

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Monday 11 February 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: Councillor John Paschoud, Fiona Kirkman (Prevention and Early Intervention Lead, Whole System Model of Care), Gerald Jones (Service Manager, Adult Learning Lewisham), Carmel Langstaff (Portfolio Manager, Whole System Model of Care), Kali Perkins (Lewisham People's Parliament), Martin Stitchman (Lewisham Speaking Up), Aileen Buckton (Executive Director for Community Services), Nigel Bowness (Healthwatch Lewisham), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 16 January 2019

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

2. Declarations of interest

- Cllr John Paschoud declared a non-pecuniary interest (in relation to item 4) as having a close family member with learning disabilities.

3. Responses from Mayor and Cabinet

- 3.1 The Chair updated the committee on developments regarding cuts to the public health grant following the Mayor and Cabinet decision on 12th December to pause the proposed cuts to the health visiting service.
- 3.2 Lewisham and Greenwich NHS Trust has since agreed to take the proposed cut to the health visiting service from the overall health visiting budget without affecting the number of health visitor posts. This will be for one year pending a review of the service as part of the planned strategic early help review.
- 3.3 The Trust is also planning a discussion with the Save Lewisham hospital Campaign on health visitor ratios and the role of the health visitor assistant.
- 3.4 The Chair noted that this information is just an update, not the formal Mayor and Cabinet response to the committee's referral from 3 December.

Resolved: the committee noted the update.

4. Lewisham People's Parliament

Kali Perkins (Lewisham People's Parliament rep) introduced the report. The following key points were noted:

- 4.1 The latest Lewisham People's Parliament on health was held in July 2018. There were also People's Parliaments on hate crime, self-advocacy, and activities, which are all also related to health and wellbeing.
- 4.2 The findings of the Learning Disabilities Mortality Review (LeDeR) report were very worrying. There have been many stories of inhumane treatment of people with autism and learning disabilities. People with learning disabilities die, on average, 15-20 years sooner than the general population.
- 4.3 The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities. It is important that the London Health Board ensures that the LeDeR report is followed up.
- 4.4 Representatives from the Lewisham People's Parliament have met with a wide range of stakeholders over the last year, including local politicians and senior NHS managers. It is important that people with learning disabilities are involved in the NHS long-term plan.
- 4.5 Representatives from the Lewisham People's Parliament met with Lewisham and Greenwich NHS Trust in October 2017 and made five recommendations about what they could do better. The Trust are working out how to implement the recommendations.
- 4.6 It is disappointing that the Government has said that it will take a further 3-4 years to move people with learning disabilities out of long-stay hospitals. The Government said in 2012 that NHS and social care commissioners would support everyone inappropriately placed in hospital to move to community-based support as quickly as possible. The initial deadline was 2014. It is now 2023 at the earliest.
- 4.7 The committee noted that Lewisham has recently lost the single organisation in the borough intended to focus on providing advice and support services for disabled people, the Lewisham Disability Coalition (LDC), and that a large number of the LDC's clients were people with a learning disability.
- 4.8 The committee asked Lewisham Speaking Up and the representative of the Lewisham People's Parliament what sort of advice and support services should be put in place to replace the advocacy and support service previously provided by the LDC.

- 4.9 The Lewisham People's Parliament rep noted the importance of being kept up to date with the right information at the right time about any significant changes to benefits or other support people with learning disabilities rely upon.

Resolved: the committee thanked Kali Perkins for the information presented and agreed to refer its views to Mayor and Cabinet in the following terms:

The committee recognises the importance of advice and support services for people with learning disabilities in Lewisham, as made clear to the committee by representations from Lewisham Speaking Up and the Lewisham People's Parliament, and recommends to Mayor and Cabinet that the advice and support service previously provided by the Lewisham Disability Coalition is adequately replaced within existing grant aid funding.

5. Adult Learning Lewisham

Gerald Jones (Service Manager, Adult Learning Lewisham) introduced the report. The following key points were noted:

- 5.1 The overall achievement rate for learners (those who got to the end of their course and achieved the goals they were aiming for) in 2018 was 91% (of 9,000 enrolments), the same as 2017. 75% of learners were in further education or employment six months after the end of their course.
- 5.2 Funding for skills is set to be devolved to the Greater London Authority (GLA) in 2019. Adult Learning Lewisham (ALL) engagement with the GLA has led to the broadening of the GLA's understanding of skills in their *Skills for Londoners* strategy and framework. The strategy now includes community and social integration, health and wellbeing, and creative and cultural as valued outcomes for adult education.
- 5.3 In the past year ALL has played a significant part in developing a framework that captures the value of adult education through its outcomes. There are three outcome areas that are understood to be of value: integration, inclusion and building communities; health and wellbeing; and employment, vocational skills and further training. ALL has identified a further three areas: creativity and culture; aptitudes, attitudes, and character; and family, parenting, and adult living. ALL is working with the Department for Education to see if this can become a national framework.
- 5.4 ALL learners represent the diversity of the borough well – 62% are from non-white British ethnic groups.
- 5.5 ALL targets its engagement at the areas of highest deprivation in the borough. There is a family learning division which engages parents in classes to build confidence and progress to English and maths qualifications.

- 5.6 80% of ALL learners come from the most deprived areas of the borough. 3% come from the least deprived areas.
- 5.7 ALL has been analysing poverty in Downham specifically and looking at how adult education can help to address systemic suburban poverty and what role adult education has to play in promoting travel confidence in those parts of the suburbs without transport links to work or colleges.
- 5.8 The committee asked about ALL's plans for developing local partnerships to deliver local community objectives particularly given their regular, close contact with residents and potential opportunities for signposting.
- 5.9 In response, ALL gave the example of the South London and Maudsley NHS Foundation Trust (SLaM) delivering its Work Well programme through the Grove Park adult learning centre. This Work Well programme is aimed at adults managing mental ill health who are looking for employment. ALL and SLaM make referrals to each other.
- 5.10 ALL also informed the committee that it is currently exploring options for a social prescribing pilot in partnership with the council. ALL would be in a position to make and receive referrals. ALL is also part of the council's mental health and economic strategies.

Resolved: the committee noted the report and expressed an interest in receiving further information on ALL's analysis of poverty in Downham.

6. Social prescribing review update

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

- 6.1 A report was presented providing an update on the recommendations made by the committee's in-depth review of social prescribing in 2017/18.
- 6.2 The NHS long-term plan includes social prescribing as part of a wider personalisation of health and care. There are plans to increase the number of social prescribing link workers nationally to 1,000 and to achieve 900,000 social prescribing contacts.
- 6.3 Recent analysis by the Royal College of GPs estimated that 59% of GPs with a social prescribing link worker saw a significant reduction in their caseload.
- 6.4 There are thriving formal and informal social prescribing services in Lewisham. An evaluation of Social Return on Investment (SROI) for the SAIL (Safe and Independent Living) project in Lewisham found that every £1 invested generated a return of nearly £5.

- 6.5 A National Outcomes Framework for social prescribing is being developed which looks at the impact on the individual, health and care system, and the wider community. The council will be working on ways of collecting this information and data.
- 6.6 Community Connections and SAIL (Safe and Independent Living) both collect qualitative and quantitative data and are beginning to do more work on outcomes. Community Connections carries out random analysis of feedback on referrals from clients and GPs.
- 6.7 The council is working with the Lewisham Clinical Commissioning Group (CCG) to run a workshop for GPs on social prescribing schemes in the borough and to find out what are the barriers to social prescribing for GPs.
- 6.8 SAIL is set to be re-launched in April. The SAIL referral form has been simplified further and will be available on EMIS (the electronic patient record system used in primary care) as part of the relaunch.
- 6.9 The committee suggested that Social Return on Investment (SROI) is a slightly dated methodology and that there might be better tools, such as asset-based community development, for example.
- 6.10 It was noted that a full Evaluation of the SAIL Project was conducted earlier this year using a Social Return on Investment (SROI) methodology, it also included an assessment of social value by including case studies, stories and stakeholder feedback. The evaluation demonstrates the SAIL model to be highly effective and achieving excellent outcomes for older people in Lewisham
- 6.11 The committee noted that there are lots of organisations in the borough that would like to be able to take more referrals but do not have the resources to do so. The committee queried what could be done to increase capacity in the social prescribing system to support an increase in referrals.
- 6.12 Neighbourhood Community Development Partnerships (NCDPs) have been working with partners in their respective neighbourhoods to successfully develop capacity. There are a large number of community assets that could be utilised more effectively – adult learning, for example.
- 6.13 Analysis has found that there is a large group of people aged 45-60 who may benefit from an early referral to social prescribing services. Lowering the threshold for SAIL (currently 60+) or developing a broader 18+ social prescribing offer are options being considered.

Resolved: the committee noted the report and expressed support for the planned work to build a better understanding of the barriers to social prescribing for GPs.

7. Care at Home update

Carmel Langstaff (Portfolio Manager, Whole System Model of Care) introduced the report. The following key points were noted:

- 7.1 The committee considered the Care at Home business case in December. This update sets out the progress made since and features a series of case studies highlighting the potential benefits of the model.
- 7.2 The partnership agreement with Lewisham and Greenwich NHS Trust will continue to be developed in more detail over the next 6-9 months.
- 7.3 Co-design workshops with staff, patients and service users across the partnership will be organised to inform how services may be redesigned.
- 7.4 There is a key project to explore joint training and apprenticeship opportunities across the partnership.
- 7.5 NHS England's guidance and training on public engagement is being used to shape the approach to engaging service users and patients in the development of Care at Home.

Resolved: the committee noted the update.

8. EU exit operational readiness.

Resolved: the committee noted the item, although there was no substantive update given there had not been any significant developments with EU exit negotiations.

9. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

- 9.1 The committee discussed a number of suggested items that could be considered by the incoming committee in the next municipal year, including:
 - The planned strategic early help review – feeding in where appropriate
 - Mental health support access for BME communities
- 9.2 Officers noted that the Health and Wellbeing Board is currently reviewing mental health support for BME communities in terms of adults. There is also a planned review of child and adolescent mental health services (CAMHS).

Resolved: the committee noted the completed work programme for 2018/19.

10. Referrals

Resolved: the committee agreed to refer its views on item 4 to Mayor and Cabinet.

The meeting ended at 21.50pm

Chair:

Date:
