

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 1 November 2017, 7.00pm

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

Apologies: Councillor Joan Reid.

Also Present: Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People), Cllr Joe Dromey (Cabinet Member for Policy & Performance), David Austin (Head of Corporate Finance), Belinda Regan (Interim Director of Governance and Patient Experience, Lewisham and Greenwich NHS Trust (LGT)), Lee McPhail (Director of Service Delivery, LGT), Diana Braithwaite (Director of Commissioning and Primary Care, Lewisham CCG), Dr David Abraham (Senior Clinical Director, Lewisham CCG), Debbie Marsh (Associate Director, Lewisham CCG), Dr Simon Parton (Chair of Lewisham Medical Council), Dee Carlin (Head of Joint Commissioning), Aileen Buckton (Executive director for community services), Joan Hutton (Head of adult social care), Heather Hughes (Joint Commissioning Lead), Robert Mellors (Group Finance Manager, Community Services), Fiona Kirkman (Whole system model of care, Prevention and Early Action Lead), Danny Ruta (Director of Public Health), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 12 September 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 South London and Maudsley NHS Foundation Trust.
- Councillor Susan Wise is a governor of King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.
- Cllr Bernards is a director of a company working with the South London and Maudsley NHS Foundation Trust.
- Councillor Paul Bell is a member of 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 M&C responses.

4. Lewisham Future Programme

David Austin (Head of Corporate Resources) introduced the report. The following key points were noted:

- 4.1 The council's Medium Term Financial Strategy set a savings target of £22m for 2018/19 and £11m in 2019/20. The current directorate projections for 2017/18 are for an overspend of over £13m, of which £7m relates to previously agreed but as yet unachieved savings.
- 4.2 The Medium Term Financial Strategy anticipates that after 2020 approximately £10m per year of savings will be required. From 2010 to 2020 this will bring the total savings made and required to £193m, of which £160m have been agreed with £153m delivered and £7m in the forecast overspend.
- 4.3 The officer report identifies potential savings proposals of £4.85m – as things stand, if all these savings are achieved, the council's budget for 2018/19 would need to be set using £17.15m of reserves. By not overstating the level of possible savings, this will hopefully give services the time to address overspends and make the planned service changes.
- 4.4 Savings projections remain an estimate pending the Autumn Budget in November and the Local Government Finance Settlement in December.
- 4.5 The council's reserves are made up of different components. There are around £13m of un-earmarked reserves and £149m of earmarked reserves, which cover things such as PFI contracts and self-insurance. The council can, if necessary, revisit earmarked reserves and reprioritise.
- 4.6 The savings proposal identified as of particular relevance to the Healthier Communities Select Committee was saving B4, services economy rental income. The proposed saving of £70k is related to income received from rent received by the supporting people service. The proposed saving is 50% of this income. This service has only recently started generating rental income.
- 4.7 The committee noted that demand on adult social care is only going to increase and that the council will need to do things in a very different way in future.

Resolved: the Committee noted the report.

5. CQC inspection of Lewisham and Greenwich NHS Trust

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

- 5.1 In March 2017, the CQC carried out a comprehensive inspection of Lewisham and Greenwich NHS Trust. The inspection was intended to assess the progress made since the previous comprehensive inspection, in February 2014, when the trust was rated as “requires improvement”.
- 5.2 The overall rating for 2017 was again “requires improvement”. The overall rating for community services in Lewisham, however, was “outstanding”.
- 5.3 There were improvements in the ratings for Lewisham Hospital in ten areas. There were improvements in some areas for Queen Elizabeth Hospital, but some areas of deterioration too.
- 5.4 High priority areas include timeliness in the emergency department, medicines management, and patient monitoring. The trust is also launching a programme to improve end-of-life care.
- 5.5 A collaborative improvement programme has been set up with Lewisham, Greenwich and Bexley.
- 5.6 The CQC found improvement in end-of-life care at Lewisham Hospital, but deterioration at Queen Elizabeth, which was rated as inadequate. The CQC found that staff did not have a good understanding of pathways and were failing to recognise end-of-life patients.
- 5.7 The trust has an end-of-life strategy, but hadn’t worked fast enough in embedding this. The trust is going to revisit this strategy and look at how it delivers training on it. The new trust chair is the non-executive director for the end-of-life care improvement programme.
- 5.8 There are some ongoing risks with end-of-life care as the contracts currently with St Christopher’s Hospice (Lewisham Hospital) and Bexley and Greenwich Community Hospice (Queen Elizabeth) are soon to be negotiated by the relevant CCGs.
- 5.9 Surgery at QE was rated as “inadequate” for safety. The CQC observed poor cleanliness and hand hygiene, and poor medicine storage and management.
- 5.10 The CQC also raised questions about what risks the Trust Board were made aware of. One of the actions the trust is taking on this is to go through each departmental local risk register.

- 5.11 The Trust recruits from, among others, Spain, Portugal and Ireland. Recruiting from the Philippines was the most recent campaign. The Trust also runs a local apprenticeship programme and works closely with schools.
- 5.12 The committee praised the trust for its “outstanding” rating for community services in Lewisham.
- 5.13 The committee expressed concern about the problems with staff competency in MAU (medical admissions unit) and CCU (critical care unit) identified by the CQC and noted that surgery at the QE site needs urgent attention.
- 5.14 The committee noted that there appeared to be a theme with leadership across both LGT sites and queried the degree to which the Trust Board was being held accountable?

Resolved: the Committee noted the report.

6. Lewisham hospital update (systems resilience)

Lee McPhail (Director of Service Delivery, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 6.1 Lewisham and Greenwich NHS Trust’s approach to winter planning this year includes large-scale improvement work focused on the emergency pathway.
- 6.2 The trust has made national bids for money to make changes to the estate around the emergency pathway. The trust received two awards, one for each hospital site, totalling £2m. Work was completed in October 2017 and allowed, among other things, the implementation of the GP streaming model, in order to take pressure of the emergency department.
- 6.3 The trust has also changed the emergency department space at Lewisham Hospital to help with ambulance hand over times.
- 6.4 The trust is making sure that winter demand is reflected in the capital programme and has invested heavily in equipment. It has also continued its flu vaccination programme and established a dedicated ambulatory care unit, in order to keep pressure off the emergency department.
- 6.5 The trust is experiencing exceptionally high levels of activity related to mental ill health. It is working with both Oxleas and SLaM NHS Trusts and has mental health assessment nurses on site.

Resolved: the committee noted the report.

7. Waldron walk-in centre – consultation update

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

- 7.1 The CCG explained that it is reporting on the early findings of its twelve-week consultation on the future of the walk-in centre in New Cross. Overall, 82% of consultation respondents were not supportive of the proposal to close the walk-in centre. The CCG said that it will take at least four weeks to fully analyse consultation responses.
- 7.2 The CCG stressed that no decision has been taken yet about the future of the walk-in centre and that the CCG governing body would not be making a decision at its next meeting.
- 7.3 A number of other key messages emerged from the consultation process: people are not aware of or being offered the GP extended access service; people are concerned about the difficulty in getting through to their GP on the phone; users of the walk-in centre who are not registered with a GP, or whose GP details are unknown, aren't necessarily people who live in the borough.
- 7.4 The CCG is going to look into whether any unregistered patients who do live in the borough are in a vulnerable position. The CCG have also arranged for an officer to be present at the walk-in centre to help people get registered with a GP. The CCG noted that patients registered with a GP are more likely to have better outcomes in the long term.
- 7.5 In response to concerns raised about where people would be able to go for wound dressings, the CCG said that wound dressing is provided through the GP extended access service and that funding will continue for this.
- 7.6 In response to concerns raised about the potential impact on A&E as a result of any changes to the walk-in centre service, the CCG said that there isn't any evidence that walk-in centre closures lead to a major shift to A&E. The CCG said that they'd reviewed national research ([Monitor, 2014](#)) into 20 walk-in centre closures and spoken to colleagues in Lambeth, Southwark and Greenwich about their experiences following similar changes.
- 7.7 The CCG analysed the possible impact on A&E attendance if the walk-in centre did close and, based on the formula from an academic study of similar proposals ([Pinchbeck, 2016](#)), estimated that A&E could see around 4-8 additional patients a day.
- 7.8 Following concerns raised about the primary care needs of the homeless population in New Cross, the CCG held a summit on homelessness with the council and local homelessness agencies. Through this the CCG identified a

gap in primary care services for rough sleepers. The CCG said that they will be developing a service for this population.

- 7.9 Cllr Dromey, ward councillor for New Cross, set out his, fellow ward councillors' and the local MP's concerns around the impact of the closure of the walk-in centre and the consultation process.
- 7.10 Cllr Dromey argued that people are using the walk-in centre not because they are confused about primary care provision but because of the difficulty in getting a GP appointment. He also didn't accept that the majority of users of the walk-in centre are not from Lewisham.
- 7.11 Cllr Dromey expressed particular concern about the impact on A&E waiting times, with research indicating that 5-20% patients who currently use the walk-in centre might go to A&E if it was closed ([Pinchbeck, 2016](#)). He also expressed particular concern about the impact of the closure on the homeless population and undocumented migrants, particularly in the winter.
- 7.12 The committee expressed concern about closing the walk-in centre at a time when many people appear to be confused about the various ways of accessing GP services. The committee suggested that it may be time for the CCG to carry out a publicity campaign on the primary care services which are going to be available.
- 7.13 The CCG agreed to come back to the committee with more detailed analysis of the consultation responses at its next meeting on 6th December 2017.

Resolved: The committee noted the report and agreed that the CCG would come back to its next meeting. The committee also noted the referral from the Overview and Scrutiny Committee and agreed to respond formally in due course.

8. Consultation on daycare meals

Heather Hughes (Joint Commissioning Lead) introduced the report. The following key points were noted:

- 8.1 Officers outlined the proposals, set out in detail in the officer report, to remove the subsidy for meals at three daycare centres. This was a savings proposal from 2015. Consultation on it has been delayed to prevent confusion with a number of other recent consultations.
- 8.2 Following consultation on the proposal to remove the subsidy for meals at three daycare centres, officers are recommending to Mayor and Cabinet that the subsidy is removed and that full cost recovery for meals will apply. Officers are also recommending, however, in recognition of the concerns raised, that the subsidy is extended for one month, until 31st January 2018.

- 8.3 Officers will monitor the level of hot meal take-up to see if fewer people are choosing to have a hot meal, but said that they didn't get the sense during the consultation that this was the intention of many people.
- 8.4 Officers will work to identify people who live on their own, who may not get a hot meal in the evening with friends or family. Officers noted that most users of the Ladywell daycare centre do not live on their own.
- 8.5 The committee expressed concern that the changes may lead to some people no longer choosing to have a hot meal.

Resolved: the committee noted the report.

9. Adult social care charging framework

Joan Hutton (Head of Adult Social Care) introduced the report. The following key points were noted:

- 9.1 The officer report included in the agenda sets out plans to consult on the adult social care charging and financial assessment framework. There are no planned changes to the existing framework, the proposal is to bring together a range of policies into one framework.
- 9.2 Officers are planning to meet with the Lewisham People's Parliament and a range of other organisations.
- 9.3 Officers will return to the committee once the consultation is complete.
- 9.4 The committee noted that officers should be careful not to be too focused on older people in this consultation as there are a significant number of younger adults with social care needs to be considered too.

Resolved: the committee noted the report.

10. Changes to the Linkline Community Alarm Service

Fiona Kirkman (Whole system model of care, Prevention and Early Action Lead) introduced the report. The following key points were noted:

- 10.1 The officer report included in the agenda sets out plans to consult on changes to the Linkline Community Alarm Service.
- 10.2 There are four main areas of consultation: changing the service offer from a "telephone on" service to a "full visiting service"; changing charging arrangements for people who have Linkline in their own home in the community; plans to further consult on the charging arrangements for social housing tenants; and the proposal for annual charge increases in line with inflation

across all sectors. Officers also intend to work with Lewisham CCG to review the service offer for people with dementia.

10.3 Officers hope that the consultation and review will lead to better fairness among Linkline customers.

10.4 Officers looked into the possibility of Lewisham Homes taking over this services a number of years ago, but it didn't appear to be cost effective.

Resolved: the committee noted the report.

11. Public health annual report

Dr Danny Ruta (Director of Public Health) introduced the report. The following key points were noted:

11.1 The topic of this year's public health annual report is mental wellbeing and mental ill health. The report's content will be aimed towards the public in order to raise awareness of mental ill health in the borough and the support available.

11.2 The report itself is going to take the form of an interactive website with case studies, infographics and videos across a number of different sections, including a section on what people can do to keep themselves mentally well.

11.3 The committee commented that it was important to publish the detailed public health data as well as the interactive website.

Resolved: the committee noted the report.

12. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

Resolved: the Committee noted and agreed the work programme.

13. Referrals

There were no referrals.

The meeting ended at 22.21pm

Chair:

Date:
