

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

**Thursday 20 July 2017, 7.00pm**

Present: Councillors John Muldoon (Chair), Susan Wise (Vice Chair), Paul Bell, Peter Bernards, Colin Elliot, Joan Reid, Stella Jeffrey, Olurotimi Ogunbadewa, and Jacq Paschoud.

Apologies: Councillors Sue Hordijkeno.

Also Present: Cllr Suzannah Clarke, Joan Hutton (Head of adult social care), Belinda Regan (Interim Director of Governance and Patient Experience, Lewisham and Greenwich NHS Trust), Professor Michael Preston-Shoot (Independent Chair, Lewisham Safeguarding Adults Board), Diana Braithwaite (Director of Commissioning and Primary Care), Simon Parton (Lewisham Local Medical Committee), Nigel Bowness (Healthwatch), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

## **1. Minutes of the meeting held on 13 June 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 Susan Wise is a governor of the King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.
- Councillor Olurotimi Ogunbadewa is a patient of primary care services in Grove Park.

## **3. Responses from Mayor and Cabinet**

Resolved: the Committee noted the response to the recommendations of the Committee's review of health and social care integration.

## **4. Lewisham and Greenwich NHS Trust Quality Account**

Belinda Regan (Interim Director of Governance and Patient Experience, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 4.1 The Lewisham and Greenwich NHS Trust (LGT) Quality Accounts are primarily focused on nationally-set metrics. The Trust also sets a number of its own quality and safety priorities each year. The priorities for 17/18 were informed by CCQ inspections, complaints and other internal evidence. An easy-read version is produced with the assistance on the patient and welfare forums.
- 4.2 Many of the measures in the quality accounts are set nationally, and while the response rate for measures that rely on patient responses (such as the Patient Reported Outcome Measure (PROMS)) is very small, the Trust is required to publish these results. The sending out and collection of responses for those measures that rely on patient feedback is managed by external organisations. The Trust runs its own, similar questionnaires internally, which it gets a better response-rate for, but it can't publish the results of these in the quality accounts.
- 4.3 2.5% of the Trust's income in 2016/17 was conditional on achieving quality improvement and innovation (CQUIN) goals agreed between LGT and Lewisham, Greenwich and Bexley CCGs and NHS England.
- 4.4 The Trust achieved 81% of its CQUIN goals for 2016/17. There are national and local CQUINs. The areas in which CQUINs were not achieved were national. One, for example, related to total reduction of antibiotic consumption. However, as there was a shortage of one particular antibiotic, the Trust needed to prescribe two separate antibiotics.
- 4.5 CQUINs for 17/18 are more challenging and span across primary and secondary care and local authorities. The Trust usually achieves CQUINs for quarters one and two, but struggles in winter over quarters three and four. It will be a challenge to achieve CQUINs in all quarters of 2017/18.
- 4.6 The information on staff harassment comes from an anonymous, externally-managed staff survey. Problems with staff harassment have also been picked up by internal staff surveys and engagement. To improve results, the Trust are working on a programme focused on valuing staff.
- 4.7 The Committee suggested using a more precise description than "partially achieved" for whether or not qualitative targets had been achieved, as this term does not indicate how close to the target the results were.

*Resolved: the Committee noted the report.*

## **5. Adult Safeguarding Board introduction**

Professor Michael Preston-Shoot (Independent Chair, Lewisham Safeguarding Adults Board) introduced the report. The following key points were noted:

- 5.1 It is a statutory requirement of the Care Act 2014 for Lewisham to have a Safeguarding Adults Board (SAB). Other key provisions of the Care Act include, the duty to carry out safeguarding adults reviews (SARs), the duty to share information, to publish an annual report, and to have a strategic plan.
- 5.2 The SAB must also establish effective links with the Health & Wellbeing Board, Healthwatch, the Lewisham Safeguarding Children Board, and the Safer Lewisham Partnership. Other local agencies will be involved as the system evolves.
- 5.3 Task and finish groups can be established to address key “hot topics”, including, for example, adults who self-neglect. The membership of task and finish groups is drawn from all partner agencies, and is targeted at those with expertise in the area being explored.
- 5.4 The Lewisham Safeguarding Adults Board is intending to reach out to as many different groups of service users and carers as it can over the next six months. Each quarterly board meeting will include a presentation from a different group. The Board needs to hear people’s stories and address key messages – life stories are an important sources of qualitative data.
- 5.5 The Board’s annual report will be published and shared with Healthwatch, Scrutiny, the CCG, the Chief Executive of the Local Authority, and the Metropolitan Police Borough Commander.
- 5.6 A “lifestyle choice” becomes self-neglect when an individual’s lack of self-care results in a significant risk to their own or others’ health and wellbeing. It is often coupled with a refusal to engage with help and support. It is important that the situation is fully explored, rather than assuming that someone has made a lifestyle choice. What may appear as a choice may be the result of an individual’s life journey. It is also important to work with individuals to identify what outcomes they want for themselves, and for practitioners to not be afraid to make informed suggestions.
- 5.7 Self-neglect was previously excluded from the remit of Safeguarding Adult Boards. Lewisham is aiming to have a self-neglect policy in place by the end of the year.
- 5.8 A regular theme of Safeguarding Adults Reviews (SARs) is poor careers assessments, either not being offered, not being done thoroughly, or not being reviewed. The Lewisham Board is working on improving it’s understanding of safeguarding performance across the borough, including with carers assessments.
- 5.9 The most challenging safeguarding issues for Lewisham over the next twelve months include: supporting practitioners to help those who self-neglect; engaging with newer types of abuse and neglect, such as modern slavery; prevention and early intervention and how to spot individuals at risk; making

safeguarding personal, asking users what they want to achieve; and organisational abuse and neglect in care homes and hospitals.

- 5.10 The Board will need to make literature about Care Act advocates, who can help people with no one else to turn to, available as widely as possible.

*Resolved: the Committee noted the information presented.*

## **6. Grove Park Health Centre**

Councillor Colin Elliot introduced the item. The following key points were noted:

- 6.1 There is a lot of concern locally about the consolidation of primary care services in Grove Park and the intention to develop a new purpose-built Health Centre.
- 6.2 There is particular concern among residents about the consultation process and the information provided to residents. Some people felt led to believe that there would be no GP services in Grove Park if the proposal for a new health centre at Chinbrook Road didn't go ahead. There was also concern that the consultation process didn't involve some of the residents living closest to the proposed health centre.
- 6.3 People feel like they haven't been able to properly voice their concerns and that a good consultation, with some direction from the CCG on what local needs are, would have avoided this current situation.
- 6.4 Local ward councillors also feel that they should have been consulted earlier and involved in the consideration of alternative proposals.
- 6.5 The CCG confirmed residents were responding to the planning application submitted by the provider of GP services in Grove Park, the ICO Health Group), and not an NHS process. The CCG's Primary Care Commissioning Committee has yet to formally review proposals from the ICO Health Group.
- 6.7 The CCG confirmed its responsibility to ensure that, irrespective of who the provider of those services might be, that Grove Park residents should have reasonable access to core primary care services. This current consultation, however, is not about the health needs of the area – it is about planning consent to use a residential building for different purpose.
- 6.8 The Committee expressed concern about the impression given to some residents that their GP services could be lost if the proposal does not go ahead and suggested that if a conversation between the parties involved had happened earlier the situation may not have escalated like it has.

*Resolved: the Committee resolved to advise Mayor and Cabinet of the following:*

*Noting the confusion among residents about what is happening, the Committee recommends that the Mayor urges representatives from the Grove Park community, the ICO Health Group, the Lewisham CCG, Grove Park ward councillors, the Cabinet Member for Health, Wellbeing & Older People, and the Lewisham Local Medical and Pharmaceutical Committees to meet as soon as possible to discuss the future of primary care services in Grove Park, in particular to clarify the proposals for 54 Chinbrook Road and the process that is being followed.*

## **7. Urgent Care Review – New Cross Walk-In Centre**

Diana Braithwaite (Director of Commissioning and Primary Care) introduced the report. The following key points were noted:

- 7.1 The contract for the walk-in centre at the Waldron in New Cross is due to expire at the end of the year. The CCG Governing body has approved plans to formally consult over 12 weeks on the future of the service. The consultation will include, among other things, online surveys, drop-in sessions, and engaging with ward assemblies.
- 7.2 Lewisham is the only remaining CCG in south-east London that commissions a walk-in centre that provides access to patients from outside of the borough. Most neighbouring CCGs have closed their walk-in centres and are offering GP extended-access hubs instead. The range of ways of accessing urgent and non-urgent primary care services needs to be streamlined to avoid confusion.
- 7.3 Information gathered so far indicates that the majority of users of the walk-in centre do not live in Lewisham and are relatively young. Engagement with patients at the walk-in clinic has indicated that people would prefer a booked appointment and would be prepared to travel. An equality impact assessment will be carried out before the consultation.
- 7.4 The Committee expressed concern about the increasing difficulty of accessing low-level medical care and advice on the same day.
- 7.5 The CCG confirmed that patients should be being offered the GP extended access Service, which is available 8am to 8pm, 7 days a week, by their local GP practice, when they are unable to get an appointment.
- 7.5 The Committee expressed some concern about the impact on the poorest residents of potentially having to travel further for medical care.

*Resolved: the Committee noted the report.*

## **8. Information item: notes of meeting with GSTT**

*Resolved: the Committee noted the report.*

**9. Information item: developing Lewisham’s adult social care online activity**

*Resolved: the Committee noted the report.*

**10. Select Committee work programme**

John Bardens (Scrutiny Manager) introduced the work programme.

*Resolved: the Committee noted and agreed the work programme.*

**11. Referrals**

*Resolved: In relation to item 6 (Grove Park Health Centre) the Committee resolved to advise Mayor and Cabinet of the following:*

*Noting the confusion among residents about what is happening, the Committee recommends that the Mayor urges representatives from the Grove Park community, the ICO Health Group, the Lewisham CCG, Grove Park ward councillors, the Cabinet Member for Health, Wellbeing & Older People, and the Lewisham Local Medical and Pharmaceutical Committees to meet as soon as possible to discuss the future of primary care services in Grove Park, in particular to clarify the proposals for 54 Chinbrook Road and the process that is being followed.*

The meeting ended at 21.30pm

Chair:

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Date:

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