

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Thursday, 12 November 2015 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Colin Elliott, Ami Ibitson, Jacq Paschoud, Joan Reid and Alan Till

APOLOGIES: Councillors Paul Bell, Pat Raven and Susan Wise

ALSO PRESENT: Nigel Bowness (HealthWatch Bromley and Lewisham), Sir Steve Bullock (Mayor and Chair of the Lewisham Health and Wellbeing Board), Joan Hutton (Head of Adult Assessment and Care Management), Susanna Masters (Corporate Director Lewisham CCG) and Danny Ruta (Director of Public Health).

1. Minutes of the meeting held on 14 October 2015

- 1.1 Nigel Bowness (HealthWatch Bromley and Lewisham) requested that his attendance at the Committee meeting on 14 October 2015 was included in the minutes.
- 1.2 **RESOLVED:** that the minutes of the meeting on 14 October 2015 be agreed subject to this amendment.

2. Declarations of interest

- 2.1 The following non-prejudicial interests were declared:

Councillor Muldoon: governor for South London and Maudsley NHS Foundation Trust.
Councillor Jacq Paschoud: family member in receipt of a package of social care.

3. Response from Mayor and Cabinet - Referral on Transition from Children's to Adult Services

- 3.1 The Committee welcomed the response but wanted to see how the development of services and provision was progressing.
- 3.2 **RESOLVED:** The Committee noted the report and recommends that next year's Healthier Communities Select Committee has an item on their agenda early in the municipal year that reports on the progress against the key areas of development highlighted in the report.

4. Draft Partnership Commissioning Intentions for Adults 2016/17

- 4.1 Susanna Masters (Corporate Director, Lewisham CCG) introduced the report. The following key points were noted:

- The Partnership Commissioning Intentions has been undertaken in two parts: services for adults, and separately services for children and maternity.
- The Adult Joint Strategic Commissioning Group is responsible for developing the adult Commissioning Intentions. It has worked closely with the Adult Integrated Care Programme Board (AICPB), Public Health, Adult Social Care and Lewisham CCG. The AICPB looks at physical and mental health, health and social care, and primary and secondary care.
- Last year was the first year that the commissioning intentions were jointly produced. One plan was created to cover one set of priorities for the partners over the course of two years.
- There was a period of consultation over the priorities for last year's commissioning intentions. This included public events around prevention and early intervention, GPs, neighbourhood community teams and enhanced care schemes.
- The priorities have been refreshed this year, but the focus has been on how to commission services to meet those priorities. One of the areas being worked on was how success should be measured in this area of work.
- The aim for the commissioning intentions is to have a population based, outcome based approach to contracts.

4.2 Susanna Masters, Danny Ruta (Director of Public Health) and Joan Hutton (Head of Adult Assessment and Care Management) responded to questions from the Committee. The following key points were noted:

- The move towards prevention and outcome based commissioning was welcomed. A shift in culture and ways of working was needed to ensure prevention was at the forefront of care provision.
- Many contracts in health and social care are structured to pay for the number of activities undertaken by providers. This means that the more an organisation does, the more it gets paid, which means the financial incentives for organisations often do not promote preventative work. For example, the general medical services contracts rewards GPs for seeing patients, but does not reward them for preventing people from becoming ill.
- Prevention requires an opposite approach. To make prevention central to the way health and social care services are organised would require changes in the way funding flows between different organisations in the health and social care system. In Lewisham, partners are working together to change the system and create a change in the mind-set of the employees and organisations involved.
- The report mentions that around 11.9% of the population in Lewisham has 2 long-term conditions. The term long-term condition is quite wide ranging. Most people with long-term conditions go about their daily lives, but in the long run these conditions can still increase the risk of complications. Health and care services are aiming to prevent conditions from deteriorating. For example, a person with diabetes can have high blood glucose levels for years without significant direct impact. However, in the long run this can lead to amputations, blindness and kidney failure which could have been prevented. The challenge is to make people consider their future.
- There has been public engagement around the commissioning intentions. People tended to indicate they would like care to be provided in the community. The challenge was to now make people aware of the care provided in the community.
- Foundations are in place in the Neighbourhood Care Teams to provide people with a single point of contact for their care, although in some cases it may be two points of contact instead of one. GPs can refer patients they are concerned about to a Neighbourhood Care Team, which also includes district nurses and social care workers. There are coordinators and care support workers across each neighbourhood. The teams aim to provide wraparound care and to proactively identify people's care

needs. This will require a change in the way health and care professionals work and relationships being built between different employees.

- Work is being developed in the community to prevent malnutrition in Lewisham's residents. The Committee will receive more information about this work.
- The commissioning of care provided focuses on the entire population in Lewisham – not just the segment of the population registered with a Lewisham GP.
- There are likely to be discrepancies between the population of the borough and the population registered with a Lewisham GP as people in London are often registered with a GP across a borough boundary. Some people remain registered after they moved outside the borough or sometimes even once deceased. There are also people registered with GPs who don't show up in the Census. All this makes it difficult to do a like for like comparison on populations.
- Access to social workers is being increased at the weekends and discharge from the hospital partly happens over the weekend. It can often be easier for family members to meet with a social worker over the weekend to discuss care arrangements due to work commitments during the week.

4.3 The Committee made the following comments:

- The move towards prevention and outcome based commissioning was welcomed by the Committee.
- There is a move to provide more care in the community, and to ensure people require less in-patient and emergency services. But the difficulty might be the transition from current services and expectations to these new models. People are not yet aware that, for instance, Neighbourhood Care Networks exist and that they are a service people can use. This change in awareness is needed for people to start using new services.
- It can be difficult for people to navigate the different services they might need for their health and social care across primary, secondary, health and social care. Providing people with a single point of contact in the form of a clinical coordinator can help people navigate the system.
- The funding for the CCG is based on the population in Lewisham registered with a GP, but not every resident is registered with a GP. Sometimes it can be some of the most vulnerable residents and people with complex care needs who are not registered but will still require care. This must be particularly apt in London with its transient population. It leads to a mismatch in funding for the population and the needs of the population.
- It is concerning that one third of older people who present to hospital suffer from malnutrition.

4.4 **RESOLVED:** that the Committee be provided with information on the work being done to prevent malnutrition and information on the mismatch between the GP registered population and actual population of Lewisham.

5. Lewisham Health and Wellbeing Strategy Refresh 2015-18

5.1 This item was discussed after item 6 (Additional information savings proposals A14 and A16).

5.2 Sir Steve Bullock (Mayor of Lewisham and Chair of the Health and Wellbeing Board) introduced the report. The following key points were noted:

- The strategy of the Health and Wellbeing Board (HWB) has been refreshed. The Joint Strategic Needs Assessment (JSNA) was carried out when the HWB was not formally set up yet but functioning in a shadow form. The JSNA has been the foundation for HWB priorities so far.

- The HWB is still a very new creation, and the relevant legislation has left some matters unresolved. HWBs functions are, for local government, a strange hybrid between executive and scrutiny functions.
- The HWB has had to identify priorities, and it is easy to say everything is a priority. The question for the HWB now is how to take matters forward. In the strategy refresh a decision has been made to focus on three areas: (a) the integration of health and adult social care; (b) preventing ill-health and promoting independence; (c) supporting our communities to become healthier and more resilient. Given the financial pressures for the Council and its partners in the health sector, these areas have to be prioritised, especially the integration of health and adult social care.
- The remaining question is how the HWB can add value, as the HWB does not control any resources directly, but relies on the resources and work of its constituent parts to deliver against the HWB's priorities.

5.2 Danny Ruta commented on the report. The following key point was noted:

- The focus of action in the next couple of years would be on how to achieve long-term outcomes. In addition it was important to make each contact count with a health care professional or other public sector worker in Lewisham.

5.3 Sir Steve Bullock and Danny Ruta answered questions from the Committee. The following key points were noted:

- The HWB is a hybrid of executive and scrutiny functions. The Board has a duty to scrutinise the workings of its constituent bodies, as well as having executive powers. The Healthier Communities Select Committee can add value by looking at whether the priorities for action have been delivered against by the constituent bodies of the HWB. It may be less useful to look at the work and output of the HWB directly.
- The universal free vitamin D scheme mentioned under Priority 1 (Achieving a healthy weight) in the report, was intended to contribute to healthy nutrition and consumption of healthy food overall. Officers are unaware of a direct positive link between consumption of vitamin D and a healthy weight.
- BCG immunisation is currently provided to babies a couple of weeks after birth by health visitors. There are currently discussions undergoing as to whether midwives should be trained to administer the vaccines to improve uptake.
- The government has decided that the in-year cut to the Public Health Grant should go ahead, and that each local authority should save 6.2% of their allocated Grant for the current financial year. Officers are looking into how to implement this saving, which will be difficult as there are only 3-4 months in the financial year left. An added difficulty is that a large part of the Public Health Grant is spent on contracts that have been signed so the Council has already committed itself to spending this money.
- A initiative is being developed London wide to encourage supermarkets to provide check-out areas that don't contain junk food. Price promotions in supermarkets and other businesses selling food often provide deals for food with high fat and/or high sugar content. Meal deals offered by businesses often lead to situations where a sandwich is cheaper if purchased alongside crisps or a sugary drink. There is a debate on-going about whether food and drink that is high in sugar should pay a 10-20% sugar tax.

5.4 The Committee made the following comments:

- A higher rate of uptake of immunisation occurs when vaccines are administered almost directly after the birth of a baby as compared to months down the line. It would be good to see early administration of immunisation provided in Lewisham.

5.5 **RESOLVED:** the Committee noted the report, and requested that the Committee be kept up to date with the plans to implement the 6.2% in-year cut to the Public Health Grant.

6. Additional information on savings proposals A14 and A16

6.1 This agenda item was moved forward on the agenda to be discussed directly after agenda item 4.

6.2 Joan Hutton introduced the information on savings proposal A14 Managing the demand for formal social care and achieving best value in care packages. The following key points were noted:

- This savings proposal is a continuation of the savings agreed in 2015-16. Commissioners are now required to consider what people can still do for themselves, and work with families to establish this. The care needs of individuals are reviewed more often to ensure that packages of care provided are timely, cost effective and proportionate to need.
- The case studies included in the report provide a flavour for the kind of changes to care packages that are being implemented.
- There is a process in place to ensure people can raise issues with officers if there are problems with the care package. This change is difficult for many people, as some residents have been provided with a certain level of care for a very long period and the adjustment if care is reduced can be hard. If levels of care are reduced this is done gradually. The process is being managed carefully and at the time of the meeting there had not been any complaints to the Local Government Ombudsman.

6.3 Joan Hutton responded to questions from the Committee. The following key points were noted:

- The website is being developed to be more accessible to people.
- Several options are considered when discussing and deciding on care arrangements with residents. Although 7 hours of care a week for a very elderly resident may seem like a limited amount of contact, some people don't want much interaction with social services.

6.4 The Committee made the following comments:

- The Committee thanked officers for the detailed case studies, which were very useful for the Committee to be able to assess what the savings proposal would entail.
- It may be difficult to make these new ways of providing care, including via the website, accessible to people who are not already engaged. Making the website more accessible might lead to it becoming more accessible to people already using it and not to people who weren't using it before.

6.5 **RESOLVED:** the Committee noted the report.

6.6 Danny Ruta introduced the information on savings A16 Public Health. The following key points were noted:

- The Council currently spends £200k a year on providing free swimming from its Public Health grant. This funding is spent on providing free swimming for under 16 year olds, as the leisure centre contracts provide a concession for over 60 year olds.
- Just under 14,000 residents in Lewisham used free swimming over the last financial year. This is a sizeable chunk of Lewisham's population. 23% of the residents younger

than 16 used the free swimming provided at least once in the last financial year, while 8.7% of the 0-16 population swim at least once a month. Only 20 children or young people use the available free swimming more than 3 times a month.

- Physical activity needs to be sustained to obtain public health benefits. This programme has very little impact on obesity compared to other money spent from the Public Health Grant.

6.7 The Committee commented that:

- The figures indicated that continuing to fund free swimming in light of the budget cuts that need to be across the Council, may not be the most effective use of public health funding.
- It is concerning that the swimming ability of children and young people in Lewisham is poor, but this may be better dealt with via school swimming lessons.

6.8 **RESOLVED:** the Committee noted the information provided, and agreed to provide the Chair of the Children and Young People Select Committee with a note of their discussion.

7. Select Committee work programme

7.1 Simone van Elk (Scrutiny Manager) introduced the report. The Committee discussed its next Committee meeting, and mentioned that, depending on the circumstances at the time, it may be good to receive information on how the proposed junior doctor strike would impact on the trusts attending the next Committee meeting.

7.2 **RESOLVED:** that the work programme be noted.

8. Referrals to Mayor and Cabinet

None

The meeting ended at 20.50

Chair:

Date:
