

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday 25 June 2019, 7.30pm

Present: Councillors John Muldoon (Chair), Coral Howard (Vice Chair), Tauseef Anwar, Peter Bernards, Olurotimi Ogunbadewa, Colin Elliot, Jacq Paschoud, Octavia Holland.

Apologies: Cllr Aisling Gallagher, and Nigel Bowness (Healthwatch Lewisham)

Also Present: Kenneth Gregory (Joint Commissioning Lead, Adult Mental Health), Donna Hayward-Sussex (Service Director, SLaM), Ben Travis (Chief Executive, LGT), Diana Braithwaite (Director of Primary Care and Commissioning, Lewisham CCG), Ashley O'Shaughnessy (Deputy Director of Primary Care, Lewisham CCG), Simon Parton (Chair, Lewisham Local Medical Committee), Catherine Bunten (Service Manager, CYP Joint Commissioning), Tom Brown (Executive Director of Community Services), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 14 May 2019

1.1 The committee agreed the below addition to the minutes of item 4 reflecting that the council's work on BAME mental health inequalities has so far been focused on adults.

- *There was reference to children's services at the BAME mental health summit, but the primary focus of the work on BAME mental health inequalities in the initial stages has been on services for adults. The next stage will be about how to integrate this work with the work relating to children.*

Resolved: the minutes were agreed as a true record with the above changes.

2. Declarations of interest

2.1 There were no declarations of interest.

3. Responses from Mayor and Cabinet

3.1 The committee noted that Lewisham and Greenwich NHS Trust had agreed to accommodate the health visitor cut from their overheads and asked if this would affect other parts of the service.

3.2 The committee were informed that the cut would be taken against management overheads, such as payroll, HR, and back-office functions, and that it would not impact on health visitor posts. It was also noted that this is a one-year arrangement, which will need to be re-visited.

Resolved: the committee noted the M&C response.

4. Mental Health Alliance

Kenneth Gregory (Joint Commissioning Lead, Adult Mental Health) and Donna Hayward-Sussex (Service Director, SLaM) introduced the report. The following key points were noted:

- 4.1 The alliance contracting model has been developing across health and social care over a number of years. It is a way to think about how health and social care services could be re-designed to meet agreed outcomes across a range of health and care partners.
- 4.2 The Lewisham Health and Care Partnership are using the alliance contracting model in two key pathways: Care at Home and Mental Health. The “shadow” mental health provider alliance commenced in April 2019.
- 4.3 The shadow alliance covers all working age adult (18-65) mental health services in Lewisham commissioned by the Council, Lewisham Clinical Commissioning Group (CCG) or South London and Maudsley NHS Foundation Trust (SLaM).
- 4.4 The shadow alliance is underpinned by a memorandum of understanding. The formal alliance will require a formal agreement with a single outcomes framework against which all partners will be held to account. The alliance is expected to be formalised by April 2020.
- 4.5 The mental health alliance has enabled local partners involved in mental health to work together to agree a set of priorities and key objectives to tackle mental health inequalities.
- 4.6 Priorities include bringing physical and mental health closer together and focusing on prevention to reduce pressure on urgent care pathways. It was noted that people experiencing mental health crisis need to be able to access services at a primary care level rather than hospital A&E departments.
- 4.7 The next stage of the alliance’s work will include redesigning community mental health services, with an emphasis on improving access to psychological services, particularly for the BAME population.
- 4.8 The committee expressed concern about people being able to access mental health services at a primary care level when the primary care sector is in crisis.
- 4.9 In recognition of the pressure that all services are under, alliance partners are working together to move resources into the right place and integrating secondary care mental health staff, such as community psychiatric nurses, for example, into primary care.
- 4.10 Design groups of operational staff, service users, and carers have been formed to discuss what needs to change and redesign services.
- 4.11 The recommendations coming out of the Council’s work on BAME mental health inequalities will be incorporated into the development of the mental health alliance.

Resolved: the committee noted the report and requested that future reports be written in clearer language with shorter sentences so that the information is easier to understand

5. Lewisham and Greenwich NHS Trust CQC inspection

Ben Travis (Chief Executive, LGT) introduced the report. The following key points were noted:

- 5.1 The Lewisham and Greenwich NHS Trust (LGT) received a rating of “requires improvement” in its latest CQC inspection. The CQC noted that the Trust had made a number of improvements since its last inspection and highlighted a number of key areas for action, including workforce and medicine management.
- 5.2 The Trust has published a road map, which includes plans to improve the workforce culture. It wants to become an attractive place to work and reduce staff vacancies and increase staff retention. It has been running career clinics for staff and providing flexible working, and the voluntary turnover rate has been coming down. The Trust’s road map aspires for the whole Trust to achieve a rating of “good” by 2020.
- 5.3 The committee had a number of queries in relation to workforce. The committee asked about the staffing levels for clinical and non-clinical staff, in particular nursing, medical and surgical staff; whether the threat of Brexit has had an impact; and whether any staff were leaving service because of pension overfunding.
- 5.4 The Trust has seen a consistent pattern of net joiners in nursing. It has carried out career clinics to improve retention and successfully recruited from overseas, including the Philippines and India. It was noted that the retention rate of overseas staff is much better than the standard retention rate.
- 5.5 The Trust struggles with recruitment and retention of middle-grade doctors. It has been engaging with its medical workforce to better understand what keeps them in a role and how the Trust can provide support.
- 5.6 The Trust has not seen a significant decline in its EU workforce. It has written to every EU member of staff to reassure them and offered to pay the registration fee for the Government’s EU settlement scheme. 8% of the Trust’s workforce is from the EU.
- 5.7 Pensions overfunding is an ongoing issue which the Government is currently consulting on. Some senior medical colleagues of a higher grade with many years of service feel like they no longer have the incentive to work additional shifts as it will sometimes cost them money and some staff are looking to reduce their hours.
- 5.8 The committee expressed concern about the Trust’s “safe” and “effective” ratings and noted that the Trust has been struggling with medicine management for some time.
- 5.9 The main area of action within the “safe” rating is medicine management in surgical areas. Medicine management is an area the Trust has struggled to improve. It involves activities such as checking fridge temperatures and making sure that medicine cabinets are locked. The Trust is working with staff to ensure that everyone understands the importance of consistency with basic checks like this.
- 5.10 The main area of concern relating to the “effective” rating is an increase in readmission rates for surgical patients.

- 5.11 The committee expressed concern about the Trust's ratings for "medical care (inc older people)" and "End of Life care". The committee noted that there had been some criticism of older people's experience in hospital.
- 5.12 The committee noted that the Trust had not been dealing with complaints on time. The Trust has carried out workshops on the complaints process and spoken to complainants about their experiences. The Trust is aiming to deal with people's concerns more proactively, before they become a formal complaint.

Resolved: the committee noted the report and agreed to receive a future report on the Trust's road map.

6. Primary care CQC inspections

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

- 6.1 The two CQC inspections detailed in the report are the first GP practices in Lewisham to have been rated as "inadequate".
- 6.2 Available data (including the GP patient survey) did not indicate that the practices were not providing high quality services or good patient experience. Both practices had previously been rated as "good" by the CQC.
- 6.3 It was noted that many of the issues identified by the CQC were related to systems and processes which can be severely impacted by not having a practice manager in post.
- 6.4 It was noted that CQC inspections have become much more rigorous and some practices may not be fully prepared. One Health Lewisham, the Lewisham GP Federation, is looking into how it can support practices with future inspections and share best practice. The CCG is also looking at how it can support practices.
- 6.5 The CCG confirmed that there was no indication of any trend/pattern with the two practices being rated as inadequate within days of each other and that this was considered a coincidence.

Resolved: The committee noted the report.

7. Early help review

Catherine Bunten (Service Manager, CYP Joint Commissioning) introduced the report. The following key points were noted:

- 7.1 The services covered by the council's Early Help Review that relate to the council's public health functions are the health visiting service, the school health service, and the young persons health and wellbeing service.
- 7.2 Lewisham and Greenwich NHS Trust deliver the health visiting and school health services. The Family Health Nurse Team will be made up of either qualified health visitors or qualified school health nurses. The team will be focused on a defined cohort of children to make more efficient use of staff and resources and develop

better relationships with families. All staff would be qualified for the services they were delivering.

- 7.3 The committee requested information on additional training staff would be receiving.
- 7.4 The committee asked if there were likely to be further cuts to the health visiting and other public health functions and whether there would be scope to supplement the public health grant with council funding to protect services such as health visiting.
- 7.5 Officers noted that, as well as the possibility of further cuts to the public health grant, there was also a proposal for a cut to the CYP directorate budget, which would, if applied, likely fall on children's centres and youth services.
- 7.6 It is not clear where any additional money could come from. The focus is on how to work in partnership with providers to deal with the impact of two cuts for services for 0-5 year-olds, given that it's such a crucial time for child development and wellbeing.

Resolved: the committee noted the report.

8. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

The committee made the following comments and suggestions:

- 6.1 The committee discussed meeting start times and agreed to continue with a 7.30pm start time.
- 6.2 The committee noted that a report on meeting the public sector equality duty had recently been published by South London and Maudsley NHS Foundation Trust which focused on Lewisham ethnicity information. The committee discussed including this on the work programme.
- 6.3 The committee requested an update on the Children and Young People's Strategic Partnership Board's (CYPSPB) consideration of BME access to mental health services at its June meeting.

Resolved: the Committee noted the work programme.

9. Referrals to Mayor and Cabinet

There were no referrals.

The meeting ended at 21.25pm

Chair:

Date:
