

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 7 February 2018, 7.30pm

Present: Councillors John Muldoon (Chair), Joan Reid, Sue Hordijkenko, Colin Elliot, Olurotimi Ogunbadewa, Stella Jeffrey and Jacq Paschoud.

Apologies: Councillors Susan Wise (Vice Chair), Paul Bell and Peter Bernards.

Also Present: Paula Eaton (Inspection Manager, London, CQC), Vanessa Smith (Lead Director for Lewisham, SLaM), Helen Kelsall (Deputy Director Nursing and Quality, SLaM), Elaine Rumble (Deputy Director Nursing and Quality, SLaM), Rose Hombo (Head of Nursing, SLaM), Diana Braithwaite (Director of Commissioning & Primary Care, Lewisham CCG), Marc Rowlands (Chair, Lewisham CCG), Simon Parton (Chair, Lewisham Local Medical Committee), Cllr Joe Dromey (Cabinet Member for Policy and Performance), Cllr Brenda Dacres (New Cross ward councillor), Fiona Kirkman (Prevention and Early Intervention Lead, Whole System Model of Care), Joan Hutton (Head of Adult Social Care), Ralph Wilkinson (Head of Public Services), Robert Mellors (Group Finance Manager, Community Services), Aileen Buckton (Executive Director, Community Services), Dee Carlin (Head of Joint Commissioning), Nigel Bowness (Healthwatch), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 6 December 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 Jacq Paschoud has a family member in receipt of a package of adult social care.
- Councillor Colin Elliot is a Council appointee to the Lewisham Disability Coalition.

3. Responses from Mayor and Cabinet

There were no Mayor and Cabinet responses.

4. Social prescribing review – draft report

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

- 4.1 On draft recommendation 8, the committee noted that not all organisations are able to afford to pay for their own link worker and that link arrangements should be appropriate to the scale and nature of the organisation.

- 4.2 Officers noted that Community Connections, which signposts people, also supports smaller organisations to change to be able to accept social prescribing referrals, therefore expanding the social prescribing offer available to residents.
- 4.3 On draft recommendation 8, the committee agreed to replace “organisations set up to signpost” with “organisations which signpost” and to delete the word "simply".
- 4.4 The committee considered whether social prescribing could be embedded within Lewisham CCG's commissioning intentions so that organisations that wish to be providers would have to have their own social prescribing offer or take part in the council's offer.
- 4.5 On draft recommendation 4, the committee agreed to include "men's groups" as one of the groups to pay particular attention to when addressing gaps in social prescribing activities.

Resolved: the committee agreed the draft report and recommendations, subject to the amendments noted in the minutes, and resolved to refer them to Mayor and Cabinet at the earliest opportunity.

The full list of agreed recommendations is set out below:

Section: Community and voluntary-sector organisations

1. *Given the importance of those involved in social prescribing, both prescribers and providers, building a better understanding of the usefulness and effectiveness of different referrals and interventions for different people and different needs, the committee recommends that following up on referrals and gathering feedback from all parties becomes a compulsory part of the Community Connections referral process. This would allow GPs and other organisations better understand each referral and better target social prescribing interventions.*

Section: Evidence of effectiveness

2. *The committee notes that there is evidence of the effectiveness of social prescribing interventions in the borough. However, given that there is still a significant lack of a coherent body of evidence, generally and locally, the committee recommends that officers look into ways of building a more comprehensive database of evidence and feedback. This should include statistical analysis of wellbeing outcomes where available, but it should also include patient-reported feedback and case studies.*
3. *In order to build a more comprehensive database of statistical data the committee also recommends that officers look into the possibility of drawing up a set of clear outcome measures for social prescribing interventions, which could be reported on and shared with health and care partners, particularly GPs and services users. The committee suggests that it may be helpful to link this information to the Lewisham health and social care directory of services so that prescribers, providers and service users can view it when searching for services.*

Section: Gaps in provision and awareness

4. *Given the evidence the committee has received on the loneliness rates among people with learning disability and the rates of mental ill health among young adults, and the long-term health impacts of these, the committee recommends that Lewisham health and care partners pay particular attention to addressing the gaps in support for young adults with learning disability, men's groups and those experiencing mental ill health.*
5. *There is evidence that existing services in the borough need more support with capacity building, and the committee recommends that Lewisham health and care partners continue to help with this, but the committee also recommends that officers also explore appropriate opportunities to work with national and neighbouring borough services.*
6. *Given that lack of awareness and knowledge of social prescribing among GPs appears to be acting as a barrier to its wider use, the committee recommends that Lewisham health and care partners focus on raising awareness of social prescribing, including evidence of effectiveness, among GPs and the wider clinical community as a priority.*
7. *One measure that should be further explored is locating more social prescribing representatives in key GP practices. Without high levels of awareness among the GP community, people will miss opportunities to access activities and support which could help them. And without high levels of awareness and use by GPs, officers will be unable to accurately assess local gaps and the effectiveness of particular interventions.*
8. *The committee also notes the concern that organisations which signpost people can end up adding an extra step to the patient's journey and recommends that Lewisham health and care partners ensure that any social prescribing mechanism developed is as quick and easy-to-use as possible, for both prescribers and service users.*

5. Adult safeguarding annual report

The Chair informed the committee that this item would be postponed until the next meeting.

6. CQC update on care homes

Paula Eaton (Inspection Manager, CQC) introduced the report. The following key points were noted:

- 6.1 The Care Quality Commission (CQC) ratings data for adult social care in Lewisham is positive. There are no services rated as "inadequate" and the CQC is working closely with those services rated as "requires improvement". The CQC is also working closely with the council to drive improvement.
- 6.2 The categories in which the CQC often identifies concerns are "safe" and "well-led". The "safe" category is wide ranging and can be challenging with resource constraints. The CQC has also found that leadership has a significant impact on a service's rating.
- 6.3 The committee asked the CQC what it is doing to check the financial stability of providers.

- 6.4 The CQC explained that they closely monitor any indicators of financial issues, such as staff not being paid, for example. The CQC also now have a national Market Oversight Team in place to oversee larger providers and are working more closely with councils to identify and address any areas of concern more quickly – individual inspection teams continue to monitor smaller providers. As well as providers in Lewisham, Lewisham council also monitors providers outside of Lewisham which are used by Lewisham residents.
- 6.5 The CQC does not currently have any pressing concerns about the financial stability of providers in Lewisham.

Resolved: the committee noted the update.

7. CQC inspections of SLaM

Vanessa Smith (Lewisham Lead Director, SLaM) introduced the report. The following key points were noted:

- 7.1 Following the re-inspection of a number of services in 2017, SLaM's overall CQC rating remained as "good". Community services for working age adults was rated as "requires improvement". Inpatient services for working age adults was also rated as "requires improvement". Inpatient services for older adults was rated as "good". SLaM has agreed on the areas of improvement and action plans for each service area.
- 7.2 The committee expressed concern that the CQC rating for the safety of each service was "requires improvement".
- 7.3 SLaM explained that the CQC rating for safety covers a wide range of areas from medicine management to staff recruitment and retention. SLaM explained that the CQC noted areas of improvement during the re-inspection and that they agreed detailed action plans to improve the safety rating for these services.
- 7.4 The committee asked SLaM what are the barriers to achieving and maintaining improvements in its safety and overall rating.
- 7.5 SLaM noted that a particular challenge for a number of service areas is the older estate in which they are based. For some service areas it's also the number of beds they have and flow to discharge. Another particular challenge to achieving improvements in safety is the recruitment and retention of staff. A number of posts are currently filled by agency staff.

Resolved: the committee noted the report.

8. The future of the NHS walk-in centre

Diana Braithwaite (Director of Commissioning & Primary Care, Lewisham CCG), Marc Rowlands (Chair, Lewisham CCG), and Simon Parton (Chair, Lewisham Local Medical Committee) introduced the report. The following key points were noted:

- 8.1 The CCG told the committee that it had been a difficult decision to close the New Cross walk-in centre, which they had only taken after considering all the information they could.
- 8.2 The CCG does not believe that the walk-in centre gave the best healthcare to the residents of Lewisham. The walk-in model is not the model the CCG are looking for. The CCG want patients to be registered so that doctors have access to their records during consultations.
- 8.3 CCG officers explained that users of the walk-in centre would be able to use the Lewisham GP extended access provision, which offers GP appointments 8am-8pm seven days a week.
- 8.4 The CCG carried out a comprehensive 12-week consultation and has considered and responded to all the alternatives proposed.
- 8.5 There were a number of concerns highlighted during the consultation, including the impact on A&E waiting times and vulnerable sections of the local community, such as rough sleepers and undocumented migrants.
- 8.6 The CCG believe that the impact on A&E waiting times at Lewisham Hospital will be minimal, but said that it will continue to monitor activity. The CCG received a letter from Lewisham and Greenwich Trust stating that the walk-in centre closure would have minimal impact.
- 8.7 The CCG are in the process of developing a new service for rough sleepers, which will be piloted for 18 months from April. This will include a walk-in service at the Waldron and outreach work. The CCG will also have someone at the walk-in centre to help people who are not yet registered with a GP get registered, including undocumented migrants.
- 8.8 The Chair of the Lewisham Local Medical Committee (LMC) noted that the CCG's consultation on the future of the walk-in centre had been appropriate, with a good level of engagement with vulnerable groups such as rough sleepers.
- 8.9 The committee asked about the methodology the CCG used to conclude that closing the walk-in centre would be mitigated by access to GP extended hours provision.

- 8.10 The CCG noted that during pre-consultation people said that the key reason they used walk-in centre was because they were not able to book a GP appointment and that most people said that they would use a bookable appointment if they could get one.
- 8.11 New Cross ward councillors addressed the committee and acknowledged that the CCG's consultation on the walk-in centre was comprehensive, but expressed concerned that it was being closed despite 82% of consultation respondents being opposed to this.
- 8.12 They also noted that Lewisham and Greenwich Trust was experiencing its worst A&E waiting times on record and stressed the importance of monitoring the impact of closing the walk-in centre on the numbers of visitors to A&E.
- 8.13 New Cross ward councillors also noted that New Cross and Deptford are some of the most deprived areas of Lewisham and asked if the CCG would consider a satellite walk-in service at the Waldron in New Cross if alternative services were found to be falling short.
- 8.14 The CCG agreed to report back to committee on how it manages and monitors the transition period following the closure of the walk-in centre. The CCG noted that the GP extended access services is under-utilised and that they would be able to increase the number of appointments available if necessary.
- 8.15 A member of the committee raised a procedural motion to proceed to the next business on the agenda. The motion was seconded by another member of the committee and the Chair called for a vote. Four members of the committee voted in favour of the motion and two members of the committee voted against the motion. The committee proceeded to the next item on the agenda.

Resolved: the committee noted the report.

9. Linkline community alarm service

Fiona Kirkman (Prevention and Early Intervention Lead, Whole System Model of Care) introduced the report. The following key points were noted:

- 9.1 Officers presented the report on the outcome on the consultation on the proposed changes to the Linkline Community Alarm Service.
- 9.2 Overall, Linkline customers were supportive of the proposals to change the service model and to revise the charges to bring them in line with inflation and other service costs.
- 9.3 Although more people agreed rather than disagreed to increasing the charge, people expressed general concern about affordability and the level of the

increase. The service will monitor to see if any customers stop having the service as a result of the price increase.

- 9.4 After considering the feedback from the consultation it is proposed that there will be a price increase but that this will be less than the amount that was proposed in the consultation.
- 9.5 The committee said that it hoped that new customers who wanted to receive a telephone only service would be made aware of alternative providers of this type of service.
- 9.6 The committee asked about the support in place for telephone-only customers who do not speak English or have other communication difficulties. Officers said that this is currently addressed by identifying a local relative or friend who is able to support communication between the customer and Linkline staff.

Resolved: the committee noted the report.

10. Adult social care charging framework

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

- 10.1 Officers introduced the Adult Social Care Charging and Financial Assessment Framework, as informed by recent consultation.
- 10.2 Officers explained that the framework document is a consolidation of current policy and practice in relation to adult social care charging and financial assessment into one comprehensive framework document. It proposes no changes to the existing policy and practice.
- 10.3 Officers acknowledged that the framework is a long document, but explained that it is good practice to have a single overarching document and a series of more accessible documents for the public on specific areas.
- 10.4 The consultation received limited feedback from members of the public but lots of feedback from organisations representing and supporting different parts of the community.
- 10.5 The committee queried what efforts were made to draw the public's attention to the consultation.
- 10.6 Officers explained that the consultation was publicised on the council's website via surveys and that some voluntary sector groups organised meetings with individuals.
- 10.7 The committee queried whether there was much evidence of avoidance schemes in adult social care charging. Officers explained that there are cases

they investigate where they have concerns that someone is not declaring everything, but that this a minority of cases. Officers reassured the committee that it has access to a wealth of information to check where they have concerns and that their processes are audited.

Resolved: the committee noted the report.

11. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

11.1 The committee requested an update on primary care changes in Grove Park.

Resolved: the committee noted and agreed the work programme.

12. Referrals

Resolved: The committee agreed to refer the final report and recommendations of its in-depth review of social prescribing to Mayor and Cabinet. See item 4 for list of recommendations.

The meeting ended at 22.10pm

Chair:

Date:
