

# **MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE**

**Tuesday 12 January 2017, 7pm**

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

Apologies: Councillors Paul Bell and Susan Wise

Also Present: Roz Hardie (Director, Lewisham Disability Coalition), Nigel Bowness (Chair for Work Plan Committee, Healthwatch Bromley and Lewisham), Dr Marc Rowland (Chair, Lewisham CCG), Dr Jacky McLeod (Clinical Director, Lewisham CCG), Ashley O'Shaughnessy (Deputy Director of Primary Care, Lewisham CCG), Colin Stears (Management Partner at St Johns Medical Centre), Gerald Jones (Adult Learning Lewisham Manager), Aileen Buckton (Executive Director of Community Services), Tony O'Sullivan (Save Lewisham Hospital), Cathy Ashley (Lewisham Pensioners' Forum), Dee Carlin (Head of Joint Commissioning), Joan Hutton (Head of Assessment and Care Management), and John Bardens (Scrutiny Manager).

## **1. Minutes of the meeting held on 24 November 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.
- 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. Health and adult social care integration – evidence session**

**Roz Hardie (Director, Lewisham Disability Coalition)** spoke and the following key points were noted:

- The integration of health and social care is an important issue for members of the Lewisham Disability Coalition. Members want to help shape things by sharing their experience of where services do and don't join up, but are currently unsure about where they can take their ideas.
- The Lewisham Disability Coalition welcomed the engagement events organised by the Scrutiny Manager and Healthwatch. They said it's essential to hear from the people using services.
- The voluntary sector is involved in a lot of innovation and collaboration on the front line of support provision, but it should also be more involved in strategy and planning. The Lewisham Disability Coalition is very keen to be involved, and are pleased to hear that the integration programme has recently been talking to voluntary sector organisations.
- Many of those who approach to the Lewisham Disability Coalition for support are experiencing complex health problems. Given this, the Lewisham Disability Coalition are particularly keen to explore opportunities to work closer with health professionals.
- The impact of welfare reform, and the crisis around benefits sanctions, is also a huge issue having a detrimental impact on people living with disabilities in the borough.
- A significant proportion of people who come to the Lewisham Disability Coalition for help have a complex series of needs – often welfare-related financial or housing problems – and usually need some form of advocacy or casework support.
- The Lewisham Disability Coalition do not have a position on universal basic income, but think that it could be, in principle, a good thing.
- The Lewisham Disability Coalition work closely with partners on issues such as safeguarding and keeping warm, and are also looking to work more closely with social care.

**Nigel Bowness (Chair for Work Plan Committee, Healthwatch)** spoke and the following key points were noted:

- As part of the Committee's review, the Scrutiny Manager worked in partnership with Healthwatch to organise a series of engagement events to hear the views of specific groups of people who use health and social care services.
- Three events were held and the experiences of more than 70 people were gathered. This included people with physical disabilities, learning disabilities and mental health needs.

- Overall, the evidence from the people engaged with indicates that the challenges faced by the wider health and care system are impacting on vulnerable people.
- People did not tend to distinguish between good and bad providers, they just wanted to be supported by compassionate, polite, respectful, and culturally competent professionals.
- The majority of people valued the services they received, but they were concerned that they were being reduced. People were particularly concerned about a reduction in choice and control over what they could do.
- There was some particular concern about customer service-related issues – for example, how long it took to get an assessment and how easy it was to communicate with social services.
- People particularly valued those care workers who gave that little bit extra – for example, helping someone read a letter or deal with changes to their benefits. For many people, this made a whole world of difference. Conversely, care workers who were unkind, patronising or disrespectful, whether intentional or not, had a significant negative impact on the lives of those who need help.
- People also said that having advocates, key workers, and care coordinators that were resourceful and competent made the whole world of difference to accessing services. People found the health and social care landscape complex and difficult to navigate and said that having someone to help them through the system, not just signpost them, is very important.
- The Lewisham Disability Coalition, Community Connections, Lewisham Homes, Stepping stones, Sydenham Gardens, and the Samaritans were organisations specifically mentioned as being helpful.
- Many people said that they were unhappy with the professionalism of the health professionals they had seen. Some said that they felt like they were being unfairly judged and that the professionals who were meant to be assessing their condition were taking irrelevant matters into account when deciding whether or not they are eligible for support.
- People were also either unaware of the complaints process, or didn't understand it and feel confident enough to use it.
- Many people had problems with the enablement process. People said that the support didn't last long enough and that after it ended they were just told to rely on friends and family.

Cathy Ashley (Lewisham Pensioners' Forum) spoke and the following key points were noted:

- Cathy said that it is essential to look at what's happening on the ground to the people that are "left behind" or "just about managing". Cathy stressed that a lot of pensioners are very poor.

- The Lewisham Pensioners' Forum carried out a local survey to gather views of those who use community-based health and social care services. They only received 29 responses, which they found worrying as it could mean that a lot of people are either now being excluded from services or isolated at home and unable to make their voice heard. Cathy stressed that it is crucial that all people are contacted and listened to.
- Cathy also commented that spending less than 1% of GDP on adult social care nationally is insufficient for a decent and moral society.

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

- The Committee noted the great value in the evidence of real life situations, and feedback from service users, provided by the engagement events.
- The committee noted that it is crucial that the council engages with all communities affected, and potentially affected, by the changes the health and care services.

*Resolved: the Committee noted the witnesses' evidence and agreed to make a referral to the Health and Wellbeing Board based on the questions submitted in written evidence by the Lewisham Pensioners' Forum.*

## **5. Primary care transformation and access to GP services**

Dr Marc Rowland (Chair, Lewisham CCG) and colleagues introduced the report. The following key points were noted:

- The officer report provides an overview of the situation in primary care following the refresh of the primary care strategy – *Developing GP Services (2016-2021)*. The four priorities of the strategy are: *proactive care, accessible care, coordinated care, and continuity of care*.
- GPs in Lewisham are under increasing pressure from population growth, widening health inequalities, and an ageing population with increasingly complex conditions.
- GPs have been working together around neighbourhoods since 2008, to try to shift activity and resources from secondary to primary care. The CCG's vision is for sustainable development of primary and community care, which is embedded within, and working together with, local communities and neighbourhood networks.
- Primary care will be increasingly delivered at scale and make better use of technology. It will also make better use of the buildings at its use and support the development of the local workforce to address shortages. Primary care in Lewisham is on the verge of a great improvement.
- The CCG has recently applied to move from the existing arrangement of co-commissioning of primary care services with NHS England to delegated commissioning, giving the CCG full responsibility for commissioning GP services. The new arrangement will start in April this year if the application is successful.

- The CCG has also recently started a primary care assessment pilot at the urgent care centre at Lewisham Hospital. This means that the first point of contact for patients arriving at the hospital will be a GP. Since October 2016, 60% of those seen under the pilot were treated by the GP they saw or redirected to an appropriate alternative service.
- Five practices towards the north of the borough are planning to merge to become a partnership. It will be a gradual, “evolutionary” merger focused on back-office functions, allowing for economies of scale. Patients will see very little change in service. The partnership is also looking to work with the council to take on apprentices to build its own workforce to address shortages.
- The partnership’s business plan will involve looking at the buildings it has to use. Some current practices are not fit for purpose, but there may be opportunities for some other practices to expand. This is high on the agenda and sites are currently being looked at.
- One Health Lewisham is the overall federation of all 40 General Practices in Lewisham. It is a limited company, wholly owned by the GP surgeries of Lewisham. It aims to working collaboratively to ensure high quality, equitable, and sustainable primary care across Lewisham.
- Many GP practices are struggling to remain financially viable, and GPs are becoming increasingly reluctant to become partners – including in Lewisham. This situation was exacerbated by the way the recent Department Health service charge request was handled.
- GPs in the borough are also looking at ways GP services are delivered. Traditional GP consultation slots may not be right for the future. May have to consider different ways of working, different consultation lengths, other forms of consultation (including phone and email), and how we use pharmacists. Technology could also be used to help reduce in-surgery waiting times.
- The national requirement to provide GP services from 8am to 8pm is being met in Lewisham by setting up a hub site at Lewisham hospital staffed by GPs from across the borough. The CCG is also looking for another, separate hub site.
- Meeting the extended hours requirement will be challenging, but the CCG and partners will monitor feedback on the central hub approach and review as necessary. It is not yet clear if the extended GP hours will improve outcomes. Communicating the availability of this service to the public will be key.

*Resolved: the Committee noted the report*

## 6. Adult learning Lewisham annual report

Gerald Jones (Adult Learning Lewisham Manager) introduced the report. The following key points were noted:

- The seven strategic objectives of Adult Learning Lewisham (ALL) are: *outcomes, quality, safeguarding, community, environment, staff, and finance*.
- In terms of outcomes, during 2015/16, success rates for learners remained very high, at 92%. And 42% of learners progressed into employment, further training, independent living or voluntary work.
- In terms of quality, ALL has moved away from assessment based on observing and grading lessons, and instead moved towards a less judgemental process of using self-reflection and leader guidance to create action plans. 97% of learners in 2015/16 rated the quality of teaching and learning as either good or excellent.
- Following the London-wide Area Review process, set up to address the financial problems in further education, ALL has been working closely with regional partners. The review recommended more collaboration across councils and some colleges around London are losing funding and may have to merge.
- In terms of the learning environment, ALL has developed a new accommodation strategy for the next three years. The first phase of this will involve work to make ALL buildings more visible, attractive and inviting to new learners.
- In terms of staff, in 2016 ALL successfully achieved the Matrix standard, the national kitemark for providing information, advice and guidance to learners to help them make the right choice. The kitemark shows that advice from ALL staff will be fair and impartial.
- Looking ahead, ALL will be collaborating more closely with partners across the sub-region to look at ways to be more efficient. ALL will also be looking into whether common outcome measures could be used that show ALL's contribution to other parts of the council's work, including public health, social care, and wellbeing.
- During 2016, ALL helped to establish the Disability Confident and Transition Steering Group. This brings together education, social care, economic development and Job Centre Plus, in order to find ways to help adults with learning difficulties into work, training and education.
- ALL are able to give advice to learners with disabilities about what can be done to help with their learning experience – the use of assistive technology, for example.

*Resolved: the Committee noted the report.*

## 7. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the report.

- The Scrutiny Manager advised the committee that the elective orthopaedics item on the agenda for March would need to be pushed back to April to fit in with the programme team's new timeline.

*Resolved: the Committee agreed the work programme*

## **8. Referrals**

*Resolved: the Committee noted the witnesses' evidence and agreed to make a referral to the Health and Wellbeing Board based on the questions submitted in written evidence by the Lewisham Pensioners' Forum.*

The meeting ended at 21.30pm

Chair:

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Date:

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