

# MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 21 April 2015 at 7.00 pm

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Colin Elliott, Jacq Paschoud, Pat Raven, Joan Reid and Alan Till

Apologies: Councillors Ami Ibitson and Susan Wise

Also present: Timothy Andrew (Scrutiny Manager), Dee Carlin (Head of Joint Commissioning) (LCCG/LBL), Helen Kelsall (Service Manager, Inpatient Care) (South London and Maudsley NHS Foundation Trust), Charles Malcolm-Smith (Deputy Director, Strategy & Organisational Development) (Lewisham Clinical Commissioning Group) and David Norman (Service Director, Older Adults) (South London and Maudsley NHS Foundation Trust)

## 1. Confirmation of the Chair and Vice-Chair

- 1.1 Timothy Andrew (Scrutiny Manager) opened the meeting and invited the Committee to agree the outcome of the Council's annual general meeting on 26 March, confirming Councillor Muldoon as Chair of the Committee and Councillor Jeffrey as Vice-Chair of the Committee.

Resolved: to agree Councillor Muldoon as Chair and Councillor Jeffrey as Vice-Chair of the Committee.

## 2. Minutes of the meeting held on 24 February 2015

- 2.1 Members noted that they had thanked Val Fulcher for her significant contribution Committee. The Chair requested that this amendment be noted.

Resolved: that subject to the amendment discussed, the minutes be agreed as a true record.

## 3. Declarations of interest

Councillor Bell - non-prejudicial – member of King's College Hospital NHS Foundation Trust.

Councillor Muldoon – non-prejudicial- lead governor of SLaM NHS Foundation Trust

Councillor Paschoud - non-prejudicial - family member in receipt of a package of social care.

Councillor Raven - non-prejudicial - family member in receipt of a package of social care.

## 4. Select Committee work programme 2015/16

This item was considered after item five.

- 4.1 Timothy Andrew (Scrutiny Manager) introduced the work programme report. The Committee then discussed the work programme; the following key points were noted:

- Members were interested in scrutinising the outcome of the consultation about day centres. Following discussion at previous meetings, the Committee was particularly interested in the potential loss of transport provision to MENCAP's evening club provision.
- It was agreed that the day centres consultation paper would be placed on the work programme for pre-decision scrutiny.
- The Committee also talked about the agenda item relating to the development of the market for adult social care services. Members indicated that they were interested to find out about the levels of pay for care workers.
- The Committee agreed to scrutinise the public health annual report when it became available.
- It was agreed that an item would be added to the Committee's work programme to review the implementation of the Health and Wellbeing strategy in the autumn.
- Members discussed the suggestion of adding an item on transition from children's to adult's social care. It was agreed that because of the cross over with the terms of reference of the Children and Young People select committee, the issue would be referred to Business Panel for discussion.
- It was agreed that information would be requested during the course of the year from the Lewisham and Greenwich NHS trust as issues arose – alongside the regular update on the Trust improvement plan.
- It was noted that the Committee had been invited to visit Kings College Hospital.
- The Chair informed Members that a proposal had been put forward to carry out a review of issues relating to patients who did not attend their appointments. Charles Malcolm-Smith (Lewisham CCG) informed the Committee that Lewisham was not seen as an outlier in regards to availability of appointments – and that information about patients who did not attend appointments was not routinely collected, which would limit the effectiveness of a review of this issue.
- The Committee also discussed the options for reviewing the letting of CCG contracts. Charles Malcolm-Smith (Lewisham CCG) informed the Committee that a register of CCG contracts was available on the Group's website. Members noted their concerns about increasing privatisation of the NHS. It was agreed that an item on the CCG commissioning intentions would be brought to the Committee in October.
- The Committee discussed the idea of carrying out a review of complaints management by the NHS and agreed it would not take the idea forward.
- The Committee also discussed the idea of carrying out a review of vitamin D supplementation. It was agreed that further information would be provided to the Committee about existing work in this area.

Resolved: to agree the additions and changes to the work programme as discussed and to submit the programme to business panel.

## **5. SLaM specialist care changes consultation**

This item was considered before item four.

Councillor Muldoon declared a prejudicial interest in the item and withdrew from the meeting. Councillor Jeffrey assumed the Chair.

- 5.1 David Norman (Service Director, Mental Health of Older Adults & Dementia Clinical Academic Group) introduced the report; the following key points were noted:

- Two reports had been provided to the Committee. Firstly, an interim report, which outlined the consultation process and secondly a full report, which provided additional details about the responses received for the consultation.
- The patients in the centre had been involved in the consultation process.
- Relatives were most closely involved in the consultation. The other main group of stakeholders included organisations such as Healthwatch, Age UK and the Alzheimer's society.
- The individual implications and repercussions of the changes had been discussed with family members.
- Relatives wanted to understand the reasons for the changes being proposed and they had expressed concerns about the future of specialist provision.
- There were concerns about the financial implications of the changes.
- The low levels of current demand created additional cost pressures because of under-occupation of the centre.
- The national rates of dementia diagnosis had been raised a number of times during the consultation.
- The response from Healthwatch also highlighted the concern that rates of dementia appeared to be increasing but that specialist services were being reduced.
- There had been a reduction in demand for specialist dementia services in Lewisham. This was the result of changes in medical practice, increased awareness and improved diagnosis, referral and management of dementia.
- Savings generated from the proposed changes to specialist services would be reinvested into other services.
- SLaM had committed to working with individuals to meet their care needs.
- The remit of Inglemere was to provide treatment for people with severe symptoms.
- Whilst there was increased awareness and diagnosis of dementia, people with the most severe symptoms made up only a small number of cases.
- The Clinical Commissioning Group had an experienced clinical team to support the transition process; SLaM also had access to high level support placements to support patient's needs, if required.

5.2 David Norman (Service Director, Mental Health of Older Adults & Dementia Clinical Academic Group), Helen Kelsall (Service Manager, Inpatient Care) and Dee Carlin (Head of Joint Commissioning) responded to questions from the Committee and the following key points were noted:

- Private sector care provision was regulated by the Care Quality Commission through a stringent process of announced and unannounced inspections as well as reactive interventions based on safeguarding concerns.
- Places in private sector provision were often well resourced and had staff with the appropriate skill mix to ensure that people could be supported in the care home environment.
- In many cases, care homes had become people's homes – and were more suitable and familiar places for them to be supported, rather than as patients in specialist facilities.
- 70 people were under the care of specialist teams in care settings in Lewisham.
- Seven people were in the unit at present.
- One resident had been at the centre for seven years – three others had been there for three years.
- Some patients in Inglemere might still need specialist provision if the decision to close the centre was taken.
- Access to specialist provision would remain available to those who needed it.

- None of the residents fully supported the closure.
- Some had mixed views about the proposed closure – but would take the opportunity of any change to move closer to their families.
- All seven current residents would have their future care needs funded by the NHS or adult social care services.
- Inglemere was a specialist care facility that operated like an inpatient ward, rather than a care home.
- A care home was a person's home. Therefore, SLaM was working to further develop 'in-reach' into facilities so patients could remain in their environments and avoid admission.
- Admitting a person to hospital for dementia could be a disorienting experience.
- Information about dementia had become more widely available – however, early identification, treatments and management of dementia had improved.
- There was less demand for services to deal with severe problems associated with dementia.
- The decline in demand for high level services had not been created by an artificial change in thresholds.
- SLaM did not want to run a half empty unit. The lack of demand meant that it was difficult to sustain the service for this small number of people. This also made it an increasingly difficult environment for patients to live in.
- It has always been recognised that people in the unit might need to be reassessed and that their reassessed physical health needs might be greater than their mental health needs.
- Dementia was a syndrome with a range of symptoms which could manifest in a range of different ways.
- Inglemere was not a nursing home facility. It was designed and staffed to provide clinical support. The skills of the staff at the centre were in stabilising people with acute problems.
- It was unusual for challenging behaviour to last for a prolonged period, which would require specialist intervention. The majority of patients either recovered or their condition significantly degenerated.
- The decision about the future of the centre would be taken by the Trust Board on 28 April.
- If the Board decided to go ahead with the closure, plans would be put in place to move residents; the process would not be rushed.
- If the Trust Board agreed to the closure of the centre the building would be declared as surplus to requirements. As a public asset, there would be a procedure to be followed before the building could be disposed of.

5.3 After discussing the issues at length the Committee highlighted a range of concerns including:

- The concern that the consultation appeared to be a foregone conclusion.
- The apparent disparity between the public perception that dementia was increasing- and the closure of a specialist dementia care service.
- The future of specialist provision in Lewisham and across the South East London Area.
- The role of the private sector in delivering services to vulnerable people.

5.4 The Committee resolved to share its views with the SLaM Trust Board, as follows:

- Members of the Healthier Communities Select Committee are concerned that the implications of the cumulative impact of the loss of this specialist function have not been fully considered.

- Members believe that the consultation responses, bar one, have not been duly considered and that the concerns expressed about the proposals are not accurately reflected in the recommendation to the Trust Board. Members are of the opinion that this undermines the process of consultation.
- Members are also of the opinion that there has been not been a proper analysis of the reason behind the decline in the demand for the specialist service and that this should be taken into consideration before the proposal is approved.
- Members of the Committee do not support the recommendation to close the Inglemere Specialist Care Unit and ask that, when making its decision, the Trust Board takes the Committee's views into consideration. Members also ask the Trust Board to ensure that a response is provided to the Committee about its concerns.
- The Committee did not accept the case for the closure of Inglemere.

Resolved: to submit the Committee's views to the Trust Board of the South London and Maudsley NHS Foundation Trust.

## **6. Health and social care integration update**

6.1 Dee Carlin (Head of Joint Commissioning, LCCG/LBL) introduced the report, the following key points were noted:

- The health and social care integration programme was moving forward. The programme was developing neighbourhood teams and increased neighbourhood working.
- The programme was aligned with other changes in the delivery of health services.

6.2 Dee Carlin (Head of Joint Commissioning, LCCG/LBL) responded to questions from the Committee, the following key points were noted:

- The Care Act had an advocacy requirement. In Lewisham this was being provided by Voiceability.
- A range of partners were working in the Local Care Networks. This information could be provided to the Committee.
- Community Connections had been funded through the Main Grants programme's investment fund; the service was designed to support people who might not meet the threshold for adult social care services.

6.3 The Committee agreed to share its views with Mayor and Cabinet, as follows:

- Having received a report about health and social care integration, the Committee acknowledges the value of work by Community Connections and is concerned that it is not receiving core funding. The Community Connections service in Lewisham has as its priorities 'Five Ways to Wellbeing'. It provides interventions for adults who do not meet the eligibility criteria to receive care services from the Council. As such, its health and wellbeing focus is preventative in nature.
- The Committee recommends that Mayor and Cabinet give serious consideration, when re-investing public health savings, to providing core funding for Community Connections.

Resolved: to refer the Committee's views to Mayor and Cabinet as agreed.

**7. Referrals to Mayor and Cabinet**

Resolved: to refer the Committee's views under item five with the Trust Board of the South London and Maudsley NHS Foundation Trust and the Committee's views under item six to Mayor and Cabinet.

The meeting ended at 9.10 pm

Chair:

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Date:

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