

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 16 July 2014 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Bill Brown, Ami Ibitson, Alicia Kennedy, Jacq Paschoud, Pat Raven, Joan Reid and Alan Till

ALSO PRESENT: Val Fulcher (Lewisham Healthwatch) (Lewisham Healthwatch), Philippe Granger (Lewisham Healthwatch), Councillor Kevin Bonavia (Cabinet Member Resources), Timothy Andrew (Scrutiny Manager), Diana Braithwaite (Commissioning Director) (Lewisham Clinical Commissioning Group), Fran Bristow (Programme Director - Adult Mental Health Development Programme) (SLaM), Aileen Buckton (Executive Director for Community Services), Elizabeth Clowes (Assistant Director, Commissioning) (Lambeth integrated commissioning team), Steve Davidson (Service Director, Lewisham) (South London and Maudsley (SLaM)), Paul Donohoe (Assistant Medical Director) (King's College Hospital NHS Foundation Trust), Joy Ellery (Director of Knowledge, Governance and Communications) (Lewisham and Greenwich NHS Trust), Ruth Hutt (Public Health Consultant) (Public Health), Joan Hutton (Interim Head of Adult Assessment & Care Management), Hugh Jones (Clinical Director, Mood, Anxiety and Personality Disorders Clinical Academic Group) (South London and Maudsley NHS Foundation Trust), Miriam Long (Development Manager) (Healthwatch Lewisham), Georgina Nunney (Principal Lawyer) and Roland Sinker (Chief Operating Officer) (King's College Hospital NHS Foundation Trust)

1. Confirmation of the Chair and Vice Chair

Resolved: to confirm Councillor John Muldoon as Chair and Councillor Stella Jeffrey as Vice Chair of the Select Committee.

2. Minutes of the meeting held on 18 March 2014

Resolved: that the minutes of the meeting held on 18 March 2014 be agreed as an accurate record.

3. Declarations of interest

Councillor Muldoon declared a non-prejudicial interest in relation to item five as an elected member of the Council of Governors at the South London and Maudsley NHS Foundation Trust.

Councillor Brown declared a non-prejudicial interest because he is an employee of a Member of Parliament who belongs to the Parliamentary Health Committee.

4. Response from Mayor and Cabinet: public health expenditure

Aileen Buckton (Executive Director for Community Services) introduced the response from Mayor and Cabinet.

The Committee reiterated its view on the importance of focused and rigorous outcome measures for public health spending.

Resolved: to note the report.

5. Community mental health review: update

Fran Bristow (Programme Director, Adult Mental Health Development Programme) introduced the report; the following key points were noted:

- The update provided an overview of the changes to community mental health teams since the committee last considered the issue in October 2013.
- South London and Maudsley NHS Foundation Trust (SLaM) had moved away from its three locality team structure to a four neighbourhood structure, bringing the catchment areas for each team in line with the four Lewisham primary care neighbourhoods. This meant that moves were required for some staff and service users and a small number of people with a lower level of need had been discharged to primary care.
- A restructure of the current assessment & brief treatment and support and recovery services had been carried out. These teams had become the assessment and liaison service (A&L), treatment services for people with Psychosis and Mood, Anxiety and Personality problems (MAP) treatment teams, with three key areas of focus:
 - Increased evidence based interventions and care co-ordinator capacity to improve relapse prevention within the treatment teams.
 - Improving capacity and competency of assessment and crisis resolution services.
 - New pathways for people not requiring secondary care, this included a move to primary care to some people depending on their level of need, including additional support and back-up to GPs from the assessment services and treatment teams to support this.
- Additional staff had been allocated into the Home Treatment team to allow for urgent assessment of people referred from GPs between 5-8pm Monday to Friday and on Saturday mornings rather than requiring referral to Accident and Emergency for assessment
- A borough wide multi-professional Early Intervention team had been co-located together in one team base, centralising expertise.
- There had been an increase in the resources for the borough wide Enhanced Recovery team, who provide placement assessment and monitoring support to people in specialist health placements outside of SLaM services and in residential accommodation funded through the London Borough of Lewisham. This would add additional care co-ordination capacity and centralise the expertise together in one base.
- The revised model focused on relapse prevention and so a reduction in the reliance on bed based services. It was not anticipated that any significant change in the use of beds would be seen before September 2015, as service users would require support using the increased interventions to be provided before their relapses reduced.
- There was an investment of £1m from SLaM to support the additional staff required to deliver the restructured services.
- Staff training programmes would be provided to support staff to deliver the enhanced interventions required within the new ways of working.
- The Healthier Communities Select Committee had previously reviewed the changes (in May and October 2013) and was supportive of the approach being taken. At the time of the previous update, officers from SLaM had

committed to consulting with patients about the changes – this had been carried out in the following ways-

- During September and October 2013 eight service user and carer engagement events were held. SLaM staff advertised the meetings with posters in waiting rooms and by post and e-mail to Lewisham service user and carer groups and to individuals who had asked to be notified of future events at past service user and carer engagement events. The events were also advertised on the SLaM website and the TWIG (Trust wide Service User and Carer Involvement group) blog.
- An information sheet about the service changes was made available before and the meetings. At the meetings a presentation offering more detail on the changes was provided and there was an opportunity for people to ask questions, give ideas and make comments. 93 people attended the events.
- Lewisham mental health and wellbeing stakeholder event, held on 19th November 2013 focussed on the changes to the community services. Around 200 people attended the stakeholder day, all attending the event were provided with a written proposal on the service changes and a list of frequently asked questions. The written information included a section on how people could feed their comments into the process. It also set out the arrangements for a follow up meeting in January 2014.
- No major changes to the plans were made following the engagement events because the changes were received as a positive change with further investment to services.
- Starting before May 2013, monthly meetings were held between SLaM, CCGs, Local Authority Commissioners and GPs.
- As a result, a referral form for GPs had been developed and distributed. A single point of access had been set up with a direct line contact number for GPs wishing to speak with a consultant psychiatrist to ensure GPs had access to clinical support when required.
- A consultation for staff affected by the change was undertaken within SLaM for 30 days from 5th February 2014. Following the consultation feedback was given to all staff and a process was put in place to recruit staff into the new teams. All current staff commenced in their new posts from 1st May 2014
- Additional new staff were currently being recruited into the new posts within the teams, it was anticipated that all posts will be filled by 1st September.
- Service user moves between teams and transfers to Primary care services commenced from 1st May 2014. It was anticipated that all transfers would be complete by 1st September 2014, this allowed for three months joint working between old and new teams, where required, to support people in these transitions.

In response to questions, the Committee was advised that:

- The rise in mental health conditions in South London was not disproportionate to the rest of London. Increases could largely be attributed to the rise in the population of young people, who more frequently presented with cases of psychosis between the ages of 14 and 35.
- The changes would not impact on mental health services for children.
- There would be an increase in the number of staff.
- The transition process for patients between old and new teams would not follow a set pattern, because of the varied needs in each case.

- It was acknowledged that people would be more at risk in the first 1-3 three months during changes, so support would be focused on this period.
- Most patients would be seen on a six monthly basis by clinicians, dependent on their case.

A member of the public requested to address the Committee and was allocated five minutes to do so by the Chair. The following key points were noted:

- They had direct experience of the services at SLaM following a period of illness and treatment.
- They had established a support group for users of SLaM services.
- In their case, and that of a number of other bi-polar patients in the group, there had been no forewarning about the discharge from secondary care.
- There had been no handover process to GPs and they were concerned about the capacity of GPs to deal with complex cases in short consultations.
- National Institute for Health Care and Excellence (NICE) guidance stated that bi-polar patients should be receive secondary level care.
- They believed that SLaM had failed in its duty to patients. As such a group of patients had approached Lewisham Healthwatch, Heidi Alexander MP and the charities Mind and Rethink about the case.
- Patients had also investigated the possibility of accessing a private psychiatrist, but the costs were prohibitively expensive.
- They hoped that secondary services would be reinstated for bi-polar patients.

In response to questions, the Committee was advised that:

- It would not be possible for the representatives from SLaM present to talk about the details of individual cases.
- Officers from SLaM would ensure that Heidi Alexander MP received a response to her letter.
- The service redesign being undertaken by SLaM was in line with NICE guidelines.
- Secondary care was not required in every case. SLaM was developing a psychological therapy education programme for GPs to educate them about the range of treatments available.
- The perceived separation between primary and secondary care was a false distinction. GPs in the clinical commissioning group and SLaM were working together to ensure that services overlapped.
- There had been an investment of £1m in services at SLaM.

Resolved: to note the update from SLaM and the comments from members of the public; and to receive an additional update from SLaM on the general issues raised at a future meeting of the Select Committee, including further information about the consultation process and the referral system for GPs.

6. King's College Hospital NHS Trust elective services proposals

Roland Sinker (Chief Operating Officer, King's College Hospital NHS Foundation Trust) introduced the report; the following key points were noted:

- The report to the Committee on the changes consisted of three parts; an overview of the changes; information about why the changes were taking place and information about some of the issues raised by the changes.
- There was substantial pressure for bed spaces at the Denmark Hill hospital site; this was due in part because of its status as a major trauma centre.
- It was proposed to:
 - Transfer elective adult inpatient orthopaedics from Denmark Hill & PRUH to Orpington
 - Transfer elective inpatient gynaecology from Denmark Hill to PRUH
 - Transfer non-complex cataract surgery from Denmark Hill and PRUH to QMH
- Consultation had been carried out with the relevant clinical commissioning groups; Monitor and the Care Quality Commission.
- The proposals would improve the quality of care and alleviate capacity issues at across the Trust's hospital sites.
- Staff and stakeholder groups had been consulted widely.
- The Trust wanted to ensure that there would be improved patient choice and integration with other services in South East London.
- Where there was local capacity, patients would be able to choose where they wanted to have their operation.
- The Trust had provided a commitment to transporting people by taxi, or other means, where necessary.

In response to questions, the Committee was advised that:

- Where appropriate, patients would be able to remain at their local hospital.
- Contingency plans were in place to deal with problems.
- Staff had been consulted widely about the changes. There was support for the changes being proposed but this was not universal.
- There were no proposals to sell off land as part of the changes.
- There were no proposals to provide transport for families.
- There were mechanisms in place to receive feedback from patients. Initial views on the changes had been positive.
- The hospital in Denmark Hill attracted a number of TV documentary makers because of its status as a major trauma centre.
- Further work needed to be done to ensure that cases that could be dealt with by other hospitals were being dealt with elsewhere.
- It wasn't necessarily the case that there were too few beds in South East London, but rather that the wrong beds were in the wrong places.
- Free transport for patients would be provided for the foreseeable future.
- Lessons were learnt from the pilot of the changes. Including, the differences in cultures between the hospital sites as well as the specific need to ensure there was a clear discharge process from Orpington hospital.
- There were tried and tested methods in place for gathering patient feedback. The patient survey had 30/40 questions in it that covered a range of issues. It was clear that it was important to make sure that patients were clear about discharge from Orpington Hospital.

Resolved: to note the report – agreeing that, in the Committee's view the changes should not be considered as a substantial variation in services; and to receive a further update on the implementation of the changes from King's in six months.

7. Sexual health strategy

Elizabeth Clowes (Lambeth Integrated Commissioning Team) introduced the report; the following key points were noted:

- The Lambeth, Southwark, Lewisham integrated commissioning team had been consulting a three borough sexual health strategy.
- The new strategy focused on the promotion of healthy behaviours and the prevention of disease.
- Messages of prevention underpinned all services. Including bringing HIV and other testing away from clinical settings.
- The strategy also focused on shifting activity and costs and promoting self-management.
- There were cost pressures in each of the boroughs but there was £27m invested across the three boroughs.
- Some services were commissioned by NHS England.
- The consultation had been wide ranging and it also targeted 'at risk' communities including, young people, BME groups and men who have sex with men (MSM)
- There had also been further work carried out with Latin American and Portuguese communities in Lambeth.
- There had been focus groups in each borough and Healthwatch had been involved in the consultation process.
- It was recognised that some workforce development and training needed to take place in community pharmacies and GPs.
- The aim of the strategy was to ensure that every contact with healthcare services created an opportunity for patients to improve their sexual health.
- The consultation response and an action plan based on the delivery of the sexual health strategy would be taken to Health and Wellbeing Boards in each of the boroughs.
- There had been a reverse in the downward trend of teenage pregnancies.

In response to questions, the Committee was advised that:

- Late diagnosis of HIV was a serious problem. A high proportion of people with HIV were infected by people who didn't know they had the virus. The early detection of HIV made it susceptible to treatment; it could also reduce the potential for transmission by 97%.
- The rate of HIV infection in the black African community was a concern. Black African women were often picked up by ante-natal services when they were pregnant – but black African men were less likely to come forward for testing.
- There had been some improvement in times to diagnosis; however, this was not reflected in the three year averages.
- The department of Health had indicated that no EU country would be implementing the World Health Organisation proposals to provide pre-exposure prophylaxis anti-retroviral medication to people from groups at high risk from HIV transmission.
- The move to community based services would enable people to access services in more settings, including at pharmacies, online and by post. It was intended that increasing the availability of services would make them more accessible to people who didn't want to go to medical settings.

- Evidence based prevention was defined as: the delivery of prevention services based on good, well designed research that demonstrated the impact of public health interventions.
- The three boroughs had some well supported faith communities that could help to spread powerful messages about sexual health. It was important to be open to working with these groups.
- There was good take up of sexual health education services in schools.

Resolved: to note the report and to endorse the approach being proposed in the strategy; and to receive the sexual health action plan once it had been agreed by Lewisham's Health and Wellbeing Board in September.

8. Lewisham Healthwatch annual report

Val Fulcher, Philippe Granger and Miriam Long (Manager, Lewisham Healthwatch) were present to answer questions about the report. In response to questions the Committee was advised that:

- Lewisham Healthwatch would be holding a workshop on 29 July, which would focus on the South East London five year commissioning strategy.

There was a further discussion about district nursing. In response to questions from the Committee, Joy Ellery (Lewisham Hospital) advised that:

- District nursing was provided by Lewisham and Greenwich NHS Trust.
- There had been a recent round of nurse recruitment, following on from the Trust's safer staffing review.
- In order to ensure that sufficient staff were available in all disciplines the Trust had carried out recruitment in Portugal, Spain and the Philippines.
- Nursing colleges in the Philippines trained more staff than were required by the local healthcare, in order that those nurses could work overseas.
- Interviews for all staff were carried out in English.
- All staff recruited to the hospital were required to pass literacy and numeracy tests – and to understand the hospital's commitment to equalities.
- The South London and Maudsley NHS Trust delivered a number of mental health services at Lewisham Hospital.

Resolved: to receive the Lewisham Healthwatch annual report.

9. Better Care fund update

A motion to suspend standing orders was put to a vote. Seven members voted in favour of suspending standing orders, two abstained and one voted against. Standing orders were suspended at 21:15 in order to enable the completion of Committee business.

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

- Health and social care services were under a statutory duty to integrate.

- From April 2015 there would be additional responsibilities placed on health and social care providers to integrate their services, this would be delivered through the Better Care Fund.
- In April 2014 the Council and Clinical Commissioning Group submitted their plans for the Better Care Fund. Plans were subsequently put on hold nationally, in order to enable the government to produce additional guidance about the information required for the Fund.
- Further information had recently been provided by the government, requiring the Council to resubmit its plans through the Health and Wellbeing Board by 'the end of the summer'.

In response to questions, the Committee was advised that:

- An all member briefing would be held to provide an update on Health and Social Care integration.

Resolved: to note the report.

10. Select Committee work programme

Timothy Andrew (Scrutiny Manager) introduced the report. The Committee then discussed the work programme and agreed to add the following items:

- A six month update on the King's elective services proposals.
- Information from public health about the sustainability of community public health initiatives.
- An update on district nursing; to be included in a future update from Lewisham Hospital.
- An item on the development of the local market for social care services, to be included in future updates on health and social care integration.

There was also a discussion about the scrutiny of children's mental health services. The Committee were advised that scrutiny of Children's mental health fell within the terms of reference of the Children and Young People Select Committee.

The Committee proposed that the Overview and Scrutiny Business Panel be asked to decide how best the two select committees could coordinate a review into the provision of mental health services for Children and Young People.

The Committee further discussed the potential benefits of scrutinising the transition of responsibility between Children and Young People Social Services to Adult Social Services being considered jointly with the Children and Young People Select Committee at some point in the future, as well.

Resolved: to add the Committee's suggestions to the work programme for submission to Overview and Scrutiny Business Panel; and to request that Business Panel make a decision about the joint scrutiny of the mental health of young people.

11. Referrals to Mayor and Cabinet

None

The meeting ended at 10.00 pm

Chair:

Date:
