

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday 12 September 2017, 7.30pm

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

Apologies: Councillors Peter Bernards and Joan Reid.

Also Present: Fiona Kirkman (Prevention and Early Intervention Programme Manager), Danny Ruta (Director of Public Health), Sarah Wainer (Lewisham CCG) and Jacky Bourke-White (Chief Executive, Age UK Lewisham and Southwark), Nigel Bowness (Healthwatch), Folake Segun (Director, Healthwatch Lewisham), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 20 July 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.

3. Responses from Mayor and Cabinet

There were no M&C responses.

4. Social prescribing in depth-review – evidence session

Fiona Kirkman (Prevention and Early Intervention Programme Manager) and Jacky Bourke-White (Chief Executive, Age UK Lewisham and Southwark) spoke to the report. The following key points were noted:

- 4.1 Officers outlined the key elements of the definition of social prescribing developed by the Social Prescribing Network: a healthcare professional making a referral to a link worker; a link worker then developing a support plan, which is a personal prescription for the individual; which will then refer people into a range of voluntary and community sector activities.
- 4.2 In December 2016, council officers established a project to review social prescribing in Lewisham. The group includes representatives from Lewisham CCG, the council's Public Health team, community connections, and libraries.

- 4.3 The social prescribing review group has already found that there are various models of social prescribing in operation in the borough. Although the review is intending to focus on those activities that fit in with the Social Prescribing Network definition, in particular where there is a link worker in place.
- 4.4 The review is particularly focussing on the mechanism by which social prescribing referrals are made, and how this can operate as effectively as possible.
- 4.5 It is important to think about how best to support those who may be able to navigate the system themselves, by making going online easier, for example, as well as those who may need support over the phone or face-to-face.
- 4.6 The review group is taking into account local and national evidence. While there is a wealth of data on various social prescribing activities, there is much less on the different referral mechanisms in use.
- 4.7 The review will also look into whether there is the necessary infrastructure and capacity in the local voluntary and community sector.
- 4.8 Social prescribing is part of the wider shift towards prevention, early action and enabling people to look after themselves – by finding information or making connections in the local community, for example.
- 4.9 It is not necessarily a medical model. It is about how you support an individual's wider health and wellbeing. Not just their health and care needs, but other issues such as social isolation as well.
- 4.10 It is important to consider how social prescribing fits in with the broader model of community-based care in the borough. Social prescribing is a key part of the four Neighbourhood Care Networks being developed in the borough.
- 4.11 The SAIL (Safe and Independent Living) Lewisham checklist is split into three main sections: health and wellbeing, living conditions, and safety, security and income. SAIL Lewisham has formed partnerships with various organisations in the borough to provide referrals within each of these areas. These range from the fire brigade and the police to the community falls teams and community dieticians.
- 4.12 When SAIL receives a checklist, a coordinator contacts the person to go through and confirm the different referrals they have received. Having just one person helping people to coordinate the various referrals they have received is an important part of the scheme.
- 4.13 SAIL Lewisham is an example of targeted intervention. The partners and referrals on the SAIL checklist all provide services that benefit people over 60.

Many of the referrals are about early intervention and prevention and taking a holistic approach. Community dieticians, for example, as older people can often have a poor diet and malnourishment.

- 4.14 Under the living conditions section of the checklist, SAIL have established a partnership with Advice Lewisham to provide help and advice on housing-related issues such as maintenance and repairs. They help homeowners and private renters as well as those in social housing, and can do home visits if needed.
- 4.15 In Lewisham, a high proportion of SAIL referrals have come from homeowners. In Southwark, a much higher proportion referrals come from social housing tenants.
- 4.16 There are some groups and activities which, although based in Southwark, Lewisham residents are able to use. Some providers work across borders and boroughs.
- 4.17 SAIL has helped with a number of cases involving hoarding.
- 4.18 SAIL is not an emergency service. Coordinators can flag up issues they come across when speaking to people, but at the moment there is a 10-day target for getting in first contact with people.
- 4.19 SAIL Lewisham noted that there is unmet need in the community for various types of support, with many people having to wait longer for their referrals than SAIL would like. SAIL usually aim to refer people on within six weeks.
- 4.20 SAIL Lewisham have identified a gap in activities and referrals for people under 60 as it continues to receive referrals from people in their 40s and 50s.
- 4.21 GPs in particular have difficulty finding support for those over 50 but under 60 – people who are often vulnerable.
- 4.22 People do not necessarily need to be referred through SAIL to access all the support services in the borough. People are free to make connections and find the support they need. SAIL is there to help those who are less likely to be able to do this themselves.
- 4.23 The over 60s age group was chosen to pilot SAIL in Lewisham because older people are more likely to have more than one long-term condition. They are also less likely to have internet access or be familiar with what is available, and more likely to become socially isolated and need help finding support.

- 4.24 Officers pointed out that there are a number of other interventions and activities in the borough that are available to people under 60, such as Nature's Gym and Weight Watchers.
- 4.25 To help maintain its knowledge of the various groups and providers in the borough, SAIL works closely with community connections and the community-development workers in each of the four neighbourhoods.
- 4.26 There is also stakeholder group, which a number of providers are part of. This group is usually refreshed when new questions are included on the checklist or new providers introduced.
- 4.27 Officers also noted that local voluntary and community sector groups are also cross-referring between themselves if they can see that a service or activity would help someone.
- 4.28 Social prescribing features in NHS England's General Practice Forward View. It's been widely reported that around 20% of GP consultations are for non-clinical reasons, and that people need support in other ways.

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

- 4.29 The committee queried how SAIL establishes and maintains relationships with the various providers and agencies in the borough, and how it keeps its list of partners up to date.
- 4.30 The committee noted that the Rotherham social prescribing scheme (discussed in the agenda pack) was targeted at people with long-term conditions, and that this tended to include people in their 40s and 50s.
- 4.31 The committee asked SAIL how far away they were from extending their services to these people in their 40s and 50s with long-term conditions.
- 4.32 The committee noted that in other parts of the country some people have had new boilers installed as part of social prescribing, given the strong correlation between poverty, fuel poverty and poor health.

Resolved: the Committee noted the report.

5. Healthwatch annual report

Folake Segun (Director, Healthwatch Lewisham) introduced the report. The following key points were noted:

- 5.1 Last year, Healthwatch Lewisham spoke to 3,200 residents face to face, compiled 1,400 patient stories, and ran a series of "engagement hubs" in

different locations to encourage people to come and share their stories and experiences.

- 5.2 The dates and locations of the engagement hubs were advertised in advance and more than 600 residents attended, gathering powerful stories about GP, pharmacy and dentist experiences.
- 5.3 Hubs were previously held mostly in clinical locations. They are now held in a wider range of places, such as job centres, for example. Hubs are not necessarily about collecting information about that venue.
- 5.4 Engagement with children and young people also continues – speaking with more than 400 people last year. This included having conversations about sexual health and the support available if a young person is in a crisis.
- 5.5 Healthwatch also published their *See Hear Now* report, which looked at access to health and wellbeing services for those with sensory impairments and learning disabilities.
- 5.6 The report identified a number of themes which run across all communities, such as GP access. But it also identified a need for support to attend appointments and a strong feeling that more disabling awareness training is needed for those on the front line of these services, specifically on engaging with people with these particular disabilities.
- 5.7 Last year was the first year that Healthwatch provided NHS complaints advocacy services, working with more than 100 people to make complaints.
- 5.8 Access to services remained a priority for Healthwatch last year. This included how people engage with pharmacies. Healthwatch visited 10 pharmacies across the borough and were invited to present their findings at a pharmacy training day to help new pharmacists engage better with people who use their services. Their findings were cited by NHS England
- 5.9 Healthwatch continues to build a social media presence with more than 1,000 follows and 8,000 impressions.
- 5.10 Healthwatch worked with this committee on its in-depth review of health and social care integration.
- 5.11 Healthwatch continues to have seats on 18 boards in the borough.
- 5.12 The work of Healthwatch is supported by around 21 Lewisham volunteers, who gave 129 days of their time last year.
- 5.13 Healthwatch recently published a report on their investigation of patient experience of hospital discharge at Lewisham Hospital.

- 5.14 The investigation found that there was generally good dialogue between staff and patients and that the team in the discharge lounge were particularly warm and welcoming.
- 5.15 The investigation also found, however, that there were some internal communications problems between nurses, consultants and doctors.
- 5.16 The investigation found that there were some gaps in communication with families and carers when it came to discharge planning – checking that people had essentials at home for when they arrived, for example.
- 5.17 The report was received by the Trust and an action plan has been put together as a result. The discharge team have also put training in place on how to involve families in the discharge process.

Resolved: the Committee noted the report.

6. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

Resolved: the Committee noted and agreed the work programme.

7. Referrals

There were no referrals.

The meeting ended at 21.00pm

Chair:

Date:
