).
- School Governing Bodies redouble efforts to encourage the uptake of school meals in their schools.

4. Social Care White Paper & Social Care Funding

4.1 Robert Mellors (Finance Manager, Community Services and Adult Social Care) introduced the report and the following key points were noted:

- The Government has announced in advance of the 2013 Budget that the lifetime cap on social care costs would be set at £72,000 and would be introduced in 2016.
- People living in residential care will be expected to contribute approximately £12,000 per annum towards their general living costs. This does not contribute towards the cap and would be subtracted from any personal budget. The local authority will calculate the costs of meeting a person's eligible needs based upon what the local authority would expect to pay for care and support.
- There may be some additional changes in the 'Care Pathway', such as a universal eligibility criteria.
- There will be a range of implications for Lewisham, such as
 - the need to explain the changes fully to residents so they make informed decisions about their care. Lewisham may face a greater pressure on front line resources in order to effectively communicate the charging cap to people.
 - the current systems used to manage social care records does not include the ability to manage a Care Account. Additional resources will be required to manage changes to current local authority systems and processes to accommodate the introduction of both the cap and deferred payment arrangements.

- there may be an impact on the local care market from the introduction of the cap and deferred payments arrangements due to the potential increase in clients seeking support or making changes to their care.

4.2 In response to questions, the Committee were informed that:

- Work will be needed to fully explain that the £72k limit does not include board and lodgings and the wrong impression being given by the media that all costs would be covered in the statutory limit.
- It is understandable to assume that economies of scale would suggest that it is cheaper for people to stay in residential homes rather than being at home, but there are other factors to consider, such as familiarity of their home, links with community and neighbours, the stress of moving, to consider.

4.3 **RESOLVED:** That the report be noted.

5. Alcohol Delivery Plan

5.1 The Chair requested that this agenda item be taken before agenda item three.

5.2 Fiona Kirkman introduced the report and the following key points were noted:

- The Lewisham Alcohol Delivery Group exists to attempt to reduce harm in relation to alcohol within the borough of Lewisham. The group is chaired by the Deputy Director for Public Health and is co-ordinated by the Drug and Alcohol action Team (DAAT). Members include: GPs, Police, London Probation, Fire Service, Housing, Lewisham Healthcare Trust, Trading Standards, Licensing, Service User representatives, the Voluntary Sector and providers.
- The responsibilities of the group include raising awareness of harm reduction within the borough using multi agency working, sharing good practice and problem solving where necessary, providing a forum for discussion of matters relating to reduction in Lewisham, sharing, promoting and identifying good practice and initiatives relating to the development and promotion of harm reduction in Lewisham.
- The Government published 'Reducing demand, restricting supply, building recovery, supporting people to live a drug free life' in December 2010. This Strategy has seen a departure from previous government policy as it places greater focus on the problems associated with alcohol use and a more holistic approach to tackling drug and alcohol misuse. The Mayor of London's draft Police and Crime Plan was published in January 2013; the plan outlines the need to develop smarter solutions to alcohol and drug crime.
- Lewisham's Alcohol Strategy and Action Plan 2009-2012 aimed to reduce alcohol related harm for people who live, work and visit Lewisham and links the principles and priority outcomes in

Lewisham's Sustainable Community Strategy. Key actions have been identified to reduce alcohol related harm:

- Improving targeted education and communication.
 - Increasing the rapid identification and treatment of alcohol problems wherever people present within the system.
 - Improving the co-ordination and enforcement of existing powers against alcohol-related crime and disorder.
 - Encouraging licensed premises to promote responsible drinking and to take a role in reducing alcohol related harm.
 - Improving the recording, collating, analysing and monitoring alcohol related data, including an annual alcohol needs assessment.
- Alcohol is one of three priorities which the Shadow Health and Wellbeing Board has agreed it should focus on during 2012/13.
 - A couple of the major issues that the Delivery Group has identified are tackling increasing alcohol harm amongst young women, and tackling alcohol harm in the workplace. They have been working with the Prendergast schools and the Young Mayor Advisors to develop a targeted campaign aimed at young women.

5.3 In response to questions, the Committee were informed that:

- Lewisham's incidence of liver disease is not higher than the national average, but is still a concern. There is also the issue of premature mortality from liver disease – that is deaths under 75 – which is a concern. They also do not collate data ethnically in respect of liver disease.
- The street drinking ban in Lewisham has been helpful, and there has been a multi-agency approach to get street drinkers on treatment programmes, and support the police with enforcement.
- Public Health is eligible to comment on every alcohol application that goes to the Licensing Committee.
- Adding Public Health to the criteria when Licensing Committee considers alcohol applications is problematic, because it is difficult in a court of law to evidence conclusively how public health will be negatively affected, in the same way one can in terms of anti-social behaviour, for example. However Public Health has been collating data in respect of admissions to A&E due to alcohol-related incidents over the past six months. Once more data has been collated they could be used in the future to support objections to applications.
- Opportunistic brief intervention are delivered by front line staff and could include a brief conversation raising the issue of alcohol, the risks associated with excessive drinking and signposting to local services. This would not just be GPs, it could also be probation officers, housing providers, for example, once they have had the relevant training.
- Young women were chosen as a target group based on the data that had been collected on young women's admissions to A&E in relation to alcohol.
- In terms of a phone 'app' to discourage alcohol abuse, there is a proposal for developing an Alcohol App for young women. Three

focus groups have been set up and are taking place to consult with young women about developing the phone app.

- There is a specialist worker based in Lewisham Hospital in Ante-Natal Services to support the work in combating alcohol abuse in pregnant women. They are working on methods to improve their interventions in this area.

5.4 **RESOLVED:** That the report be noted.

6. **Quality, Innovation Productivity & Prevention(QIPP) Plans- 2012/13 and Developing Plan for 2013/14 and Beyond**

6.1 Dr Helen Tattersfield, Chair, Lewisham Clinical Commissioning Group, and Diana Braithwaite, Director of Commissioning, Lewisham Clinical Commissioning Group introduced the report and the following key points were made:

- The changes in the Health and Social Care Act 2012 means that Lewisham PCT will be replaced in April 2013 by the Lewisham Clinical Commissioning Group (LCCG) – led by local GPs– and the LCCG will take over responsibility for planning and commissioning local healthcare services. Alongside this, financial pressures alongside other factors such as the increased health risk factors (obesity, smoking, alcohol consumption) means services have to be delivered more efficiently and effectively.
- Some of the successes in 2012-13 include: Chronic Obstructive Pulmonary Disease (COPD) Pathway, Diabetes – Improving Care, Telehealth Pilot, Proactive Primary Care, and End of Life care.
- Reflecting the findings of the Joint Strategic Needs Assessment (JSNA) and alignment with the Health and Wellbeing Board's priorities, three strategic clinical areas have been identified: healthy living for all, the frail and vulnerable elderly (including end of life care), and people with long term conditions.
- The QIPP challenge this year will underpin the clinical priorities as set out in the CCGs Strategic Framework and the priorities of the Health & Wellbeing Board. They will include new services in 2012-13 such as DEXA Scanning for brittle bones and new services rolled out into 2013-14, such as Community Lymphoedema Services and Cardiology Testing.
- Each year a range of productivity and efficiency indicators are agreed with providers. Though there is a common suite of indicators, impact at different providers varies because they depend on past performance. At present the indicators under discussion include:
 - Appropriate levels of emergency admissions compared to people attending A&E.
 - An appropriate level of hospital appointments relating to the patient's condition with the right level of follow up and consultant to consultant referrals.
 - Reviews of acute prescribing and drugs and devices expenditure.
 - Appropriate lengths of stay on admission to hospital.

- With advanced technology ensure that treatments take place in the best setting, particularly the balance of day case and outpatient procedures.
- The Community Based Care Strategy (CBC) is a part of the TSA recommendations and outlines a 5 year plan for commissioning care in South East London. The strategy is underpinned by 5 strategic goals and key aspirations that will enable commissioners to ensure a consistent standard of care across the whole of SEL. Lewisham CCG will be proactively and robustly defining its strategic approach over the coming weeks and months on developing health and community care models in the new landscape. Their strategic approach will be to develop plans for urgent care, maternity and paediatric services.

6.2 In response to questions from Members, the following was noted:

- The setting up of services in relation to Lymphoedema has been more complex and wide-ranging than expected. Hence it has taken longer to set up the services than first anticipated.
- In terms of dealing with elderly/frail people at Lewisham hospital, patients are always dealt with by clinical need, but obviously age would be a factor in assessing their clinical need. Also, if they are to be placed in the Elderly Ward, that would be dependent on the availability of beds.
- In terms of patients who are on the border of Lewisham and Bromley, patients are given the choice of where they would like to be treated. There will be other factors to consider, such as seasonal variations where they may be fewer beds available at the hospital of their choice.
- The 'Diabetes – Improving Care Pathway' in the borough is focussed on helping patients deal with their condition more successfully. In 2012 Lewisham CCG established a multi-disciplinary taskforce from the local health economy. The taskforce developed the strategy for improving care for people with diabetes in Lewisham. A move to 'virtual patient records' will also help when patients move residency or change GP.

6.4 **RESOLVED:** That the report be noted

7. NHS and Public Health Reform Update - Commissioning of Healthwatch Contract (Information Item)

7.1 The Chair invited Sarah Wainer to update the Committee on the award of the Healthwatch contract. Sarah informed the Committee that, since the last meeting when the contract was still out to tender, the contract had now been awarded to Voluntary Action Lewisham (VAL). The multi-agency steering group, which led on the production of the specification, will continue to meet and support the selected provider to ensure there is a seamless transition from LINKs to Healthwatch. Further work is underway on issues such as branding, communications, engagement with statutory partners and transfer of intelligence from LINKs to Healthwatch.

- 7.2 The Chair informed the Committee that there would be an all-Member briefing on 8 April on the Health and Social Care Act and the provisions and changes that will come into effect from 1 April.

RESOLVED: That the Committee noted the report.

8. Select Committee Work Programme

- 8.1 Salena Mulhere, Overview and Scrutiny Manager introduced the report. The following key points were made:

- The work programme for 2012-2013 has now been completed. The Work Programme Report also contains a draft work programme report for 2013-2014, that the Committee can amend or add to if there are any additional items they wish to scrutinise in the upcoming year.
- The first meeting of the municipal year is scheduled for Tuesday 16 April 2013, subject to agreement of the Annual General Meeting of the Council on 20 March 2013.
- The item 'Community Mental Health Review' will be deferred to the 29 May 2013 meeting.
- An update on the Health and Wellbeing Strategy will be added to the agenda for 16 April 2013, to keep the Committee engaged in the development of the Strategy by the Health and Wellbeing Board.
- The Health Scrutiny Protocol needs to be revised in light of the changes of the Health and Social Care Act 2012 and it is suggested that it be discussed and agreed over 2 meetings in April and May 2013.
- The Care Quality Commission (CQC) Compliance Manager asked for her attendance to be deferred to the 2013-2014 municipal year. Members can discuss whether they would like to see the Compliance Manager early in the municipal year, or wait until the Safeguarding Report comes to the Committee at their Select Committee meeting.
- There will be a scoping paper on the Emergency Services Review at the 16 April 2013 meeting, in line with what has already been agreed at Overview and Scrutiny Committee.

- 8.2 Members suggested the following additions to the work programme:

- Francis Report: the Overview and Scrutiny Manager would liaise with partners about how best to proceed with an update on the Francis Report to the Committee and all Members. The work being carried out across the partners is comprehensive to ensure that the 290 recommendations are implemented.
- Hepatitis: As issues were raised at the People's Question Time in Catford on 7 March regarding Hepatitis, the Committee could receive an update on Hepatitis. Officers will provide some further background information on Hepatitis to the Committee members. When the Committee confirm their work programme at the next meeting, they can decide whether to add a 'Hepatitis Update' as an item for the year.

- Lewisham Leisure Contracts: An update on the Leisure contracts across the borough. An update on the on-going delivery of services across the borough under the leisure contracts.
- Sustainability of Community Health Projects and Initiatives: it was agreed this to be added to the 'Public Health' item on the December meeting.
- CCG Engagement Plan: members were advised that the Clinical Commissioning Group does not have an engagement plan. Therefore it was agreed that this would be removed and replaced with the item 'South-East London Community Based Care Strategy' that will come to the September meeting, which will incorporate the CCG's approach to engagement.
- Learning Disabilities and Healthcare Services in Lewisham: should be added to the work programme at the appropriate time.
- CQC Compliance Manager: The Committee agreed that the Compliance Manager should be invited to the May meeting, alongside the Lewisham Hospital CQC Inspection Report.
- Budget Savings: the October meeting will be reserved for potential budget savings at the present time, and may be subject to change.

8.3 **RESOLVED:** It was agreed that the items that would go the first meeting of the municipal year on 16 April 2013 will be:

- Election of Chair and Vice-Chair
- Changes in light of the Health and Social Care Act 2012 Report and the Health Scrutiny Protocol (Revised)
- Lewisham Hospital – Update
- Emergency Services Review (Scoping) and Work Programme
- Health and Wellbeing Strategy

Other changes to the Work Programme are as follows:

- CQC Compliance Manager be invited to the May meeting of the Committee
- Leisure Contracts Update be added to the July meeting of the Committee
- 'CCG Engagement Plan' be replaced with the 'South-East London Community Based Care Strategy' and added to the September meeting of the Committee
- 'Sustainability of Community Health Projects and Initiatives' be added to the 'Prioritisation process for Public Health expenditure in 2014/15' part of the Public Health update at the December meeting of the Committee
- Learning Disabilities and Healthcare Services in Lewisham be added to the February 2014 meeting of the Committee
- The Healthier Catering Commitment Scheme update be added to the February 2014 meeting of the Committee
- Additional information on Hepatitis to be provided to members before the next meeting and a decision will be made at the next meeting about adding this item to the work programme.

9. Matters to be referred to Mayor & Cabinet

9.1 Referral on agenda item: Premature Mortality Review - Update on Implementation of Recommendations

The Committee recommends that:

- All secondary schools to be encouraged to commit to on-going participation in the Tobacco Peer Education Programme (the programme focuses on the tobacco industry's marketing strategy to target young people to create the next generation of smokers).
- School Governing Bodies redouble efforts to encourage the uptake of school meals in their schools.

The meeting ended at pm 9.28pm.

Chair:

Date:
