

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 8 December 2015 at 7.00 pm

PRESENT: Councillors John Muldoon (Chair), Stella Jeffrey (Vice-Chair), Paul Bell, Colin Elliott, Ami Ibitson, Jacq Paschoud, Pat Raven, Joan Reid, Alan Till, Susan Wise and Alan Hall

ALSO PRESENT: Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People), Nigel Bowness (Healthwatch Bromley and Lewisham), Aileen Buckton (Executive Director for Community Services), David Norman (Service Director, Older Adults) (South London and Maudsley NHS Foundation Trust), Zoe Reed (Director - Strategy and Business Development) (SLaM), Lynn Saunders (Director of Strategy, Business and Communications) (Lewisham and Greenwich NHS Trust), Sarah Wainer (Head of Strategy, Partnerships and Improvement), Alison Edgington (Director of Delivery for Bexley, Greenwich and Lewisham System Resilience), Tony Read (Chief Financial Officer) (Lewisham CCG), Colin Stears (Management Partner, St John's Medical Centre) and Simone van Elk (Scrutiny Manager)

1. Declarations of interest

1.1 The following non-prejudicial interests were declared:

Councillor John Muldoon: governor at South London and Maudsley NHS Foundation Trust, day patient at Guy's hospital, patient at Lewisham and Greenwich NHS Trust and a member of the Joint Health Overview and Scrutiny Committee concerning the Our Healthier South East London (OHSEL) programme.

Councillor Alan Hall: governor at South London and Maudsley NHS Foundation Trust, Chair of the Bellingham Health Forum and a member of the Joint Health Overview and Scrutiny Committee concerning the Our Healthier South East London (OHSEL) programme.

Councillor Pat Raven: a family member in receipt of a package of social care.

Councillor Paul Bell: member of King's College Hospital NHS Foundation Trust.

2. The state of the local health economy

2.1 Tony Read (Chief Financial Officer Lewisham CCG) introduced the information regarding Lewisham CCG. The following key points were noted:

- The budget of Lewisham CCG for this financial year was £407m received from NHS England. The CCG is required to deliver a £7.6m surplus from that budget. The CCG is also required to deliver a £8m efficiency saving. The CCG has predicted it will meet its budget this year.
- The impact of the Comprehensive Spending Review is not yet fully known. The income for the NHS for the next financial year should be announced on 17 December, and detailed guidance on how it will be spent across the NHS is not expected until the end of December.
- Lewisham CCG is a key part of the Our Healthier South East London (OHSEL) programme. The basis for the OHSEL programme was that demand is outstripping supply and the 6 CCGs across South East London need to work together to manage that.

2.2 Tony Read, Colin Stears (Managing Partner St John's Medical Centre), Lynn Saunders (Director of Strategy, Business and Communications, Lewisham and Greenwich NHS Trust) and Aileen Buckton (Executive Director Community Services) answered questions from the Committee. The following key points were noted:

- The CCG's budget surplus would have to be returned to NHS England. The CCG was not free to decide how it should be spent, including mitigating against the announced in-year cut to the Public Health grant or assisting NHS trusts with their overspend. If the CCG does not deliver this £7.6m surplus at the end of the year, this part of the budget would not be returned to the CCG in the following year.
- NHS England uses a formula to determine how much funding each CCG receives. This takes account of population factors such as age, number of people etc. The data on the population used for this formula is a mix between the GP registered population and data from the Office for National Statistics. There are also opportunities for CCGs to bid for additional funds to run specific projects. As there is often a requirement for match-funding, they can end up costing the CCG more instead of bringing money into the borough.
- There isn't a system that can handle bookings for appointments across different providers in Lewisham. The IT systems used are not quite joined up yet but the CCG and Lewisham and Greenwich NHS Trust have made some progress in sharing patients' records via the Connect Care system.
- There has been an increase in demand in some services including emergency care but it was not possible to provide a clear reason. There has been anecdotal evidence for increased demand for GP services, but the reasons are unclear.
- A change in the health and social care system is needed to deal with the existing financial problems. The deficits for provider organisations were widening. The aim is to provide care that is as effective but in a lower cost setting. There should be more focus on early intervention.
- Public Health has done London-wide work on the issue of food poverty. The Committee would be provided with this information.
- Lewisham CCG works with Bexley and Greenwich CCG to fund a system resilience team that works to speed up discharge and alleviate the pressures on providers during the winter months. This is an example of non-financial support that the CCG provides to providers.

2.3 David Norman (Service Director, South London and Maudsley NHS Foundation Trust) introduced the information regarding the South London and Maudsley NHS Foundation Trust (SLaM). The following key points were noted:

- SLaM has an operating budget of circa £300m, and was expecting to run a deficit this financial year of just under £5m but the current forecast is that the trust is £3m off its plan. The over spend is largely explained by spending on agency staff and on Psychiatric Intensive Care Unit beds outside the trust which are expensive. Monitor's financial risk rating of the trust has been increased to 2 (with 1 the highest and 5 the lowest) due to its financial situation. This may mean that Monitor would decide to interact with the trust more to mitigate this risk.
- There has been a rise in patient activity at SLaM and it has at times struggled to admit patients. The trust serves the populations of Lambeth, Southwark and Croydon as well as Lewisham.
- The trust aims to invest in its staff's training and support, as well as in improving its administrative systems.
- The prognosis for people with long standing mental health problems is that their lives are 10-20 years shorter on average. This is mainly caused by people's physical health

deteriorating. The trust is focused on more integrated ways of working with primary care providers and acute trusts.

2.4 David Norman, Zoe Reed (Director of Community and Organisation, SLaM), Colin Stears answered questions from the Committee. The following key points were noted:

- The draft report following CQC's inspection of SLaM was overall encouraging. The trust has written to the CQC asking for some factual errors to be corrected and was awaiting a formal response from the CQC. Nothing that the CQC had reported was unexpected.
- The trust's full projected budget deficit for 2016/17 amounts to 6-7% of its budget. The rate of the over spend for the trust was declining but the trust is planning how to recover its financial position for next year.
- The trust works with primary care providers and GPs to improve the care for mental health problems. This improvement does not necessarily require extra hours spent by GPs or for extra GPs to be trained. It relies on sharing experiences with GPs and making them feel supported. An important factor is to get the communication between different organisations right so that all health care professionals have access to the right information when reviewing a patient. The work done with the Connect Care project in sharing all patients' records between hospital clinicians, GPs and social care workers was important in this respect.
- The Inglemere Specialist Care Unit from SLaM in Lewisham is currently vacant and the facility is being reviewed by the trust's estate team. It could be offered to any partner that could use the estate.
- The trust did not always have enough beds for acute admissions. Most problems in this area arise for adults with complex care needs. There were also sometimes not enough beds for children and adolescents. The requirements for beds for acute admissions were very high. The beds need to be close to physical health providers and have high design specifications. The estates owned by the trusts did not always measure up.

2.5 Lynn Saunders introduced the information regarding Lewisham and Greenwich NHS Trust. The following key points were noted:

- The trust was in a challenging financial position and many trusts in England were in similar positions. It was expected that the efficiency target for next year would also be around 5%.
- The hospital provided around 72% of the Lewisham residents' hospital care when using outpatient referrals as a proxy for the total number of patients.
- The trust reported to the NHS Trust Development Authority as opposed to Monitor. It was required by the NHS Trust Development Authority to decrease its deficit from the planned deficit agreed at the beginning of the financial year of £38m to £33m.
- The trust had in place a 'cap and collar' contract with local CCGs in the current year. Activity was currently over-performing against the cap for the contract and, as a result, the trust had undertaken £1.9m of activity that commissioners were not paying for.
- Through the work of the OHSEL commissioning programme, South East London commissioners had confirmed that there would be a need for all current A&E departments in South East London to remain. This has helped the trust's recruitment and last month it recruited 4 consultants, 2 of whom were for its A&E department.

2.6 Lynn Saunders, Alison Edgington (Director of Delivery for Bexley, Greenwich and Lewisham System Resilience) and Tony Read answered questions from the Committee. A number of key points were noted:

- It is decided before admission to hospital whether patients are suitable to have day surgery or whether they should stay in hospital overnight.

- The hospital had meetings 3 times a day to discuss which patients could be discharged at 08.00, 13.00 and 16.00. These meetings were attended by senior employees from the hospital, CCG and social care. Every patient was reviewed.
- In recent times, there have regularly been 100 patients each day across Lewisham Hospital and Queen Elizabeth Hospital waiting to be discharged from hospital across the trusts. This had a number of reasons: due to patient's choices on where they wanted to go after hospital, some were awaiting assessment from NHS continuing care, some should not have been in hospital anyway and some had very complex needs. It had become harder to find the right care option for patients with very complex needs. Considerable joint work had been put in place to reduce this number of patients 'ready for discharge' but this week the number still averaged at around 54 patients, showing that the number on this list were very volatile.
- The London Quality Standards apply across a range of specialities. Implementing some of these standards would incur costs.
- In the Comprehensive Spending Review, it was announced that by 2020 £1.5bn would be added to the Better Care Fund. If this was distributed in the same way that the funding for the Better Care Fund is currently distributed, it would mean Lewisham would receive an additional £8m where it currently receives £21.7m. Only £100m would be made available next year, with the majority becoming available in 2018-19. It has been announced as additional funding, but it is unclear whether this £1.5bn is part of the £8bn extra funding for the NHS that was a manifesto pledge for the Conservative Party for last year's general election.
- The savings Lewisham and Greenwich NHS Trust are required to make are not divided by acute care and community care. Clinical divisions within the hospital are responsible for both acute and community care; and clinical divisions are responsible for delivering certain elements of the savings.
- It was difficult to anticipate what the impact of the changes to the student nurse grants would have on the numbers of student nurses.
- Some of the financial difficulties of Lewisham and Greenwich NHS Trust were a result of the merger as Greenwich was in a financially difficult position. At the same time there have been changes across the NHS and many trusts have financial difficulties that have not arisen through a merger.
- The £1.9m of work done by the trust that was not funded by commissioners, relates predominantly to care provided to non-Lewisham patients, who are the responsibility of other CCGs; not Lewisham CCG.

2.7 Alison Edgington introduced the information on system resilience to the Committee. The following key points were noted:

- All partners work together to ensure the population's health needs can be met. Pressure on the number of beds available is no longer a phenomenon that just happens around Christmas. Older people attend A&E with ever more complex needs.
- A large part of the work on system resilience consisted of predicting trends in demand for services. This required data analysis on trends from many different years.
- Programme Aladdin was designed to deal with an expected increase in demand around Christmas by increasing capacity. The work consist of preventing patients ending up in A&E, but if patients are then admitted, working to ensure they are discharged as soon as possible.
- Elderly patients are more likely to be admitted and when admitted they are more likely to deteriorate during their stay. They are also less likely to be able to return home after being discharged.

2.8 Alison Edgington, Aileen Buckton and Sarah Wainer (Programme lead for Adult Integrated Care Programme) answered questions from the Committee. The following key points were noted:

- There is an initiative underway to work with nursing homes and agencies that deliver care packages to people living at home to identify those most at risk of admission and help keep people out of hospital.
- The Council mostly spot purchases beds in care homes instead of relying on block contracts. This means the engagement with providers on these issues works via provider forums for instance, and was not written into contracts.
- When elderly patients are admitted to hospital they tend to be very frail and vulnerable and could lose some of their independence meaning it is more difficult for them to return home.
- The winter response service provides people with quick assessments at home to try to prevent admissions to A&E. In normal circumstances GPs would not be able to do a home visit till the end of day at which people would have already ended up in A&E. Both GPs and residential care homes can refer people to the winter response service. They would then receive a visit from a GP or nurse much earlier in the day.
- Around 20-30% of ambulance calls are due to falls by elderly people. People may fall for a number of reasons not just in care homes but also those living at home. Reasons could be lack of appropriate glasses, lack of suitable equipment at night or a lack of night lighting. Those who fall once are more likely to fall again.
- It was a work in progress to ensure discharge is as effective at weekends as during the week. Some care homes will take back from hospital over the weekend, but won't accept any new cases. All domiciliary care providers can provide care packages to new customers over the weekend.
- Packages of social care are reassessed after a certain period. Where someone would initially need two people to support them, they may after a while only need one.

2.9 Sarah Wainer and Colin Stears introduced the information on Neighbourhood Care Networks – Delivery of Community Based Care to the Committee. The following key points were noted:

- Neighbourhood Care Networks are a key element in the redesign of the system of health and social care. One of the aims of neighbourhood care networks is to provide care and support for people closer to home and to stop people reaching a crisis point.
- There are no specific blueprints for what a network should look like. The CCG, SLAM, LGT and the Council are working together to build care networks that best meet the needs of their local communities. .
- The four neighbourhood care networks will mirror the areas covered by the four GP areas in Lewisham. The Connect Care system (a virtual patient record) will support the delivery of community based care. Each network will link in the voluntary and community sector.
- GPs forming federations was a new phenomenon. But as all the partners that GPs work with are working at scale, it has become difficult to function as 39 separate entities for GPs. The forming of federations has allowed GPs flexibility in working with partners.
- The focus for multi-disciplinary working within the neighbourhood care networks is initially on the 60+ population. They have been identified by GPs as most likely to reach a crisis. The question was now how the networks could be built outwards to include more partner organisations such as public health, voluntary sector and housing providers.

2.10 Sarah Wainer, Aileen Buckton and Colin Stears answered questions from the Committee. The following key points were noted:

- The catchment area for a GP crosses borough boundaries. If a patient living outside Lewisham is registered with a GP surgery inside Lewisham, they will be provided for in the same way that Lewisham residents registered with that particular surgery would be.
- The use of key workers are seen as important aspect of multi-disciplinary working. The key worker may be different for different patients and would be the person best placed to deliver a person's care or to support them. Alongside the consideration of co-ordinators to help patients navigate the existing system, we will look at what could be redesigned to make the system easier to navigate. There are coordinator posts being considered on a temporary basis however to help us look at the difficulties some patients face in navigating the current system.
- The health and care professionals involved in multi-disciplinary working could perhaps take on wider responsibilities in the care of patients than they have at present. The clinical responsibility for the patient will however stay with the clinical professionals.
- If a patient disagrees with the care provided or has a complaint, the same avenues to seek redress are open to a patient as are available currently. Where care plans are jointly agreed there is joint responsibility for those decisions. Patients should be involved in development of their care plan. Family members and voluntary sector organisations are also considered as part of neighbourhood care networks.
- The organisational arrangements for the care networks would need to be formalised. Decisions will need to be made about pooling budgets or forming one budget stream, whether to organise as a federation or form one organisation, how to use estates across organisations and how to use IT. Decisions on some of these areas will be made in 2016-17.
- Capacity is reducing across the health and care system. The networks provide opportunities to use the available capacity at its best and to make every effort count.

2.11 The Committee made a number of comments. The following key points were noted:

- In Utah, health care providers had developed an app that helped in demand management. Patients could look up their symptoms, receive advice on which health services to attend but also receive information about up to date waiting times at emergency care facilities as well as book appointments online. This enabled people to travel to centres where they would be helped the quickest, while distributing demand across different providers.
- The Committee wondered whether the changes in eligibility for social care services might lead to increased need for primary and emergency care services.
- A number of people are being admitted to hospital with malnutrition and this can deteriorate while in hospital. There may not always be the opportunity to ensure meals are provided to people living alone, or the time to ensure the meals provided are eaten.

2.12 **RESOLVED:** that the Committee noted the information provided; that the Committee be provided with information on any work done by Lewisham and Greenwich NHS Trust to ensure people are well nourished while in hospital and any work done to prevent people arriving in hospital malnourished; that the Committee recommends that next year's Healthier Communities Select Committee has an item in their work programme that reports on the development of the Neighbourhood Care Networks.

3. Referrals to Mayor and Cabinet

There were none

The meeting ended at 9.30 pm

Chair:

Date:
