

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 16 January 2019, 7.30pm

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

Also Present: Damien Egan (Mayor), Ben Travis (Chief Executive, Lewisham and Greenwich NHS Trust), Dr Ranga Rao (Clinical Director, South London and Maudsley NHS Foundation Trust), Dr Danny Ruta (Director of Public Health), Catherine Mbema (Acting Consultant in Public Health), Aileen Buckton (Executive Director for Community Services), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 3 December 2018

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

2. Declarations of interest

The following non-prejudicial interest was declared:

- Cllr Peter Bernards has a business which works with the South London and Maudsley NHS Foundation Trust (in relation to item 7).

3. Responses from Mayor and Cabinet

- 3.1 It was noted that, while a formal response to the committee's referral from its last meeting on the health visiting elements of the public health grant cuts will be received in due course, it was agreed at Mayor and Cabinet on 12th December 2018 that the proposed cut to the health visiting service would be paused with a further report on public health cuts to be considered in 2019.

Resolved: the committee noted the update.

5. Bullying and harassment at Lewisham and Greenwich NHS Trust

Ben Travis (Chief Executive, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 5.1 Figures from the 2017 Lewisham and Greenwich NHS Trust (LGT) staff survey showed that 29% of staff felt that they had been bullied or harassed in the previous 12 months.
- 5.2 LGT also carried out a Leadership Capacity Review which found that it is felt in the organisation that there is an issue with bullying and harassment at a senior level.

- 5.3 LGT subsequently commissioned an external review of bullying and harassment at the trust.
- 5.4 The review focused on those who have been involved in cases of bullying and harassment and is not therefore a representative sample of all colleagues in the trust.
- 5.5 The final report is based on conversations between the investigator and around 75 colleagues.
- 5.6 The principle findings of the review included: while bullying at LGT is not institutionalised, it is widespread and evident in all divisions; there is a sense from staff that this behaviour has been known about and condoned; investigations into cases of bullying has been sub-standard; there are still individuals within the organisation whose behaviour needs to be addressed.
- 5.7 An independent oversight panel is being established to hold the board to account on the review, which will communicate with stakeholders after every meeting to update on progress.

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

- 5.8 The LGT has mechanisms in place to pick up on cases of bullying and harassment, including anonymous reporting systems, but they are not being used to the extent that they should be. A lot of bullying and harassment cases are not formally reported anywhere.
- 5.9 One of the recommendations of the review was to re-energise exit interviews and ensure that they are consistently offered.
- 5.10 The trust will be agreeing with staff some clear objective criteria on behaviour and establishing a charter between the organisation and its employees, setting out what to expect from managers and what the trust expects in return. It will also be commissioning mandatory training for all leaders.
- 5.11 The trust's Equality, Diversity and Inclusion network and Staff-Side Committee were involved before the review was commissioned and throughout the process.

Resolved: the committee praised the trust for commissioning the review and recommended making the final report clear and accessible for staff with clear action points on what is going to done.

4. Delivery of the Lewisham Health and Wellbeing Priorities

Damian Egan (Mayor) introduced the report. The following key points were noted:

- 4.1 Life expectancy continues to increase across the borough for men and women, but there are still significant variations by ward.
- 4.2 The Health and Wellbeing Board is currently focusing on BAME health inequalities and has suggested that Lewisham CCG and Lewisham and Greenwich NHS Trust jointly fund a project with the Stephen Lawrence foundation. A BAME mental health summit was also recently held.
- 4.3 Premature deaths from heart disease have decreased in line with the rest of England, but there is no data on heart disease deaths by ethnicity in Lewisham.
- 4.4 The British Heart Foundation has found that stroke rates are highest in people of black ethnicity; that coronary heart disease rates are highest in south Asian populations; and that black, Caribbean, Indian, Pakistani and Bangladesh men have considerably higher prevalence of diabetes than the general population.
- 4.5 Uptake of cancer screening in the borough continues to be a concern. Rates are stable but fall significantly below national averages and target levels.
- 4.6 The revised contract between the CCG and GP practices requires GPs to increase screening rates for cervical cancer and to directly follow up on non-responders to bowel cancer screening invitations.
- 4.7 Flu immunisation uptake is stable but still below the national average and target levels.
- 4.8 The number of people smoking continues to decrease and is currently in line with London and England averages.
- 4.9 Chlamydia diagnoses have decreased but are still above the national average.
- 4.10 People presenting with HIV at late stage infection has increased but remains in line with the national average.
- 4.11 Lewisham has a relatively low proportion of eligible young women who are on Long-acting reversible contraception (LARC). Prescribing in general practice is very low compared to other boroughs. 40% of abortions in Lewisham are repeat abortions. LARC is a priority focus for the new Lambeth, Southwark and Lewisham sexual health strategy for 2019-24.

Resolved: the committee noted the report and suggested that LARC uptake is something that the committee could revisit at a future meeting.

6. Lewisham, Southwark and Lambeth Sexual Health Strategy 2019-24

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

- 6.1 There is a general downward trend in new diagnosis of STIs in Lambeth, Southwark and Lewisham (LSL), with the exception of gonorrhoea and syphilis (which most affect men who have sex with men (MSM)).
- 6.2 Alongside Lambeth and Southwark, Lewisham has the highest HIV rates in the country.
- 6.3 PrEP (pre-exposure prophylaxis), a drug taken by HIV-negative people before sex that reduces the risk of getting HIV, is still under national trial in England.
- 6.4 The joint Lambeth, Southwark and Lewisham sexual health strategy for 2019-24 is focused on four key areas: Healthy and fulfilling sexual relationships; Good reproductive health across the life course; High quality and innovative STI testing and treatment; Living well with HIV.
- 6.5 Protests at abortion clinics are monitored very closely. There has not been a high prevalence of demonstrations in recent months. Clinics have agreed to contact the council immediately if they notice any protest activity. Women are also asked if they have been harassed, which is also reported back to the council.
- 6.6 Pharmacy contracts are being changed so that they carry out structured consultations with women who ask for the morning-after pill in order to encourage them to start contraception.
- 6.7 Pharmacies will be able to prescribe up to a year's supply of contraception and directly book appointments at sexual health clinics for long-acting reversible contraception (LARC).
- 6.9 The Chair noted that the committee's Healthwatch representative, who sent his apologies for the meeting, had contacted the committee beforehand with a query about how well the strategy addresses the needs of homeless people, people with physical disabilities, and people with learning disabilities.
- 6.10 The director of public health agreed to provide a response post meeting.

Resolved: the committee noted the report and welcomed encouraging pharmacists to have structured consultations with women who ask for emergency contraception, but noted that a balance needs to be found so that women are not deterred from asking for contraception.

7. CQC report – South London and Maudsley NHS Foundation Trust

Dr Ranga Rao (Clinical Director, SLaM) introduced the report. The following key points were noted:

- 7.1 The CQC inspected South London and Maudsley NHS Foundation Trust (SLaM) in September 2018.
- 7.2 SLaM provides mental health services in Lewisham, Lambeth, Southwark and Croydon.
- 7.3 The CQC gave SLaM an overall rating of “good”. It noted improvements since its inspection in 2015.
- 7.4 The CQC recognised a number of examples of good practice, including: SLaM’s centralised Place of Safety; its specialist eating disorder services; and its work on new models of care.
- 7.5 The CQC also noted a number of SLaM’s digital innovations, including the piloting of electronic observations and a personal health record to engage patients digitally in their care.
- 7.6 Areas of good practice identified relating to Lewisham included: the ward manager on Powell Ward holding a weekly surgery where patients and their family members could meet to discuss any concerns they had; a ward at the Ladywell Unit had introduced a weekly health and well-being clinic, leading to an increase in patients referred for smoking cessation and gym membership; and staff at the Ladywell Unit receiving specialist training in cognitive behavioural therapy to enable them to provide better support for people with emotionally unstable personality disorders.
- 7.7 The CQC noted variations in standards care in acute wards across SLaM. Aspects of acute wards for adults of working age and psychiatric intensive care units received “inadequate” ratings.
- 7.8 The CQC’s biggest area of concern was bed occupancy. Bed occupancy in an acute mental health ward should be around 85%, but there were some bed occupancy rates of 100%, meaning that patients who were acutely unwell were unable to be admitted.
- 7.9 Following the CQC findings, SLaM has put in place an action plan. They have established a weekly monitoring plan with data tracking each of the areas rates as inadequate. This is monitored by the trust board. They have also established leadership walkabouts for the trust board and executives to spend time in wards speaking to staff to see if things are improving.
- 7.10 SLaM and are expecting the CQC to return in March 2019.

- 7.11 There was not a quality summit following the CQC inspection in September. SLaM expect to do this following the CQC's return in March.

Resolved: the committee noted the presentation and complimented SLaM for the examples of good practice highlighted by the CQC, in particular its centralised place of safety. It also noted, however, that the failure to hold a quality summit following the inspection was a breach of protocol.

8. Annual public health report – sexual health

Dr Catherin Mbema (Consultant in Public Health) introduced the report. The following key points were noted:

- 8.1 Sexual health was chosen as the topic for this year's annual public health report as there are a number of disappointing indicators relating to sexual health. This included repeat abortions and low uptake of long-acting reversible contraception (LARC).
- 8.2 The report is targeted at women between the ages of 15 and 44 in particular. It is in an online micro-site format and includes user experience and expert advice on longer acting forms of contraception.
- 8.3 The site also included links to the public health indicator dashboards.
- 8.4 The Chair noted that the director of public health, Dr Danny Ruta, would soon be retiring and thanked him on behalf of the committee for his contribution to public health in Lewisham.

Resolved: the committee noted the report and agreed to receive a link to the final version of the site once it is launched.

9. Information item: EU exit operational readiness in health and care

- 9.1 The Chair noted that the committee may receive a substantive item at its next meeting depending on developments with EU exit negotiations.

Resolved: the committee noted the report.

10. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

- 9.1 The Scrutiny Manager noted that the work programme item at the next meeting, the final meeting of this municipal year, is a good opportunity for members of the committee to make suggestions about topics for review that the incoming committee could consider in the next municipal year.

Resolved: the committee agreed the work programme.

10. Referrals

There were no referrals to Mayor and Cabinet.

The meeting ended at 21.50pm

Chair:

Date:
