

# MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday 18 October 2016, 7pm

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice Chair), Paul Bell, Colin Elliot, Jacq Paschoud, Joan Reid, and Alan Till.

Apologies: Susan Wise

Also Present: Fiona Russell (Senior Adviser, Local Government Association, Care and Health Improvement Programme), Clive Grimshaw (Strategic Lead for Health & Adult Social Care, London Councils), Susan Underhill (Deputy CEO, Age UK Lewisham and Southwark), Camilla Biggs (Lewisham SAIL connections manager) James Archer (Public World), Danny Ruta (Director of Public Health, Lewisham Council), Georgina Nunney (Principle Lawyer, Lewisham Council), Chris Best (Cabinet Member for Health, Wellbeing and Older People), and John Bardens (Scrutiny Manager).

## 1. Minutes of the meeting held on 13 September 2016

Resolved: the minutes of the last meeting were agreed as a true record.

## 2. Declarations of interest

The following non-prejudicial interests were declared:

- Councillor John Muldoon is a governor of the South London and Maudsley NHS Foundation Trust.
- Councillor Paul Bell is a member of King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.

## 3. Health and adult social care integration – second evidence session

Fiona Russell (Local Government Association) gave evidence to the committee. The following key points were noted:

- Three key documents were referred to for information on the key enablers, barriers and measures of success in relation to the integration of health and adult social care:

*The journey to integration: Learning from the seven leading localities – which analyses at the experiences of seven different areas across the country.*

*Stepping up to the place: The key to successful health and care integration – which looks at the ten essential characteristics for a fully integrated health and care system.*

*Stepping up to the place: Integration self-assessment tool* – which is intended to help local areas assess how ready they are, and understand what some of their local challenges might be.

- The second report focuses on three areas: shared commitments, shared leadership, and shared systems. Its key points include that integration has to be personalised, preventative and person-centred; it has to focus on the skills and capabilities of communities; and the measures of success need to be driven by the outcomes important to local people.
- In terms of leadership and accountability, the report said it's crucial that leaders of the system are able to step outside of their own organisation and make decisions based on a shared vision – and that you have the governance arrangements to allow decisions to be made this way.
- In terms of shared systems, the report also stressed the importance of having in place the right payment systems, workforce strategy, information sharing arrangements as well as a shared risk stratification model.
- The LGA have been very clear, however, that no single model or approach will work for all – integration has to be based on the needs of the local area.
- Successful integration is also very much about a cultural change. Areas shouldn't impose an organisational form on the local system – it's more about working in different ways with local partners and working more around individuals.

Clive Grimshaw (London Councils) also gave evidence to the committee. The following key points were noted:

- The Committee were told about the reflections from some the London-based devolution pilots, particularly those relating to integration (Lewisham, Hackney and north-east London).
- One of the key enablers has been getting the culture right – building strong and open local partnerships that allow people to sit around the table and have open, frank conversations about what they want to do across health and social care.
- Without the right culture and partnerships, it becomes much more difficult to make progress with some of the more practical enablers around things like IT, workforce, and estates.
- One of the key barriers are the assurance and regulatory mechanisms, which don't recognise the integrated systems that local areas are trying to set up and end up working against local visions of integration. Sustainability and Transformation Plans (STPs) were mentioned as an example.
- In terms of what success may look like in the long run, it's about bringing health decisions closer to the community; having health models that are much more

aligned with people's everyday needs and the local community's profile; and greater self-reliance leading to fewer hospital admissions.

Fiona Russell and Clive Grimshaw answered questions from the Committee. The following key points were noted:

- Integration-related changes are being communicated more prominently in the pilot boroughs than those areas that are taking more conventional approaches to integration.
- Boroughs that have been working closely with local health partners, and looking at more advanced and accelerated forms of integration, have been more attuned to the need to talk about that with their local communities.
- With the integration pilots, the LGA has found that the people in the room quite often know a lot about their integration vision, but people outside the room don't. It's something that areas around the country are having problems with.
- The LGA cited the Torbay "Mrs Smith" narrative, which looks at how things would be different for members of the Smith family, as good example of how to get the message across. The behind-the-scenes, organisational side of things are not, however, usually relevant to the person on the street.
- The LGA agrees that there is not enough money in the health and care system and have long advocated for more money, particularly for social care. The LGA is pleased to see that some NHS bodies are also now calling for more money for social care.
- The LGA doesn't think that integration saves money, and is not aware of anybody who does. Integration is more about doing things differently because it's better. It may save money in the long run, but that's not what it's about.
- STPs are not integration – they are sustainability first and foremost – and maybe transformation at a later stage. The LGA has strongly advocated local government being very involved in STPs, which are essentially an NHS process.
- To properly integrate services, the assurance and regulatory processes need to be reformed to recognise the development of new ways of providing care, which cut across current organisational boundaries. The current regulatory framework can hold things back.

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

- The Committee noted that the way health and social care is provided is going to be very different and that we need to look at how this is being communicated to people.
- The Committee noted that communications and branding around integration in Lewisham had been a bit light, given the massive changes that are happening.

- The Committee noted how helpful case studies can be with explaining what the changes will mean for different groups and individuals.
- The Committee noted that there isn't enough money in the system and expressed concern that integration is really part of the government's austerity agenda.
- The Committee expressed concern about more services and responsibilities being transferred to local authorities when their budgets are being cut.
- The Committee expressed concern that the changes would lead to privatisation and outsourcing arrangements, which the Lewisham community do not support.
- The Committee expressed concern at the evidence from around the country of home-care providers pulling out of contracts because they're not sustainable.
- The Committee noted the King's Fund report on social care for older people and comments that charging for telecare services, such as Linkline, would be "silly".

Susan Underhill (Age UK Lewisham and Southwark) and Camilla Briggs (SAIL Lewisham) gave evidence to the committee. The following key points were noted:

- Community Connections is a consortium of four operational partners (Rushey Green Time Bank, Lewisham Disability Coalition, Older Services Lewisham, Age UK Lewisham and Southwark) and two non-operational partners (Voluntary Action Lewisham and Carers Lewisham). Age UK LS is the lead organisation. There's also a steering group including commissioners and council colleagues.
- Community Connections supports vulnerable adults in Lewisham. Community facilitators work with individuals to draw up person-centred plans. 30% of referrals come from GPs, 30% from healthcare professionals, and 40% from social workers or the voluntary sector. Very small number from housing.
- There are two senior community development workers and two community development workers, which work with organisations to build capacity.
- The programme has exceeded or achieved all its targets. Last year it provided 800 people with person-centred plans and worked with 38 organisations.
- A report is produced every quarter identifying the gaps in services in the community. There are currently gaps around: befriending, dementia services, services for men, young adults with learning disabilities (particularly weekends and afternoons), and transport. A bid is being made to the big lottery fund for money to help with these gaps.
- Community Connections is also facing cuts of 25%. This will be a challenge, but they are proactively looking at ways of generating income.
- A Lewisham SAIL (Safe and Independent Living) programme is also being developed. SAIL is aimed at over 60s. It takes a "first contact scheme" approach with a single checklist acting as a referral mechanism into services across the public and voluntary sector.

- SAIL has been running in Lewisham for three months now. In Southwark, where it's more established, it gets 200 referrals a month.

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

- The Committee expressed concern about the trouble finding activities in the borough for young people with learning disabilities.
- The Committee also commented that the communication and sharing between some local organisations has not been working as well as hoped – citing the Purple Alliance as an example.

James Archer (Public World – the UK partner of Buurtzorg) gave evidence to the committee. The following key points were noted:

- Buurtzorg was set up by four nurses in the Netherlands 10 years ago in reaction to industrialisation and fragmentation of social care. It now has more than 10,000 nurses across the Netherlands.
- The model is intended to provide person-centred and holistic care. Its nurses spend more time getting to know people, their needs, and their support networks.
- By focusing on understanding people's wider problems and supporting self-management, it has been extremely successful in reducing the amount of care people need.
- The model is based on small neighbourhood-based teams of no more than 12 nurses – 70% are registered nurses. This doesn't necessarily increase costs overall, as nurses are able to identify medical issues much earlier on. The level of skin ulcers, for example, is very low in the Netherlands.
- There are no managers under the model – nurses manage their own teams. The entire back office of the organisation is 47 people – 19 of these are coaches.
- Coaches give advice and try to help teams find their own solutions. The idea is that responsible workers act more responsibly given more responsibility. One of the only regulations is that teams must have 60% contact time with their clients.
- The Buurtzorg approach to integration doesn't look to organisational solutions – it starts with the person and looks at how integration can be done around them.
- There's been a huge amount of interest in the UK – including in Scotland, Guy's and St Thomas', Tower Hamlets, and Lewisham. But the challenge is also huge, with the biggest difficulty being changing the mind set of organisations that are very used to several layers of management.

James Archer (Public World) answered questions from the Committee. The following key points were noted:

- All the coaches under the model are nurses. Specialist staff share their knowledge among teams using the IT system. Teams also have around 2% of their budget to spend on education and training.
- It is not yet clear how the model will work in the UK with austerity. We will find out more as areas test and learn. A recent King's Fund report on district nursing did say that austerity does make it harder to deliver high-quality services. Another King's Fund report stressed the importance of professional groups maintaining their identities under integrated models.
- Because of the nature of self-managed teams, and the IT systems supporting them, the model can be scaled up without a proportionate scaling up of the back office.

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

- The Committee noted that teams under the Buurtzorg model have a maximum of twelve nurses and queried the scalability of the model in the UK.
- The Committee also noted that the Buurtzorg model appears to be quite expensive and queried how this would work in the UK with austerity.
- The Committee noted the role of coaches and questioned how they would be able to spot problems if nurses didn't come to them.
- The Committee noted the high client-satisfaction rates and queried how this was monitored in self-managed teams and what, if any, problems customers did have.

*Resolved: the Committee noted the witnesses' evidence.*

#### **4. Lewisham hospital update (systems resilience)**

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

- The Committee noted that recruitment of staff seems to be a general problem and that so long as there is uncertainty around Lewisham Hospital, and the impact of the STP, these problems are going to remain.
- The Committee also applauded the success of the Navigators, which provide administrative support to wards, and the positive impact they have quickly made by taking some of the paperwork tasks away from medical professionals.

*Resolved: the Committee noted the report*

## 5. Public health annual report

Danny Ruta (Director of Public Health, Lewisham Council) introduced the report. The following key points were noted:

- This year the annual report focuses on obesity. The sugar-smart campaign is being launched soon (Lewisham being the first borough in London). Lewisham is also a national pilot for a whole-system approach to tackling obesity.
- As well as action on sugar, there's going to be action on physical activity and losing weight. But the main message is to stop blaming individuals – recognising that in the UK today it's almost impossible not to put on extra weight and that it's the environment we've got to change.
- The Great Weight Debate is also going on across London. This is also about shifting the debate from blaming people to looking at the environment we live in.

Danny Ruta (Director of Public Health, Lewisham Council) answered questions from the Committee. The following key points were noted:

- Lewisham and Greenwich NHS Trust has signed up to the sugar-smart campaign and pledged to take action this year to improve food for patients and staff.
- A key part of the whole-system approach is increasing school meal uptake. Officers are currently working with two schools in the borough with high school meal uptake. One has a digital fingerprint system, which reduces queueing and allows parents to track what their children are eating.
- Lewisham has 1 chicken shop per 1000 people – the 13th highest rate in the country. Officers will be working with takeaways to get them to sell healthier food. There are lots of examples of takeaways doing this without losing sales – the Charlton Kebab House, for example.
- Officers will monitor sexual health data following the redesign of sexual health services in the borough. Lewisham needs more sexual relationship education in schools, but there isn't the resources. Lewisham has also pioneered primary care based HIV testing.
- To generate publicity for the sugar smart campaign, Lewisham is working in partnership with the News Shopper. Officers will also be proactively approaching organisations – focusing on schools first, then takeaways near schools, and then GP practices. Officers will also look at approaching the supporting living sector.
- Officers would like Lewisham Councillors to do their bit and get schools in their wards to sign up to sugar-smart and the Daily Mile initiative. University analysis of the Daily Mile initiative has found, in some areas, that obesity rates have halved.
- According to the national obesity expert, there is not enough evidence yet on the link between aspartame in diet drinks and cancer. Sugar-free drinks should still be considered as a better alternative to those with sugar. But officers will look at

ways of identifying and promoting alternative, natural sweeteners as part of the sugar-smart campaign.

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

- The Committee noted that we need to move away from using words like obese, as they label people and make them feel guilty.
- The Committee pointed out that some school playgrounds in Lewisham are not big enough for children to take part in the Daily Mile initiative.

*Resolved: the Committee noted the report.*

## **6. Select Committee work programme**

John Bardens (Scrutiny Manager) introduced the report.

- The Committee decided to look into having an item on the impact on services in Lewisham of the Greenwich CCG's decision to award the musculoskeletal services contract to private healthcare company, Circle Health.

*Resolved: the Committee agreed the work programme*

## **7. Referrals**

The Committee didn't make any referrals.

The meeting ended at 21.30pm

Chair:

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Date:

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