MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday 24 November 2016, 7pm

Present: Councillors John Muldoon (Chair), Stella Jeffrey (Vice Chair), Paul Bell, Colin Elliot, Sue Hordijenko, Jacq Paschoud, and Susan Wise.

Apologies: Councillors Joan Reid and Alan Till

Also Present: Harvey McEnroe (Divisional Manager, Acute and Emergency Medicine, LGT), Barry Quirk (Chief Executive), Dr Marc Rowland (Chair, Lewisham CCG), Aileen Buckton (Executive Director of Community Services), Tony O'Sullivan (Save Lewisham Hospital), Cathy Ashley (Pensioners' Forum), Susanna Masters (Corporate Director, Lewisham CCG), Dee Carlin (Head of Joint Commissioning), Joan Hutton (Head of Assessment and Care Management), Georgina Nunney (Principle Lawyer, Lewisham Council), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 18 October 2016

Resolved: the minutes of the last meeting were agreed as a true record with the addition that Cllr Hordijenko was in attendance under Council Standing Orders.

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.
- Councillor Susan Wise is a governor of the King's College Hospital NHS Foundation Trust.
- Councillor Colin Elliot is a Council appointee to the Lewisham Disability Coalition.

3. Responses from Mayor and Cabinet

There were no responses at this meeting

4. Lewisham hospital update (systems resilience)

Harvey McEnroe (Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- This year, Lewisham CCG has agreed £1.4m of resilience funding to be spent at University Hospital Lewisham. The funding is going towards a number of schemes and is expected to improve performance on the 4-hour standard by 2.4%.
- The resilience money is being spent on, among other things, additional emergency staff, including on Saturdays and overnight; extending rapid assessment and treatment, to reduce numbers referred to more specialised services in the hospital; and continuing with "pathway navigators", staff intended to help with quick and effective discharges.
- Pathway navigators have successfully reduced the time it takes to complete discharge paperwork from twelve days to less than four.
- The enhanced care and support programme, intended to avoid unnecessary hospital admissions, has been brought forward in part – the rapid response team, for example. The "Home Ward" has stalled however – the trust and CCGs will be looking again to make sure it is the best way to spend this money.
- Further work will look at providing extra staff in the emergency department over the winter. The trust has agreed with the CCG to increase the number of nurses on shift from 16 to 18. There is also going to be extra pharmacy support to help increase the number of discharges before 1pm.
- The number of patients discharged by 1pm 12 weeks ago was 14% - it is now 33%. The trust is still working towards to national target of 40%.

Harvey McEnroe answered questions from the Committee. The following key points were noted:

- Improving the emergency care pathway is one of the trust's key priorities – along with patient safety, quality and governance. Senior management are often present in the emergency department.
- To overcome some of the recruitment difficulties it's been facing, the trust is working closely with other acute providers in south-east London to make sure they are not driving up costs and buying each other out of the market. It has also carried out some successful overseas recruitment campaigns in the past. The impact of Brexit on recruitment is being considered.
- The trust has broader concerns about the recruitment of junior doctors. The recent changes to junior doctors' contracts appear to have had an impact on junior doctor recruitment.
- The national and regional data on the impact of flu vaccinations does not show strong correlation between increased vaccinations and reduced hospital admissions.

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

- The Committee noted the significant increase in the proportion of patients discharged before 1pm and commended and congratulated the trust on their excellent work.

Resolved: the Committee noted the report.

5. Sustainability and transformation plans

Barry Quirk (Chief Executive), Dr Marc Rowland (Chair, Lewisham CCG) and Aileen Buckton (Executive Director of Community Services) introduced the report. The following key points were noted:

- The south-east London STP has benefited from some involvement of the six local authorities in south-east London. This has been to continue to develop an integrated approach to health and social care. The local authorities are helping to make sure that local improvements to social care fit in with planned changes in health services locally (in alignment with the STP) and that cost shunting across sectors and boroughs is minimised.
- The combined financial challenge for social care across the six local authorities in south-east London is £242m. The six authorities have identified the scale of their challenges but they have got to coordinate their six operational plans at a six-borough level so that health changes are addressed more collectively.
- The south-east London STP was published early because NHS England was pleased with the level of cooperation within the NHS and across partners in south-east London.
- Lewisham partners have also been pleased with the level of cooperation across the system. The STP has encouraged acute providers, and their commissioners, in south-east London to cooperate with each other and consider potential improvements to the whole south-east London system.
- The level of cooperation within the NHS is much improved and very different to a few years ago, where institutions were working very separately and more competitively. NHS partners are working more collaboratively and trying to look at how the whole system can change rather than just their part of it. For example, by working together to try to achieve changes in the acute sector the aim is to invest more in prevention and primary care.
- The cooperation within the development of STP does not, however, detract from the concerns about the aggregate level of funding nationally of the NHS.

Barry Quirk and colleagues answered questions from the Committee. The following key points were noted:

- It is important that local authorities bring critical challenge and point out any service and financial gaps in the STP. It is not for local authorities to agree the plan – set at the sub-regional level, it is principally an NHS plan devised with involvement from Councils who secure social care services locally. In Greater Manchester the

creation of a combined authority (for social care and other functions) city regional devolution includes health and social care. Other places, including "sub-regions" within London are less developed. But, at the same time, all social care authorities do need to make changes as a result of their own service challenges and financial pressures. It is important that they work with health services in doing this.

- The STP is not principally about financial cuts, although it does involve cost reduction, efficiencies and productivity improvements. However the scale of the aggregate financial challenge for the entire NHS system in SE London is very high (£1 billion). Partners across south-east London are working together to bring some of the projected overspend down by doing things differently – working more efficiently and cost-effectively while improving quality. Local authorities are there to feedback on what this means for social care.
- Local authorities are not being asked to sign or endorse the STP separately, but they are being invited to consider them at local and sub-regional level. Given that the STP process is proceeding, Councils do need to continue to work productively with their health partners. Just because a local authority is sceptical about certain aspects of the STP process and direction, it does not mean that it can sensibly withdraw from involvement: those vulnerable people in receipt of social care and patients (often the same people) require Councils to coordinate their services closely with the NHS. Local authorities have a responsibility as stewards of social care. There are significant financial consequences if changes to health and social care are not made. At present, there are no other plans being developed within the NHS and all partners have to make it work as best as they can.
- Lewisham CCG has found the involvement of local authorities very helpful. It has provided a different way of looking at the challenges.
- The fundamental difference between London STPs and others around the country is that the population in London growing. The STPs in London are therefore principally concerned with improving productivity and changing the pattern of services so as to reshape them for a growing population.
- The integration work going on in Lewisham is based on many of the same principles that underpin the STP – for example, the principle that most people do not want to be in hospital and want to be cared for closer to home. But local authorities will need to talk about the impact on social care if integration work not done properly.
- A campaigner from the Save Lewisham Hospital campaign, Tony O'Sullivan, said that he is strongly in favour of community-based care and inter-agency working, but argued that the STP is just about money and very dangerous. He said that if the plan does not achieve its aim it is not just the NHS that is going to be impacted – it is going to devastate social care as well. He argued that providers will be put into special measures and £1bn of savings will be imposed – with all options on the table.

- The campaigner also drew attention to the fact that one year into the five-year plan the financial challenge has already increased by £80m. The productivity challenge has also increased to 5.5% per year for four years – which he described as an unprecedented and impossible target.
- Another campaigner made a number of requests to the committee. He recommended that the committee insist that there is consultation on *every* part of the STP; that the option of an enhanced status quo is seriously considered as part of the upcoming consultation on elective orthopaedics; and to scrutinise closely the financial figures provided so far.
- A representative of the Pensioners' Forum, Cathy Ashley, is worried about how people who do not have easy access to the internet are going to be consulted fully.

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

- The Committee expressed concern about how people without easy access to the internet will be able to participate fully in any consultation process.

Resolved: the Committee noted the report

6. Partnership commissioning intentions

Susanna Masters (Lewisham CCG) and Dee Carlin (Lewisham Council) introduced the report. The following key points were noted:

- The purpose of the partnership commissioning intentions is to provide the public and providers with an opportunity to see and comment on a summary of the CCG's broad plans and priorities. They also set out what the partners expect from providers – this includes population-based approaches; strengthening primary and community-based services; promoting healthy living; and developing new services using co-production with a whole system approach.
- This is the third year of joint commissioning intentions. They cover not just CCG commissioning, but adult social care and public health as well. The only way local partners can address the significant challenges they face is by working together.
- The focus of this year's commissioning intentions is on prevention and early action, planned care, and urgent and emergency care. The strategic aim is to focus much more on prevention and early action to reduce the demand for urgent and emergency care.

Susanna Masters answered questions from the Committee. The following key points were noted:

- The Single Point of Access for referrals for health and social care is well used by the public. Partners are now looking at providing people with more information, and access to other services, rather than just processing a standard referral.
- The number of transgender people in Lewisham is very small, but partners will include this group in the commissioning intentions.

- The Community Falls Service's proactive outreach work will include housing providers.

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

- The Committee expressed concern that many of the priorities in the commissioning intentions are very similar to those services that have been cut under the public health budget.
- The committee also noted that the greater use of technology, including electronic health profiles, has the potential to reduce costs and help people better manage their health and care.

Resolved: the Committee noted the report.

7. Devolution pilot update

Aileen Buckton (Executive Director of Community Services) introduced the report and answered questions from the Committee. The following key points were noted:

- Devolution in London is not just about health and social care – there are various other pilots going on across London on various other powers that could be given to local authorities.
- Lewisham's devolution pilot is now focused on estates and workforce. The pilot is exploring ways to change the way buildings are used so that staff can be co-located, and create new combined health and social care roles so that providers can work in a more flexible way. The latest business case also includes a request for transformation funding from the One Public Estate programme (jointly run by the Cabinet Office and the Local Government Association).
- The first multi-disciplinary team should be collocated in the Waldron early in the new year. The proposed hub for central Lewisham is likely to be in the Ladywell area.

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

- The Committee noted that with any new devolution arrangements, that there must be appropriate governance, transparency and accountability to avoid the risk of democratic deficit.

Resolved: the Committee noted the report

8. Adult safeguarding

Joan Hutton (Head of Assessment and Care Management) introduced the report and answered questions from the Committee. The following key points were noted:

- Professor Michael Preston-Shoot has been appointed as the new Chair of the Adult Safeguarding Board.
- Some of the key achievements in adult safeguarding over 2015/16 include improved multi-agency working; devising a communications strategy; establishing

an information sharing agreement; and creating a dedicated team to process Deprivation of Liberty Safeguards (DOLS) assessment – which has reduced the waiting list to zero.

- There has also been a peer review of safeguarding in Lewisham, which included scrutiny of the board and our work. There are occasionally quality assurance issues from providers that can become safeguarding concerns. The results of the peer review so far been very complimentary on our work to prevent quality assurance issues becoming a safeguarding concern; on our management and standards of practice regarding DOLS; and our safeguarding partnership work.

Resolved: the Committee noted the report

9. Information item: Access to health and wellbeing services for people with sensory impairments and learning disabilities

Resolved: the Committee noted the report from Healthwatch

10. Information item: Pharmacy services in Lewisham

Resolved: the Committee noted the report from Healthwatch

11. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the report.

- The Scrutiny Manager informed one member of the committee, who had queried what changes are happening to tuberculosis services, that he would share the briefing that he had received from an officer to help clarify what is happening in Lewisham.

Resolved: the Committee agreed the work programme

12. Referrals

The Committee did not make any referrals.

The meeting ended at 21.30pm

Chair:

Date:
