

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

**Tuesday 9 October 2018, 7.00pm**

Present: Councillors John Muldoon (Chair), Coral Howard (Vice Chair), Juliet Campbell, Peter Bernards, Carl Handley, Octavia Holland and Sakina Sheikh.

Apologies: Councillor Sue Hordijkeno.

Also Present: Professor Michael Preston-Shoot (Independent Chair, Lewisham Safeguarding Adults Board), David Austin (Head of Corporate Resources), Aileen Buckton (Executive Director for Community Services), Dee Carlin (Head of Joint Commissioning), Robert Mellors (Group Finance Manager, Community Services), Diana Braithwaite (Director of Commissioning & Primary Care, Lewisham CCG), Nigel Bowness (Healthwatch), Georgina Nunney (Principal Lawyer) and John Bardens (Scrutiny Manager).

## **1. Minutes of the meeting held on 4 September 2018**

*Resolved: the minutes of the last meeting were agreed as a true record.*

## **2. Declarations of interest**

The following non-prejudicial interests were declared:

- Cllr John Muldoon is a day patient at Guy's and St Thomas' NHS Foundation Trust (in relation to item 7).

## **3. Adult safeguarding annual report**

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

- 3.1 The Lewisham Safeguarding Adults Board (LSAB) is well established. It is well supported by the council, the police and the Lewisham CCG, and has good engagement from third-sector organisations. It has good budget contributions from the council and the CCG as well as contributions from the two local NHS trusts. There are no current concerns about the health of the LSAB.
- 3.2 The LSAB has completed two safeguarding reviews – a third is in progress. One potential concern is that all the reviews have related to men of African/Caribbean origin, and two have related to mental health.
- 3.2 People who may have previously relied on lower-level support are increasingly finding that it is no longer available and as a result are increasingly at risk of experiencing significant harm, which eventually comes to the notice of the

council. This means that many referrals are demonstrating increased acuity and complexity. This trend is expected to continue.

The committee asked a number of questions. The following key points were noted:

- 3.3 The committee queried whether there is enough training on adult safeguarding for councillors and council staff.
- 3.4 Adult safeguarding training has been provided for councillors and can be repeated annually, or more frequently if required. Safeguarding training for council staff is monitored alongside training for police and health staff. Council staff have received the required level of safeguarding training.
- 3.6 The committee asked about the level of awareness of safeguarding issues among the wider public.
- 3.7 Awareness of safeguarding among the wider public is variable. This is why the LSAB is holding an awareness raising conference in November aimed at the third sector. The LSAB has also run faith-based training which resulted in the appointment of adult safeguarding champions in faith groups in Lewisham.
- 3.8 The committee expressed concern about the operation of unregulated providers.
- 3.9 The LSAB knows where most of the unregulated providers are and the council (with its partners) is using its statutory powers to address this issue. Unregulated providers are an area of concern across London and elsewhere in England. The Chair of the LSAB suggested that the Department of Health and Social Care should consider extended regulation in the hope of raising standards in the sector.

*Resolved: the committee thanked the chair of the LSAB and noted the report.*

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

Cllr Muldoon (Chair) informed the committee of the following responses to referrals from the committee:

- 4.1 Lewisham and Greenwich NHS Trust provided their communications plan on the changes to the opening hours of sexual health services in the borough. This is in response to the committee's referral at its meeting on 27th June.
- 4.2 At its meeting on 20th September, Mayor and Cabinet resolved to circulate the Lewisham Healthwatch annual report to all cabinet members. This is in response to the committee's referral at its meeting on 4th September.

*Resolved: the committee noted the responses.*

## 5. Budget cuts

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

- 5.1 The council's Medium Term Financial Strategy identified the need for continued cuts to be made to the council's budget over the coming four years.
- 5.2 This report sets out £21m of cuts proposals against the target of £30m cuts in the two years to 2020/21 - £17m in 2019/20 and £13m in 2020/21.
- 5.3 The proposals are aligned to the 10 corporate objectives and Lewisham 2020 strategy.
- 5.4 Officers will be developing and returning with further cuts proposals for the second year (2020/21).

Aileen Buckton (Executive Director for Community Services) introduced budget cut proposal **COM1**: *Managing demand at the point of access to adult social care services*. The following key points were noted:

- 5.5 In order to manage increasing demands on adult social care services, officers are working towards a preventative approach focussed on identifying people who may need support in the future earlier, and working with individuals and organisations in the community to provide support which could delay the need for a formal package of adult social care services.
- 5.6 Social workers will look at an individual's strengths, what they can do for themselves, and what other organisations and people, including relatives, in their community may be able to do, in order to make the best use of the available support and make the best use of the social care resources there are.
- 5.7 COM 1 is part of the Council's work to manage increasing demands on adult social care.
- 5.8 National guidelines suggest that local authorities should not spend more than 15% of their adult social care budget on care packages of 10 hours or less, as this level of care can often be accessed by other means and by ensuring that correct levels of benefits are in place.
- 5.9 Lewisham currently spends 15.5% of its adult social care budget on packages of 10 hours or less. To reduce this the council will look at what else it might be able to do for this group of residents and whether there is other support in the community which can be utilised.

- 5.10 Officers do not expect a large increase in complaints as social workers will be working closely with individuals and their families to reach agreement.
- 5.11 The eligibility criteria for adult social care services are national criteria set out in the *Care Act* and are not expected to change.
- 5.12 In complex cases benefits advice will be available from advice services in the voluntary sector.
- 5.13 The people who would be affected by this proposal are by and large younger and likely to be able to gain a level of independence.
- 5.14 If someone has very complex needs they will be provided with the appropriate support.
- 5.15 A panel of senior managers will have oversight of all care package reviews and care packages will be reviewed carefully in line with what is feasible.
- 5.16 It is also important to think about the needs of carers and do a separate assessment for any services they require.
- 5.17 The principal social worker is developing training for all social workers on how to talk to residents and their family members about what they are able to do themselves and what other support is available which they may wish to access.
- 5.18 The council has in recent years developed the *Community Connections* service to work with organisation from the voluntary and community sector to help them grow their services and be more accessible.
- 5.19 As part of the quality assurance process, regular audits of individual care plans will be carried out to ensure that social workers are taking the same asset-based approach and that there is consistency.
- 5.20 Officers are confident that the proposed cut can be achieved.

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

- 5.21 Given that more people will be expected to access support from the voluntary and community sector, the committee queried whether an assessment has been carried out to ensure that the additional capacity is available.
- 5.22 The committee expressed concern that the proposal would lead to more pressure being put onto friends and family.
- 5.23 In cases where a small package of care is crucial to an individual and their family, the committee noted that there is a danger of support not being

accessed if family members are expected to take on responsibility for arranging other services.

- 5.24 The committee also queried whether the identified risk of an increase in complaints could lead to an additional cost to the council.

Aileen Buckton (Executive Director for Community Services) introduced budget cut proposal **COM2**: *Ensuring support plans optimise value for money*. The following key points were noted:

- 5.25 Like COM 1 this proposal is part of the council's work to manage increasing demands on adult social care.
- 5.26 As part of this proposal, all newly allocated cases will be based on medium-term goals to support people, where possible, to regain some independence and need less care.
- 5.27 There is a requirement to visit and reassess a care package annually, but for some people it might be appropriate to go back more frequently in order to adjust their package.
- 5.28 The proposal also includes an action to complete *Continuing Healthcare* decisions within national guidelines on timeframes so that the council does not continue funding care which should be funded by the NHS.
- 5.29 The council is also proposing to work proactively with the care market to purchase more personalised provision and fewer block contracts to meet people's individual needs. There is a wide range of care providers in Lewisham, across different categories.
- 5.30 There is not a significant number of social worker vacancies in Lewisham. There are, however, some occupational therapist (OT) vacancies. There is a currently a shortage of OTs. While recruitment of social workers isn't a problem, retention of social workers is an issue for all London boroughs.
- 5.31 Officers are confident that they have the workforce, social work staff and commissioners, to support this proposal.
- 5.32 Emergency reassessments are available (24 hours a day, seven days a week) if someone's circumstances and needs change very quickly, and this is not going to change.

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

- 5.33 The committee queried whether the adult social care workforce has the capacity to deal with an increased number of assessments, in particular in those cases where people's circumstances and needs change very quickly.

- 5.34 The committee expressed some concern about the impact of funding reductions for voluntary sector partners at a time when the council is expecting them to provide more support.

Aileen Buckton (Executive Director for Community Services) introduced budget cut proposal **COM3**: *Increase revenue from charging adult social care clients*. The following key points were noted:

- 5.35 This proposal is focused on increasing revenue by ensuring that the council receives the charges for adult social care that it is owed and that it does not overpay providers.
- 5.36 As part of this proposal the council is introducing automated systems to provide more accurate billing and invoice processing. This will also allow charges to be adjusted more quickly when people's care needs change.
- 5.37 This may lead to some undercharging being identified. In such cases social workers will meet with people face to face to explain and discuss.
- 5.38 If people need advice about benefits they may be entitled to, in order to maximise their income, social workers can signpost to independent advice agencies.

Aileen Buckton (Executive Director for Community Services) introduced budget cut proposal **COM4**: *Reduce costs for learning disability and transitions*. The following key points were noted:

- 5.39 This proposal is focused on reducing the costs associated with the transition from children's to adult social care services for those with learning disability.
- 5.40 The council is in the process of establishing a new transition service which works with young people from an earlier age in order to become more independent and develop packages of support at a reduced cost.
- 5.41 Work needs to be done to develop the market in Lewisham and redevelop some of the educational and employment opportunities for young adults with learning disability so that they are able to stay in the borough.
- 5.42 Most supported living accommodation for people with learning disability is within the borough. There are currently 125 units in the borough from a range of providers.

*The Chair proposed to suspend standing orders to continue the meeting. The Select Committee agreed to suspend standing orders.*

Aileen Buckton (Executive Director for Community Services) introduced budget cut proposal **COM5**: *Increase focus of personalisation*. The following key points were noted:

- 5.43 This proposal is based on increasing the availability of two existing schemes: Personal Assistants and the Shared Lives service.
- 5.44 Personal Assistants are more prevalent among younger disabled adults. Arrangements need to be put in place, however, for occasions when a Personal Assistant may be unwell, for example.
- 5.45 The council is looking into the potential of developing training for domiciliary workers which would allow them to progress their career into the health or care market.

Dee Carlin (Head of Joint Commissioning) introduced budget cut proposal **COM6**: *Reduction in mental health residential care costs*. The following key points were noted:

- 5.46 This proposal is focused on reducing the costs of mental health residential care. It does not involve a reduction of care.
- 5.47 The council is working with providers to change the model of care of some of the existing residential providers from a Residential Care model to a Supported Living model.
- 5.48 This would allow service users to maximise housing benefit uptake to reduce costs to the adult social care budget.
- 5.49 Care would still be provided by the care provider, which will still be registered with the CQC.
- 5.50 Those who are assessed as requiring residential care will still have access to this.

Dee Carlin (Head of Joint Commissioning) introduced budget cut proposal **COM7**: *Reduction in adult social care contribution to mental health integrated community services*. The following key points were noted:

- 5.51 This proposal is focused on reducing management costs and overheads by integrating the stand-alone Social Inclusion and Referral Service (SIRS) within the rest of the mental health pathway. This has the potential to enhance services user care.

*Resolved: the committee agreed to note budget cuts proposals COM 3 to COM 7 and refer its views on COM 1 and COM 2 to the Public Accounts Committee in the following terms:*

*The committee notes the greater demand on voluntary and community sector (VCS) organisations which would result from the proposals in COM 1 and COM 2 and expresses concern about the impact of funding reductions for VCS partners (as set out in COM 12) at a time when they are being expected to do more. Given this, the committee requests that Mayor and Cabinet does not decide to make these budget cuts until it has carried out and considered an assessment of the extent to which VCS organisations will be able to meet the increased demand as a result of the proposals in COM 1 and 2.*

## **6. Improving access to and provision of primary care**

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

- 6.1 This report provides the committee with an update on the CCG's management of the transition process following the closure of the New Cross walk-in centre.
- 6.2 In February 2018 the committee expressed concerns about the impact on A&E services and vulnerable groups, such as undocumented migrants and rough sleepers.
- 6.3 The CCG has been closely monitoring A&E activity and is confident that there has not been a surge in activity as a result of the closure. Officers referred the committee to graph on page 5 of the agenda.
- 6.4 The CCG established two new services for rough sleepers to provide access to primary care. However, the number of people using the services has been low.

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

- 6.5 The committee queried whether there had been an increase in demand at the GP Extended Access service.
- 6.6 The CCG has re-launched the GP Extended Access service and targeted promotion at the north of the borough, around the area that the walk-in centre was based. There has been an increase in usage since the walk-in centre was closed, but there has also been an increase in the number of available appointments.

*Resolved: The committee noted the report.*

**7. Information item: Pathology services**

*Resolved: the committee noted the report.*

**8. Information item: Blue Badge applications**

*Resolved: the committee noted the report.*

**9. Select Committee work programme**

John Bardens (Scrutiny Manager) introduced the work programme.

- 9.1 The Scrutiny Manager informed that committee that officers had agreed to postpone the item on the work programme on Leisure Centre Contracts until the January meeting as the agenda for the committee’s December meeting is already very busy.

*Resolved: the Committee agreed the work programme.*

**10. Referrals**

Resolved: the committee agreed to refer its views on item 5, Budget Cuts, specifically proposals COM 1 and COM 2, to the Public Accounts Committee in the following terms:

*The committee notes the greater demand on voluntary and community sector (VCS) organisations which would result from the proposals in COM 1 and COM 2 and expresses concern about the impact of funding reductions for VCS partners (as set out in COM 12) at a time when they are being expected to do more. Given this, the committee requests that Mayor and Cabinet does not decide to make these budget cuts until it has carried out and considered an assessment of the extent to which VCS organisations will be able to meet the increased demand as a result of the proposals in COM 1 and 2.*

The meeting ended at 22.10pm

Chair:

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Date:

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