

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 9 July 2013 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Pauline Beck, Ami Ibitson, Chris Maines, Jacq Paschoud and Alan Till.

APOLOGIES: Councillors Stella Jeffrey (Vice-Chair), Peggy Fitzsimmons and Carl Handley; Warwick Tomsett (Head of Commissioning, Strategy and Performance, CYP).

ALSO PRESENT: Georgina Nunney (Principal Lawyer), Aileen Buckton (Executive Director of Community Services), Dee Carlin (Head of Joint Commissioning), Joan Hutton (Interim Head of Adult Social Care, Community Services), Petra Marshall (Community Resources Manager, Community Services), David Walton (Community Assets Manager, Community Services), Ruth Hutt (Consultant in Public Health), Danny Ruta (Director of Public Health, Community Services), Joy Ellery (Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust), Liz Aitken (Director of Service for Acute Medicine, Lewisham Healthcare NHS Trust), Dr. David Abraham (Senior Clinical Director, Lewisham Clinical Commissioning Group (CCG)), Dr. Marc Rowland (Clinical Director, Lewisham CCG), Mike Hellier (Head of System Intelligence, Lewisham CCG), Philippe Granger (Lewisham Healthwatch), Salena Mulhere (Overview and Scrutiny Manager) and Roger Raymond (Scrutiny Officer).

1. Minutes of the Meeting Held on 29 May 2013

- 1.1 **RESOLVED:** That the minutes of the meeting held on 29 May 2013 be signed as an accurate record of the 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.
- 2.2 Councillor Paschoud declared a non-prejudicial interest as her son is employed by Lewisham Healthcare NHS Trust in the Accident & Emergency Department and a daughter that has used the Council's Disability Services.

3. Emergency Services Review

- 3.1 David Abraham of Lewisham CCG; and Dr Liz Aitken, Director of Service for Acute Medicine, Lewisham Healthcare NHS Trust introduced the report and the following key points were noted:
- Lewisham Hospital did not meet the 95% 4-Hour A&E target in the last two quarters of 2012.
 - Some of the causes were:
 - there had been an increase in admissions from Bromley and Greenwich

- a total of 123 beds were closed due to the Norovirus
- there were a number of divers brought to Lewisham Hospital.
- there were also issues concerning a change of procedure at the beginning of the triage process in A&E.
- staff concern over upcoming TSA recommendations being published may have also been a factor
- Lewisham Hospital and its partners developed the document '4 hour Admission to Discharge Pathway in Emergency Department – Whole System Recovery Plan' to tackle the problems.
- Lewisham is now on track in meeting the 95% A&E target; they achieved 95.55% in the last quarter.
- The Action Plan is still in place to help Lewisham Hospital continue to meet the 95% A&E target.

3.2. In response to questions from Members, the following was advised:

- Lewisham Hospital is trying to manage the Triage process more effectively to deliver treatment quicker and signpost patients to other services where necessary.
- There is also a GP triage service at the hospital that is been piloted to attempt to signpost patients to the most appropriate non-acute care, or provide them with immediate treatment, where necessary. Evaluation is currently being carried out of the pilot. This will hopefully help to relieve the pressure on A&E and improve pathways to other appropriate services.
- The pressure on A&E may be related to the lack of access to GPs, but most evidence points towards people not understanding the holistic range of services that are available to them and choosing to access the correct service.
- The increase in patients with mental health need will be assessed and officers are looking at the available psychological services to deal with the rise: a number of people with mental health issues present themselves at A&E and, at the time, it is unclear what services the patient need to be signposted to.
- The A&E 95% target is a national target; if the patients go through the triage system with a clear pathway from initial check to treatment, the 4-hours target is more than adequate. However there can be a number of complications that occur during a patient's stay in A&E which can make meeting the target difficult on some occasions.
- There are a number of initiatives that can improve the patient experience in A&E that are being developed in Lewisham:
 - improvement in patient records accessibility.
 - more senior medical assessment earlier in the triage process
 - more joined-up working across the hospital and with social care and primary care.
- As well as the 95% 4-hour A&E target, the patient experience in A&E is also important, and Lewisham Hospital is getting positive feedback from the 'Friends and Family' question: 'would you recommend to friends and family having treatment at Lewisham Hospital?'
- More public education on Norovirus is needed within the local community so sufferers can self-manage the illness and not come to GP

surgeries or A&E and cause additional problems leading to the isolation of beds and/or the closure of wards.

3.3 **RESOLVED:** The Committee resolved to refer the following recommendation to the final report of the Emergency Services Review

The Committee recommends that:

- It is noted that there continues to be huge pressure on the Accident & Emergency Department at Lewisham Hospital.

4. Outcomes Based Commissioning And Outcomes Based Practice For Adult Social Care

4.1 Aileen Buckton, Executive Director of Community Services introduced the report and the following key points were noted:

- Commissioned services are witnessing a significant shift in emphasis away from block purchased contracts with a small number of providers -where contracts specify people by client group and average cost - to small individualised support plans with a large number of service users with any number of providers. The approach serves to shift the emphasis from what the service provider will offer, to what outcomes the provider will achieve for an individual. This change in emphasis is usually referred to as Personalisation or Self Directed Support (SDS).
- The move to personalised care will make the the individual the centre of their own treatment and support needs with the help of their carers and/or families.
- The developing approach to planning and purchasing services, has become known as Outcome Based Commissioning (and contracting). This approach should apply to all services whether they are directly provided by health and social care organisations, or purchased from a third party provider.
- In terms of services available on personal budgets, some are NHS services, some are private services, and some would be paid on behalf of the service user by officers or care workers.
- In terms of mental health, Commissioning of mental health services for the residents of Lewisham aims to treat patients in the most appropriate setting in line with their level of need. A gap was found in service provision for those requiring support in the community outside of statutory secondary care services, and following service user feedback, funding was then identified for a 2-year contract focusing on an information and advice service.
- The overall aim of the service is to provide short term, intensive support to ensure that people are able to better manage their mental health in the community. The contract was awarded to Bromley Mind who work in partnership with the service user, devising a care plan together that has the best interests of the patient as the main focus. Service users will therefore receive the immediate support that is needed to reduce inappropriate long term contact with services.

- The next stage for Domicillary Care providers is to move to Outcomes Based Commissioning once the current contracts end in October 2014.
- Officers are aiming to manage the process so that the providers who are used pay the London Living Wage.
- To develop Outcomes Based Commissioning, a new Community Investment Programme has been developed with the voluntary sector to provide additional support and opportunity across all service user groups. The final part of this development will be a new contract in July 2013 for a voluntary sector consortium to work with the GPs and the neighbourhood based social care and health teams to ensure that any vulnerable adult can be referred to a network of services locally, and where they can be supported to achieve their personal outcomes.

4.2 In response to questions from Members, the following was advised:

- Members appreciate the work by officers to organise the Afternoon Tea event before the meeting, and were able to get important feedback from service users. There was particularly good feedback on the Reablement services.
- Presently, assessments still need to be overseen by a social worker.
- London's experience is different to jurisdictions outside London, as there are many more providers with a number of boroughs available to work with them. It would be more difficult for Lewisham to go to a limited number of providers with long-term contracts on their own.
- Lewisham's move to Outcomes Based Commissioning in Mental Health is much more advanced than in other boroughs.
- Officers have seen evidence of the success of The Reablement Service, and how this aids changes in service care plans.
- Officers are looking at transport arrangements to see how they can best utilise the services available, as Dial-A-Ride and Taxicard are limited services.
- There are different eligibility criteria for a London Taxicard and a Freedom Pass, but you can possess both at the same time.
- The payment of the London Living Wage to workers under Outcomes Based Commissioning should not lead to the replacement of workers with volunteers under the contracts provided. However there are instances whereby volunteers can be used to instead of workers, for example, taking an individual to church when there would be plenty of volunteers to do so.
- Officers will be hoping to support users where appropriate and requested by users, to 'pool' resources so they can receive services as a group.
- The Council had just re-commissioned the Dementia Services, contracting MindCare to provide local services. There are also Memory Clinics run by the Council and South London and Maudsley NHS Foundation Trust (SLaM). Also, Dementia Pathways helps staff to signpost service users to the appropriate services.

- More information may need to be provided so care workers and service users understand the differences between personalised budgets and direct payments to avoid some highlighted confusions.
- The austerity measures should not have a major effect on Outcomes Based Commissioning as this is sometimes a cheaper way to deliver services to service users. Outcomes Based Commissioning allows for services to be mapped out and plan what is needed more cost-effectively and appropriately.
- Officers will look at the issue of residents who have literacy problems not possessing Library Cards, and therefore meaning they cannot access a number of special officers at the leisure centre that are 'passported' via a library card.

4.3 **RESOLVED:** That a referral be made to Mayor and Cabinet:

The Committee:

- a) thanks the large number of service users who talked to the Committee at length about the services they receive
- b) notes the progress made so far towards developing outcomes based commissioning and outcomes based practice in Adult Social Care.
- c) welcomes the potential for improving the experiences of service users and better meeting their needs with an increasing focus on personalisation and outcomes,
- d) however, recognises the challenges commissioners face as this approach is rolled out, particularly in ensuring that *all* providers commissioned pay their staff the 'London Living Wage'.

5. Neighbourhood Working with GPs

5.1 Joan Hutton, Interim Head of Adult Social Care, introduced the report and the following key points were noted:

- The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key partners from the health and care system could work together to improve the health and wellbeing of their local population and reduce health inequalities.
- There are a number of other aspirational documents, such as the NHS England's planning guidance Everyone counts : planning for patients 2013/14 to the CCG and the Integrated Care and Support: our shared commitment' (May 2013), that recognised that resources need to be used to build a system of integrated care for every person in England.
- In July 2012, to progress integrated working across the borough, the Mayor and Cabinet agreed that a number of services would be brought together in a neighbourhood delivery model. Later that year, in November 2012, the Mayor and Cabinet secured an agreement that supported 'the neighbourhood model'.
- The neighbourhood model has created four multi-disciplinary teams that cover areas that are similar to GP Practice neighbourhood areas. These teams will identify those patients who would benefit

from integrated care and who require targeted intervention and support

- Through this model across the borough 1,654 patients are being seen by their GP and by district nurses and also have contact with adult social care.
- Lewisham hope to be one of the Government's 'pilot areas' that are conducting the neighbourhood model.
- 'Neighbourhood 2' was the first neighbourhood to go live, in May this year, and all four should be live by August 2013.

5.2 In response to questions from Members, the following was advised:

- The 'neighbourhoods' were devised geographically, based on the areas that were created when GPs were federated.
- Core Teams consist of a multi-disciplinary team of social workers, community matrons, practice nurses and therapists.

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

6. Leisure Contracts - Update

6.1 Petra Marshall, Community Resources Manager, Community Services, introduced the report and the following key points were made:

- On 1 June 2011, Mayor & Cabinet (Contracts) approved the award of the Leisure Services Contract to Fusion Lifestyle for a period of fifteen years. The contract commenced on 15 October 2011 with immediate transfer of The Bridge Leisure Centre, Ladywell Arena, Ladywell Leisure Centre, Forest Hill School Sports Centre and Wavelengths Leisure Centre.
- In addition to these leisure centres previously managed by Parkwood Leisure, the contract has since included the new centre on Loampit Vale (Glass Mill), Forest Hill Pools, Forest Hill School Sports Centre and Warren Avenue playing field. Bellingham Leisure and Lifestyles Centre will transfer to Fusion during 2013.
- The leisure contracts have four key strategic aims:
 - to improve health and wellbeing and tackle inequalities
 - to contribute to community cohesion
 - to contribute to the regeneration of the borough
 - employment for local people
- An example of improving health and wellbeing and tackling inequalities is free swimming. Free swimming is available for residents aged 16 and under and 60+ with a Lewisham library card. Across the Fusion contract there were 38,189 free swims during 2012-13; and at Downham 2012-13 usage has increased from the previous year.
- Downham has recently installed school compliant drinks vending machines with 80% water based drinks only; and the café has started to use local fruit & vegetable and meat suppliers.
- Glass Mill opened to the public at the beginning of June 2013 and is the culmination of several years of major investment in the borough's leisure facilities. Forming part of the new Barratt's Renaissance development,

the leisure centre has state of the art facilities, including a 25m competition pool, 20m learner pool, 100 station gym, two studios, health suite, climbing wall, crèche, meeting room and café.

- A £1.5m redevelopment of Wavelengths will conclude shortly and transform the building into a modern facility. A new fitness gym, opened in January, has replaced the old library area. A new health suite, soft play and studio opened in May 2013, and the remaining works, notably the leisure pool, will be completed in July 2013.
- Fusion and the Council successfully secured funding from the London Marathon Trust, Sport England and Viridor for the Bridge, to redevelop the cricket nets and purchase outdoor cricket sight screens to offer a higher standard of cricket at the Bridge.
- In terms of employment, 65% of Fusion staff working in the borough's centres are Lewisham residents, and 11 apprentices are studying leisure related NVQs. A range of training is provided to all staff, and a number of the courses are also made available to local residents where space permits.

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

- Some Members went to a visit to the Glass Mill Centre last week, and it was very informative.
- The Bellingham Lifestyles Centre will transfer from GLL to Fusion hopefully by autumn 2013, once some legal issues have been resolved.
- Fusion recognises that there are a number of issues that need to be resolved at the Bridge, and will be looking to improve the facilities there.
- Officers will look to improve the participation of school-leavers in leisure activities, as there seems to be a drop in participation in this age-group once they leave school.
- Officers hope to work with schools to open up their facilities to social groups and voluntary organisations, as it should be occurring as a matter of course at the Building Schools for the Future (BSF) rebuilt schools.

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

7. Sexual Health Services

7.1 Ruth Hutt, Consultant in Public Health, introduced the report and the following key points were made:

- Building on the historical arrangements, a tri-borough Sexual Health and HIV commissioning team has been established hosted by Lambeth Council to commission HIV prevention, care and support and sexual health services across the three boroughs.
- Between 2007 and 2011 the number of people living with HIV in Lewisham has increased by 30%. The diagnosed prevalence rate is 7.8 per 1,000, the 8th highest in London (London rate is 5.4 per 1,000). Lambeth and Southwark have the highest rates of 13.8 and

11.7 per 1,000 respectively. HIV rates are increasing mainly as a result of people living longer with HIV infection.

- Late diagnosis of HIV is an important indicator of the effectiveness of HIV testing programmes. The earlier HIV is diagnosed the better the outcomes are for the individual. Early diagnosis also reduces the risk of onward transmission of infection. Late diagnosis of HIV has fallen in Lewisham to 50% of all new diagnosed infections in 2011 from 63% in 2010.
- Lewisham Healthcare NHS Trust runs four sexual health clinics across Lewisham at the Waldron Health Centre, Downham Health and Leisure Centre, Rushey Green Primary Care Centre and Sydenham Green Health Centre. The clinics are well established and very busy. They predominately operate on a walk in basis, with no appointment required. They see around 30,000 patients a year.
- Lewisham has high rates of chlamydia, but this is partly a result of the success of the screening programme, which results in approximately half the 15-24 year old population. Around 10% of the screened population are diagnosed with the chlamydia and 2% have gonorrhoea.
- Lewisham also has online testing for chlamydia and gonorrhoea screening. People go online and request a testing kit to be sent to them.
- Sexual and Relationship Education (SRE) provision has been dropped in many schools; officers hope to encourage them to provide SRE to help young people discuss and understand issues concerning sexually transmitted infections.
- Responsibility for Abortion Services was transferred to the CCGs with the Health and Social Care Act 2012 changes.
- In 2011 the abortion rate in Lewisham was 32.3 per 1,000 aged 15-44. This was the 6th highest in London and higher than both Lambeth and Southwark. This equates to 2,001 abortions. In the last two years, the rate appears to be increasing, reversing a previous decreasing trend.
- Abortion rates are higher for Black ethnic groups than average. This is true for all age groups with Black African women particularly over-represented in the repeat abortion data.
- In 2012 a local early medical abortion service was established at the Waldron Health Centre provided by LHNT. Prior to the development of service there was no in-borough medical abortion service and Lewisham patients had to travel out of the borough to access medical abortions.
- In 2011 Lambeth, Southwark and Lewisham sexual health and HIV commissioners initiated a review of the existing portfolio of HIV care & support services and assessment of need to inform future commissioning intentions. Updates were given to the Committee October 2011 and March 2012.
- A number of new workstreams have been developed following the consultation response. These include; Children and young people; workforce training; case management and peer support. The Steering Group will continue to meet to oversee the implementation of the service review, albeit slightly reconstituted to reflect the changes in the NHS.

7.2 In response to questions from Members, the following was advised:

- The Health Promotion budget is separate from Lewisham's budget for commissioning services. Lewisham works with other boroughs in respect to health promotion spending.
- Lewisham are looking to target young people in respect of sexual health education, and improving SRE provision in schools.
- Repeat abortions were coming down in the last few years, but recently they have been increasing. Even so, Lewisham has usually had a higher rate than the rest of London. Officers will be working with service providers and GPs to address this. One of the problems in tackling this, is that Abortion Services are confidential, and women can be referred independent of their GP.
- Officers would need to analyse more data to ascertain whether the recent 2-year upward trend in abortion is a blip or going to continue. Officers will be working with different communities to improve information on contraception and contraception advice, including older women, as this group is also well respected in the data.

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

8. Lewisham Hospital - Update

8.1 Georgina Nunney, Principal Lawyer, updated Committee on the Judicial Review of the Secretary of State's decision on Lewisham Council, and the following points were made:

- The Judicial Review took place at the High Court on 2-4 July 2013.
- The Judge overseeing the Judicial Review said he would endeavour to deliver a judgement by the end of July. If not it would be most likely in September.

8.2 Joy Ellery, Director of Knowledge, Governance and Communications, Lewisham Healthcare NHS Trust, addressed the Committee, and the following points were made:

- Campaigners against the Trust Special Administrator's (TSA) proposals held a 'People's Commission' on 29 June prior to the Judicial Review.
- Lewisham Healthcare NHS Trust are still working towards the merger of Lewisham Hospital and Queen Elizabeth Hospital, subject to the judgment of the Judicial Review.

8.3 **RESOLVED:** that this will continue to a standard item on the Committee's agenda for 2013-14.

9. Response from the Health and Wellbeing Board - membership of the Health and Wellbeing Board

9.1 The Chair requested that this agenda item be taken after Agenda Item 2, and for good practice, Responses from the Health and Well Being Board

will also be taken after the Minutes and Declarations of Interest on the agenda.

9.2 Aileen Buckton, Executive Director of Community Services introduced the report and the following key points were noted:

- In line with the Council's proposal that the Health and Wellbeing Board ought to have two representatives from the voluntary and community sector, the Board has proposed that Council appoint that Tony Nickson, Director of Voluntary Action Lewisham be a Board member. It has also asked Voluntary Action Lewisham to develop a process for identifying another representative for the sector.
- In addition, the Health and Wellbeing Board has agreed that one of its supporting groups will be a Joint Public Engagement Group.
- The Lewisham Public Engagement Group will bring together key stakeholders from across Lewisham's public, voluntary and community sectors to ensure that communities and individuals across Lewisham are able to influence the design and delivery of health and social care services.
- This Group will help to ensure that service user feedback directly influences the work of the Health and Wellbeing Board and the delivery of its priority objectives.

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

- Lewisham CCG has a Stakeholder Engagement Strategy that has a detailed list of stakeholders that statutory groups engage with.
- The voluntary organisations that are part of the Public Engagement Group represent service users. The Health and Wellbeing Board has a mix of service user representatives, providers and commissioners.

9.4 **RESOLVED:** That the Committee:

- a) noted the report.
- b) would be provided with more detailed information on the membership of the Lewisham Public Engagement Group.

10. Response from the Mayor and Cabinet - Premature Mortality Review

10.1 The Chair agreed to take this item after Agenda Item 2.

10.2 The Chair informed the Committee that their Premature Mortality Review Report went to Mayor and Cabinet in spring 2012, and also received an Update from officers on the implementation on the recommendations at their meeting in March 2013. Two recommendations were presented to Mayor and Cabinet on the Tobacco Peer Education Programme and the uptake of school meals.

10.3 **RESOLVED:** That the Committee:

- a) noted the report.
- b) Asked to be provided with information on School Meals Uptake over the past year from September 2012 at its October 2013 meeting.

11. Select Committee Work Programme

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

- Following the last meeting, a number of changes were agreed by the Chair:
 - That the 'Health & Well Being Strategy Delivery Plan' be deferred to the September meeting.
 - That the 'Health Scrutiny Protocol (Revised)' be deferred to the September meeting.
 - That the response from the Health and Wellbeing Board to matters referred by the Select Committee come to the July meeting.
- The agenda for the September meeting was presently the following:
 - Adult Safeguarding Report
 - Reablement
 - Extra Care Housing Plans
 - Lewisham CCG South-East London Community Based Care Strategy (incl. CCG's approach to engagement)
 - Improving Health Services in Dulwich and Surrounding Areas –consultation by the Southwark Clinical Commissioning Group
 - Health & Well Being Strategy Delivery Plan
 - Lewisham Hospital - Update
 - Health Scrutiny Protocol (Revised)

11.2 **RESOLVED:** the Committee noted the Work Programme.

12. Matters to be referred to Mayor & Cabinet

12.1 Referral on agenda item 4: Outcomes Based Commissioning And Outcomes Based Practice For Adult Social Care:

The Committee recommends that:

- thanks the large number of service users who talked to the Committee at length about the services they receive
- notes the progress made so far towards developing outcomes based commissioning and outcomes based practice in Adult Social Care.
- welcomes the potential for improving the experiences of service users and better meeting their needs with an increasing focus on personalisation and outcomes,
- however, recognises the challenges commissioners face as this approach is rolled out, particularly in ensuring that *all* providers commissioned pay their staff the 'London Living Wage'.

13. Exclusion of the Press and Public

13.1 The Chair inform the Committee that it is recommended that under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 3, 4 and 5 of Part 1 of Schedule 12(A) of the Act, as amended by the Local Authorities (Executive Arrangements) (Access to Information) (Amendments) (England) Regulations 2006.

The meeting ended at pm 9.25pm.

Chair:

Date:
