

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

**Tuesday, 8 October 2019 at 7.30 pm**

**PRESENT:** Councillors John Muldoon (Chair), Coral Howard (Vice-Chair), Tauseef Anwar, Peter Bernards, Colin Elliott, Aisling Gallagher, Olurotimi Ogunbadewa, Jacq Paschoud and Kim Powell

**APOLOGIES:** Councillor Octavia Holland

**ALSO PRESENT:** Tom Brown (Executive Director for Community Services), Laura Harper (Joint Commissioner), Heather Hughes (Joint Commissioner, Complex Care & Learning Disabilities), Ben Maguire (Pathology Programme Manager, Lewisham and Greenwich NHS Trust), Dr Catherine Mbema (Interim Director of Public Health), Georgina Nunney (Principal Lawyer), Ben Travis (Chief Executive, Lewisham and Greenwich NHS Trust) and Martin Wilkinson (Managing Director, Lewisham Clinical Commissioning Group).

## **1. Minutes of the meeting held on 3 September 2019**

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

## **2. Minutes of the joint meeting with Children and Young People Select Committee**

*Resolved: to defer the agreement of the minutes.*

## **3. Declarations of interest**

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

*There were none.*

## **5. Recommissioning of building-based day services for older adults**

Heather Hughes (Joint Commissioning Lead, Complex Care & Learning Disability) and Laura Harper (Joint Commissioner) introduced the report. The following key points were noted:

- 5.1 The officer report sets out the outcome of the consultation on building-based day services for older adults eligible for care services under the Care Act.
- 5.2 Day services affected are those commissioned at Cedar Court (Grove park), Cinnamon Court (Deptford), and the Calabash Centre. No other services or activities that take place in these buildings are affected.
- 5.3 The proposal is to combine the three commissioned services into a single service located at the Calabash Centre.
- 5.4 There is an ongoing reduction in demand for commissioned building-based day services.

- 5.5 The Calabash Centre is owned by the council and central to the borough.
- 5.6 The consultation sought to gather views on how to meet the ethnic and cultural needs that such a service would require as a single BAME-specific service would no longer be commissioned.
- 5.7 The majority of respondents to the questionnaire agreed or strongly agreed to the proposals.
- 5.8 Service users at cedar court strongly objected to any relocation of services. One organisation strongly rejected no longer having a BME-specific day service.
- 5.9 Officers have invited a number of organisations to work with the council to co-produce a service specification that takes into account the cultural specific issues that would be needed in a single service.
- 5.10 The council has identified a team of staff to work with anyone affected by the proposals and their families.
- 5.11 The current day services are running with significant voids, which is not making the best use of public money.
- 5.12 By enhancing the service and bringing it into one place the council expects to deliver a better service for people with better staffing ratios and a wider range of activities.

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

- 5.13 The council fully expects the service to work well and will not tolerate service that is not good service.
- 5.14 Service users are able to access a range of alternative options through the use of direct payments.
- 5.15 To monitor performance, the council is looking into developing something akin to “expert by experience” visits for care homes. External organisations have also been invited to develop the service specification.
- 5.16 The committee asked to get an update six months after the start of the contract if the proposals are agreed.
- 5.17 Meals provided at the service will continue to include a variety of meals including culturally specific meals.
- 5.18 The committee noted that some service users might get distressed if their journey to the service takes considerably longer and stop attending.
- 5.19 Officers have modelled travel for people in the service and across the whole group no one will be in transport for more than an hour each way, which is marginally different from the current situation.
- 5.20 The service is for people who are Care Act eligible and eligibility has not been changed. People are increasingly choosing to take direct payments and buy other services. The profile of demand is expected to continue to change.
- 5.21 All commissioned services are expected to meet the diverse needs of the community, which is a contractual requirement.
- 5.22 If the council tenders the contract for the service it will be for the service provider to put forward a staffing proposal. There are likely to be very few redundancies.

- 5.23 Some staff would lose jobs if the services continued as they are because the provider wouldn't be able to continue to employ the current number of staff.
- 5.24 When the Family Health ISIS (a community organisation providing a range of community Health Services to black African and African Caribbean people) contract ended every service user had a full assessment of their needs. Most took up the service offer from new service provider, very few were older people who might have used the Calabash.
- 5.25 The council used a matrix to determine whether to deliver the service in-house or externally contracted. The matrix gives a 50:50 weighting for quality and cost and showed a difference of £100,000, around ¼ of the contract value.
- 5.26 A member of the public, a Professor of Caribbean Literature and Culture at Goldsmith's University, addressed the committee.
- 5.27 The professor stressed the importance of the Calabash Centre to the African and Caribbean community.
- 5.28 It was noted that the Calabash Centre was ahead of its time when it was established and is a model for other boroughs.
- 5.29 The Calabash Centre provides care that takes account of race, ethnicity and ageing well and it is feared that social isolation will increase if people are forced into a situation where they do not feel at home and connected.
- 5.30 The Council should share the research they have about Caribbean Elders and their perception of care provision in the borough and about how informed Caribbean Elders are about care options available in the borough.
- 5.31 A full transcript of the Professor's evidence to the committee should be uploaded to the committee's meeting pages.
- 5.32 Another member of the public commented that the Equalities Impact Assessment (EIA) for the proposal was very brief and that the analysis in the consultation failed to consider cultural implications.
- 5.33 There was an EIA carried out as part of the proposals. How deep an EIA goes can always be challenged and improved upon. The Executive Director said this was not a poor EIA.
- 5.34 It was stressed that the Calabash Centre is not closing and the Elders groups will continue to be supported by the council.
- 5.35 Another member of the public commented that the reduction in demand for day services needs to be investigated in more detail.
- 5.36 People can take a direct payment or personal budget when they have an eligible need. Some people will use it for personal care services and some will use it for day opportunities and other support.
- 5.37 The council monitors how people use their personal budgets and agrees with them how they will be used when they draft the care plan.

Resolved: the committee agreed to refer its views to Mayor and Cabinet in the following terms:

- *The committee noted that travel modelling on the proposed changes shows that no current service user would need to be in transport for longer than an hour each way in order to get to the Calabash Centre, but the committee*

*expressed concern about the potentially severe impact of increased journey times on frail and older people, including those who have not previously needed to travel or use transport to access this service.*

- *The committee noted that an Equalities Impact Assessment (EIA) had been carried out as part of the consultation on the proposed changes, but requests that the EIA is revisited to have regard to the points made in evidence to the committee about the significance of the day services at the Calabash Centre to the African and Caribbean community and ageing well.*
- *The committee noted that some service users had strongly objected in the consultation to any relocation of services and noted the concerns expressed in the evidence to the committee from members of the public, and expressed concern about the potential impact on service users' wellbeing and the inherent potential for incidences of racism from moving and combining the various groups of service users.*
- *Therefore, the committee requests that the Mayor and Cabinet delays taking a decision on this matter until the points above have been fully considered and the EIA revisited.*

## **6. Pathology services**

Ben Maguire (Pathology Programme Manager, Lewisham and Greenwich NHS Trust) introduced the report. There was a discussion and the following key points were noted:

- 6.1 Since Lewisham and Greenwich NHS Trust (LGT) last briefed the committee on pathology services, in October 2018, the Trust has been working with Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust to establish an NHS pathology network.
- 6.2 The boards of LGT, Barts and Homerton agreed a memorandum of understanding in March 2019. A full business case is due to go to the three boards in April 2020.
- 6.3 LGT is committed to maintaining established specialist clinical pathways and is keen to continue providing GPs in Lewisham, Greenwich and Bexley with pathology services.
- 6.4 LGT is keen to ensure that local considerations are taken into account and local pathways are not damaged when the contract for GP services is awarded.
- 6.5 A member of the public addressed the committee noting that a high proportion of LGT's income for pathology services comes from providing services for local GPs and expressed concern about the financial impact, and impact on clinical pathways, if individual CCGs stopped commissioning services from LGT.
- 6.6 The member of the public asked if an impact assessment of the potential disruption to this service had been carried out and asked the committee to raise this issue with the Southeast London Commissioning Alliance.

- 6.7 The Managing Director of Lewisham CCG explained that the commissioning of pathology services would be a local decision of Lewisham, Greenwich and Bexley CCGs based of the information they receive from LGT and others.
- 6.8 The decision on pathology services is expected to be taken around January 2020.
- 6.9 LGT is confident the proposed pathology network with Barts and Homerton would not become unviable if the Trust was not awarded the contract for local pathology services.
- 6.10 In the pathology model being developed, all sites would have essential service labs for tests required within four hours for hospital services.
- 6.11 If the contract for GP pathology services was lost there would probably be a downgrading of the lab at Queen Elizabeth Hospital, and staffing implications, but no loss of quick turnaround times.

Resolved: the committee noted the report and expressed support for the Trust's proposals for pathology services, which would maintain local clinical pathways and help keep the NHS public.

## 7. **South East London CCG System Reform**

Martin Wilkinson (Managing Director, Lewisham CCG) introduced the report. There was a discussion and the following key points were noted.

- 7.1 The Lewisham CCG Governing Body has agreed to submit an application to merge with the other five CCGs in Southeast London (SEL) to form a SEL CCG.
- 7.2 A majority of the GP membership also voted in favour of the proposals.
- 7.3 The merger application was submitted to NHS England and NHS Improvement on 30th September.
- 7.4 The outcome of the application is expected in November.
- 7.5 The Lewisham CCG Governing body noted concerns expressed about the feeling of local connectivity with a CCG covering a population across southeast London.
- 7.6 It is important there is still the ability to work locally on health with local provider, voluntary sector and local authority partners.
- 7.7 It is proposed that each borough will have a "Borough-Based Board" (BBB) and "Borough-Based" structure with delegated responsibility for community-based care, primary care and other out-of-hospital services.
- 7.8 CCGs want to work in partnership with local authorities to agree how BBBs should work. There are a set of minimum expectations from the NHS on how BBBs should work.
- 7.9 The proposal for Lewisham is that there will be equal representation between the council and NHS on the BBB.

- 7.10 It was noted that there are two planned workshops for scrutiny councillors to explore the arrangements for BBBs, along with refreshing joint working protocols between scrutiny at SEL level and the merged CCG.
- 7.11 The aim is for the BBB arrangements to be considered by the Lewisham CCG Governing Body in November. This relies of the council making some formal commitments through Mayor & Cabinet.
- 7.12 A member of the public addressed the committee and commented that there are clauses in the Health and Social Care Act 2012 which state that any dissolution or change of CCG constitution requires meaningful engagement with the patients who receive the services in the area.
- 7.13 It was noted that the Chair of the southeast London Joint Health Overview and Scrutiny Committee had written to the London Regional Director of NHS Improvement to express concern about the timing of scrutiny's involvement.
- 7.14 The committee noted the report and agreed to consider the arrangements for Borough-Based Boards at a future meeting.

At 2155 the committee agreed to suspend standing orders to complete the remaining agenda.

Resolved: the committee noted the report and agreed to have a future agenda item on the matter once NHS England has made its decision on the CCG's merger application and the member workshops on borough-level governance have taken place.

## **8. Public health grant overview**

Catherine Mbema (Director of Public Health) introduced the report. There was a discussion and the following key points were noted:

- 8.1 The £196,000 reduction in the health visiting budget for 2019/20 was absorbed by Lewisham and Greenwich NHS Trust (LGT) without affecting frontline services.
- 8.2 Negotiations with LGT are ongoing about how services will continue to be delivered for 2020/21 within the reduced budget with minimal impact on frontline services.
- 8.3 The public health grant for 2020/21 will increase in line with inflation.
- 8.4 The committee asked if it is necessary to maintain corporate realignments of the public health budget to other council budgets.
- 8.5 It was a decision of the council to assign money from the public health grant to other council budgets where there is a demonstrable public health benefit.
- 8.6 Within public health there are services that are not statutory but which contribute to savings against statutory budgets in the long term.
- 8.7 The committee asked for programme-level spend information on the public health budget.
- 8.8 It was noted that officers provided a line by line breakdown of the service area spend from the Council's Corporate Budget Book.

8.9 It would be disproportionately expensive to provide a line by line breakdown of corporate realignments.

*Resolved: the committee noted the report.*

## **9. Select Committee work programme**

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

- 9.1 The committee discussed and agreed to include an item on NHS migrant charging on the agenda for the next meeting.
- 9.2 The Chair noted that he and the Vice-Chair had met the Chief Executive of Lewisham and Greenwich NHS Trust (LGT) to discuss the concerns about migrant charging raised by the Save Lewisham Hospital Campaign.
- 9.3 It was noted that the Save Lewisham Hospital Campaign has been invited by LGT to be involved in an external review of migrant charging.

*Resolved: the committee agreed the work programme.*

## **10. Referrals to Mayor and Cabinet**

The meeting ended at 10.15 am

Chair:

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Date:

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