

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 1 March 2017, 7pm

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

Apologies:

Also Present: Nigel Bowness (Chair for Work Plan Committee, Healthwatch Bromley and Lewisham), Sir Steve Bullock (Mayor of Lewisham), Dr Danny Ruta (Director of Public Health, Lewisham Council), Aileen Buckton (Executive Director of Community Services), Cathy Ashley (Lewisham Pensioners' Forum), Joan Hutton (Head of Assessment and Care Management), James Lee (Head of Cultural and Community Development, Lewisham Council), Warwick Tomsett (Head of Targeted Services and Joint Commissioning for Children and Young People, Lewisham Council), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 12 January 2017

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. Delivery of the Lewisham Health & Wellbeing priorities

Sir Steve Bullock (Mayor of Lewisham) and Dr Danny Ruta (Director of Public Health) introduced the report. The following key points were noted:

- The Lewisham Health and Wellbeing Board continue to monitor the original nine priority outcomes of the Health and Wellbeing Strategy, but has agreed to provide

greater strategic focus in three specific areas: to accelerate the integration of care; to shift the focus of action and resources towards prevention; building resilience in communities.

- Work to accelerate the integration of care has included setting up Safe and Independent Living (SAIL) in Lewisham – a programme intended to improve access to a range of local support and advice services. It has also included establishing the community falls team in order to proactively identify people at risk of falls – there is evidence that this work could help achieve substantial savings.
- As part of shifting the focus to prevention, the Council has launched the SUGAR SMART campaign, achieved UNICEF Baby Friendly Accreditation for health visitors, and continued to work with primary schools to implement the Daily Mile initiative. There are now 3,000 children running 12 minutes a day, and more schools will be starting soon. The Council's restrictive planning policy on fast-food takeaways has also seen the number of fast-food takeaway applications fall.
- In terms of supporting communities to build resilience, the Council has awarded a contract for a new borough-wide community nutrition and physical activity service to the Greenwich Co-operative Development Agency (GCDA). This includes activities such as cookery classes and food growing. The number of people using this service is increasing every month.

Sir Steve Bullock (Mayor of Lewisham) and Dr Danny Ruta (Director of Public Health) answered questions from the Committee. The following key points were noted:

- It's too early to measure the impact on breastfeeding rates of the UNICEF accreditation. But there is evidence that it can lead to a 15% increase. Breastfeeding rates in Lewisham are already relatively high for London.
- While a reduced number of fast-food takeaway applications are going through, it is still a challenge to find healthy fast-food substitute businesses.
- The Council is planning to pilot the Daily Mile initiative in secondary schools. There are already a few secondary schools around the country taking part.
- The Council is establishing neighbourhood forums (known as "Neighbourhood Community Development Partnerships") so that local community and voluntary services can connect with each other more easily.
- The Council are not able to say whether reductions to social care packages have led to an increase in falls. With the new falls co-ordinator in place, however, the council will now be able to start collecting the data properly and build a more comprehensive picture.

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

- The Committee noted that some pupils who take part in the Daily Mile initiative are now encouraging their parents to walk more outside of school – making physical

activity part of their daily routine. Some children are also gaining self-esteem from the consequent weight loss.

- The Committee notes that organisation like community connections are finding it very hard to find services for younger adults with learning disabilities.

Resolved: the Committee noted the report

5. Health and adult social care integration – draft final report

John Bardens (Scrutiny Manager) introduced the report. The following key points were noted:

- The Scrutiny Manager explained that the draft report is based on the findings from the three evidence sessions and the written evidence submitted. The report is divided into sections based on themes arising from these findings. The Chair has also circulated draft recommendations for members to consider.
- Cathy Ashley (Lewisham Pensioners' Forum) asked to address the committee. She stressed the importance of emphasising the financial difficulties being faced by the health and care system - £900m shortfall for NHS health and care services in south-east London, and a further £242 million gap for local governments and social care.
- Cathy Ashley also said that evidence from the review showed that people are facing difficulties accessing the support they need and that many are being asked to rely on family and neighbours. Those without these support networks, however, are falling through the net.
- Nigel Bowness (Healthwatch) emphasised how helpful it was for Healthwatch to be involved in the engagement work of this review and would like to continue to be involved in this and other work. They said that there is a lot more they can do to help the committee engage with the local community.
- Healthwatch pointed out that they are a key part of the SAIL programme in Southwark and suggested that they could work in the same way as part of SAIL in Lewisham.
- Healthwatch also offered to support the council with its regular adult social care survey – they said that they can help to reach those people who may usually struggle to have their voice heard.
- Healthwatch noted that many of the people with learning disabilities that they spoke to as part of the review stressed that they wanted to be able to access mainstream activities and services, not just day centres and specialist provision.

The Committee discussed the report and draft recommendations. The following was agreed:

- The Committee agreed to amend draft recommendation 2 to say that Lewisham Health and Care Partners should ensure that they keep in regular contact with other boroughs when discharging people outside of Lewisham.
- The Committee agreed to amend draft recommendation 3 to say that Lewisham Health and Care Partners should ensure that the neighbourhood care model being developed reflects the diverse social and demographic nature of the different communities in Lewisham.
- The Committee agreed to amend draft recommendation 9 to say the Lewisham Health and Care Partners should engage with local stakeholders (such as Healthwatch) when telling local people about the changes to health and social care.
- The Committee agreed to amend draft recommendation 11 to say the Committee appreciates that the Council and its partners will do all they can to make sure that the integration of services works for local people, but that the Committee notes that there is a risk to social care as a result of government-imposed cuts.

Resolved: the Committee agreed the draft report considered as the final report of its review and agreed the recommendations as tabled by the Chair, subject to the amendments noted in the minutes. The Committee also agreed that the report and recommendations be presented to M&C for response.

The full list of agreed recommendations is set out below:

Work to speed up hospital discharges and avoid admissions

1. Lewisham Health and Care Partners (LHCP) should return to the Committee with an update on the progress of the “ward at home” scheme within six months of the conclusion of this review.
2. LHCP should monitor the figures for discharge delays caused by having to make arrangements for non-Lewisham residents to be discharged outside of the borough. They should also maintain regular contact with partners in other boroughs to tackle these delays as effectively as possible. LHCP should provide the Committee with an update within six months of the conclusion of this review.

Developing new neighbourhood-based models of care

3. LHCP should return to the Committee within six months of the conclusion of this review with more detail about the model of community-based care being developed (influenced by the Buurtzorg model) in order to address the following questions:
 - With one key worker responsible for the majority of someone’s care, in teams that are self-managed, how would quality be monitored and assured?
 - How would the model, which in the Netherlands has teams of a maximum of twelve nurses, scale up in Lewisham, where the proposed neighbourhood networks would cover larger areas?

- How would the model, which appears from the evidence to be quite expensive to operate, work in Lewisham in the context of ongoing public sector budget pressures?
 - How would the model work in Lewisham given the diverse social and demographic nature of the different communities in Lewisham?
4. With the closer integration of community-based services, LHCP should consider an integrated complaints process, which is accessible to all who may need to use it.

Supporting the effective integration of health and social care

5. The neighbourhood-based care models currently being developed by LHCP should be carefully tailored to meet the needs profile of the areas they'll serve. The Committee should be provided with information about how LHCP plan to do this within six months of the conclusion of this review.
6. Given that it is a key aim of integration, LHCP should set clear targets for reductions in unplanned hospital admissions and monitor performance against these. This would allow stakeholders to monitor progress.
7. LHCP should do all they can locally to make sure that the regulatory processes involved in health and care do not act as a disincentive to more integrated ways of working.
8. LHCP should continue to explore ways of embedding integrated health and social care teams in each of the four neighbourhoods in order to achieve lasting cultural change.

Communicating and engaging with people about the changes

9. LHCP should review how the changes to health and social care are being communicated and how people, residents and staff are being engaged in the process. They should engage with relevant local stakeholders to help with this. Other areas have made use of case studies to help with explaining complex changes like this
10. There should be more co-production in the changes to health and social care and the development of the new models of care.
11. While it may not be necessary to communicate to the wider public the organisational changes taking place behind the scenes, LHCP should effectively communicate these changes to relevant staff and health professionals in the borough, and in the voluntary and community sector.
12. The Committee appreciates that the Council and its partners will do all they can to make sure that the integration of services works for local people, but the Committee also notes that there is a risk to social care as a result of government-imposed cuts.

The views of people using health and care services in Lewisham

13. LHCP should ensure that all staff are able to provide a personalised and responsive service to people in their homes at all times.

14. LHCP should review how the current complaints process for community-based services is working and how and when people are notified of it.

Making the most of voluntary and community sector services

15. LHCP should draw up a plan on how they can work together to build capacity and avoid duplication in the area of activities for young adults with learning disabilities. People with learning disabilities represent a significant proportion of adult social care service users and developing more community-led services for this group could have a significant positive impact.

6. Transition from children's to adults' social care

Joan Hutton (Head of Assessment and Care Management) and Warwick Tomsett (Head of Targeted Services and Joint Commissioning for Children and Young People) introduced the report. The following key points were noted:

- The report provides an update on the Council's work on "preparing for adulthood and transition from children's to adult services" – a key part of the local SEND partnership strategy.
- The Council is currently developing a better approach to identifying and supporting children transferring from children's to adults' social care. The improved approach involves working with children from an earlier age in order to begin preparation for their eventual transition from children's services earlier. It involves assessing children's needs as they grow up and working closely with parents, carers, schools and other support services throughout.

Joan Hutton and Warwick Tomsett answered questions from the Committee. The following key points were noted:

- To help children and their families prepare for the loss of short breaks when they transfer to adult social care, the Council are doing more to talk to parents about how to access mainstream services.
- Out of around 600 under-19s currently receiving children's social care, about a quarter are expected to meet the eligibility criteria for adult social care.

The Committee made a number of comments. The following was noted:

- The Committee noted that the preparation for children who aren't going to meet threshold for adult social care services is currently very poor – particularly around the loss of short breaks.

Resolved: the Committee noted the report

7. Leisure centre contracts

James Lee (Head of Cultural and Community Development) introduced the report. The following key points were noted:

- The Council are working closely with leisure providers to invest in facilities in a difficult market with ongoing pressure from budget gyms.
- After saving £1m from leisure contracts the Council benchmarked Lewisham leisure contracts and found that we are receiving good value from our providers.
- Leisure providers continue to receive complaints about repairs and cleanliness.
- Council officers are also working hard to promote leisure facilities to disabled people to increase uptake, and to further promote the Lewisham Be Active scheme.

Resolved: the Committee noted the report.

8. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the report. The following was noted:

- The Scrutiny Manager introduced a draft work programme for the 2017/18 municipal year and asked the Committee to consider and suggest the priority issues it would recommend to the Committee next year.

The Committee made a number of comments. The following was noted:

- The Committee needs to closely monitor neighbouring boroughs' commissioning decisions and how these may affect service providers in Lewisham.

Resolved: the Committee noted the completed work programme for 2016/17 and the draft work programme for 2017/18, and considered priority areas for scrutiny next year.

9. Referrals

There were none.

The meeting ended at 21.35pm

Chair:

Date:
