OVERVIEW AND SCRUTINY COMMITTEE

Tuesday 19 July 2016 at 7.00 pm

MINUTES

PRESENT:
Councillor Andrew Wilson, Councillor Edward Davie (Chair),
Councillor Jacqui Dyer, Councillor Matt Parr, Councillor Tim Briggs,
Councillor Danial Adilypour, Councillor David Amos, Councillor
Rezina Chowdhury and Councillor Robert Hill

APOLOGIES:
Lynette Murphy-O'Dwyer and Mrs Penny Smith-Orr

ALSO PRESENT:

1. MINUTES OF PREVIOUS MEETINGS

The Chair, Councillor Ed Davie, welcomed attendees to the Overview and
Scrutiny (OSC) meeting and all members introduced themselves.

RESOLVED: That the minutes of the previous meeting held on 9 May 2016
be approved and signed by the Chair as a correct record of the proceedings
excepting the change on page 2 of the agenda pack which had been
corrected from 68% to 86% in favour on a survey of residents.

RESOLVED: That the minutes of the previous meeting held on 12 May 2016
be approved and signed by the Chair as a correct record of the proceedings.

2. DECLARATION OF PECUNIARY INTERESTS

It was noted that Councillor Rezina Chowdhury worked for Public Health
England; Councillor David Amos was a NHS management consultant,
Councillor Jacqui Dyer was an equalities consultant with NHS England
dealing with mental health; and, Councillor Ed Davie was a public affairs
official for the Royal College of Pathologists and communications consultant
for Resolving Chaos CIC. There were no other declarations of pecuniary
interest.
3. **VEHICLE MAINTENANCE CONTRACT (MANAGED SERVICE PROVISION) UPDATE**

The Chair noted that this item was coming back for discussion following call-in on 29 June 2015 when the Council awarded the contract to maintain its fleet of vehicles to Adair. This had been a close contest between two leading providers, the other being First Step Trust. It was stated during the call-in that First Step Trust had priced in employing apprentices unlike the eventual winner, scoring high on social value but lower than Adair on price. OSC had made a number of recommendations and now wanted an update on the service improvements implemented as a result of these, and to see how the contract was being adhered to a year on; namely:

- **London Living Wage (LLW) accreditation:** it was noted that the company was paying the London Living Wage but was not yet LLW accredited.
- **Employing apprentices:** there had been an attempt made, with two persons referred from the jobcentre, but neither were retained following the trial period. The committee had been sent some background information on this and it appeared Adair had neither the experience nor the expertise to make a success of such placements.
- **That the Chair recalled Adair stating they would work with youth offenders, though this was not mentioned in the papers and an update was requested.**

OSC members made the following comments:

- **The Chair noted that the company which was now Adair had gone into liquidation eight months before being awarded the contract, which had not been stated on the financial risk assessment or to councillors, and the viability of Adair's business was concerning.**
- **Councillor Tim Briggs noted that questions were useful and valuable, but the substance of the contract was not up for review and Adair were not present to answer questions.**
- **Councillor Matt Parr sought formal reassurance that the two year extension would not be automatically invoked at the end of the current contract and that it would be re-let at that point.**
- **The Chair noted that although the employment of apprentices and LLW accreditation might not be contractual obligations, they were nevertheless commitments that had been made which were in line with council policy and as such should be adhered to. It was further noted that employing apprentices far from the jobs market could save the Council large amounts of money in expensive mental health and care packages.**
- **It appeared the procurement process was flawed in terms of realising outcomes and it was suggested that the contract be re-tendered under new arrangements that properly reflected council policy.**

Helen Charlesworth-May, Strategic Director for Adults and Health; and, Rachel Willsher, Head of Procurement, answered questions from OSC:

- **It was noted that the first two apprentices posed a health and safety risk.**
- **The employment of ex-youth offenders was an aspiration and not a**
contractual obligation.

- Adair had been put in touch with the apprentice co-ordinator and were working towards hiring a suitable apprentice by October 2016.
- The procurement process had been very clear on Adair’s LLW accreditation and was scored in line with this, and although officers understood OSC’s concerns, this and apprenticeships were not specified in, or a commitment of, the tendered proposal.
- The change from supporting two apprentices to one was due to Adair only comprising five employees and to be more realistic about what it could achieve.
- The decision on novation of Adair from its previous incarnation, SP Fleet, was not a Cabinet Member Decision, and it was accepted that the Cabinet Member was not advised of this, but arrangements had now been put in place to ensure that the Procurement Board and the Cabinet Member were informed of any future novations, It was noted that it was the nature of SMEs to have small turnover and profits, so it was expected that they would receive lower Dunn & Bradstreet scores.
- The Council had sought to secure a local base and had set evaluation criteria to that end. The contract did not seek to support employment and if it had the outcome might have been different, but officers were working with the workforce, skills and enterprise team to identify future opportunities.
- Adair was not in breach of its contract and so the Council would not have grounds to terminate it, but officers would note the issues raised.
- The procurement process was not flawed in the context of processes and statutory requirements at that time, but it was accepted that it did not give the outcome Members wanted.
- Assuming that the Council did not have to let the two year extension, officers could assure OSC that they would re-tender the contract at the end of the current term; this would be checked and fed back. However, it was not possible or appropriate for officers to comment whether the procurement decision under current policies might lead to a different decision.
- A written submission would to be sent to OSC members, signed off by Legal, advising whether it was possible to re-tender the contract earlier than its current stated end.

The Chair noted that the advice provided was not what had been stated to members in the pre-meet, and confirmed with officers the displeasure and concerns of the OSC.

**RESOLVED:**

1. To review the contents of the report in relation to service improvements delivered following the recommendations made at the Overview and Scrutiny Committee call-in on 29 June 2015 and note the provider’s progress in the last 12 months in relation to the agreed contract specification.
2. To provide formal reassurance that the two year extension will not be taken up at the end of the current contract and that it would be re-let at
that point.

3. To provide OSC with a written submission, signed off by Legal, advising whether it is possible to re-tender the contract earlier than the current end date.

4. **HEALTH AND SOCIAL CARE INTEGRATION UPDATE**

The Chair noted that informal papers had been requested of the NHS Trusts covering Lambeth outlining their financial position which had been circulated via email and hard copies were tabled for members. It was noted that Trusts across the country were facing difficult financial situations with funding cut by a fifth, and nearly all UK Trusts were running deficits. He asked for attendees to provide an understanding of the financial challenges faced before talking about integrating services.

Councillor Amos noted the widespread, endemic financial challenges facing a NHS struggling with capacity and demand following this year’s 6-8% cuts, that Trusts were not easily balancing budgets, and that the trajectory of numbers made delivery even more difficult. Senior NHS officials were telling Trusts to balance their budgets, whilst telling politicians that more money was needed, but Trusts were optimistic of facing the challenge in collaboration with providers and were keen to give a degree of confidence. The Council had a major interest in providing equal, good and accessible care services and he asked attendees to provide further clarity on the following issues: deficit budgets, growing demand, closing the gap between budgets and funding, a one-off contribution mechanism that meant Trusts could not rely on recurring budgets, structural changes in providing services to get less for more, and for an overview beyond 2016.

Toby Lambert, Director of Strategy for Kings College Hospital; Angela Dawe, Guy's and St Thomas’, Director of Operations and Strategic Development for Adult Local Services; and, Lucy Canning, Service Director, Psychosis Clinical Academic Group at South London and Maudsley NHS Foundation Trust, answered:

- The Five Year Forward view essentially stated that there was a UK-wide £30bn funding gap, with £1bn for the south east London component, which was a substantial amount of present funding.
- The Health Select Committee had redefined its terminology to show an input of £8bn funding, but by the historic definition, the increase was closer to £4bn and so the Five Year Plan would only be deliverable with extra investment.
- Health services, unlike local authorities, did have a notional form of funding increase, but were still running deficit budgets. If access to Department of Health funding continued there was not an immediate impact on sustainability or patient care, although balancing budgets longer-term remained difficult.
- Kings College Hospital (KCH) hoped to achieve the challenging 2016/17 target but a full assessment would require input from financial colleagues in KCH.
The Guys’ and St Thomas’ Trust (GSTT) was working across a number of fronts to close financial gaps and formulate plans for future years.

GSTT had been awarded funding from the Sustainability and Transformation Fund linked to performance, and was focused on ensuring funding was maintained and on financial recovery, including the Fit for the Future programme, looking at efficiencies, procurement, safe staffing, and training of front line staff, among others.

Trusts were generally looking to reduce cost bases and for opportunities to grow services and income. The next discussion would focus on integration of the local care system with partners and this would also be critical in realising savings.

Lambeth and Southwark had progressed discharge arrangements to manage demand; working together across reablement, rehabilitation, and other therapy services.

The next steps included strengthening of local care networks to bring together care arrangements, and how to be transformational whilst still delivering services.

In terms of quality and impact on services, all GATT service developments were signed off by the chief nurse and were subjected to high levels of scrutiny.

South London and Maudsley (SLAM) Trust financial colleagues could provide further details, but the main focus whilst maintaining operational and frontline services was looking at infrastructure savings.

The Chair moved discussion to health and social care integration and invited the Cabinet Member for Healthier and Stronger Communities, Councillor Jim Dickson, to provide an introduction:

- The agenda pack detailed the integration journey taken and the good work of Southwark and Lambeth Integrated Care (SLIC) over the last 4-5 years including the rapid response, at home and local care, and improved GP-Trusts communication.
- Lambeth’s Better Care Fund plans had been signed off by the Department for Health today without serious qualifications as per the last two years, underscoring the successful integration work based on relationships between commissioners, providers and users.
- Good joint decision-making between Clinical Commissioning Groups (CCG) and the Council was shown by the work of the Committees in Common, and the close working over commissioning and delivery with the CCG, Council and provider trusts.
- This cooperation translated into better frontline and operational services, including a consistent 4.2% reduction in emergency emissions against a 2% target; and good performance around delayed transfers of care, although the report flagged that numbers were heading upwards slightly.
- The Integrated Personal Support Alliance (IPSA) was improving the lives of patients and reducing costs, and showed excellent early collaboration between commissioners and providers to cut down on expensive secondary care referrals.
• Although there was success on integration, it was not enough to cover the £1bn of cuts, which required a more profound transformation. However, better outcomes were visible with increasing costs mitigated by integration work and by intervening early.

The Chair recognised the good work of SLIC, including reductions in acute mental health admissions, but noted that there were still concerns over the Child and Adolescent Mental Health Service’s (CAMHS’s) waiting list and that delayed transfer of care statistics were heading the wrong way.

Councillor Jim Dickson, Cabinet Member for Healthier and Stronger Communities; Andrew Eyres, Chief Officer NHS Lambeth Clinical Commissioning Group (CCG); Angela Dawe, Guy’s and St Thomas’, Director of Operations and Strategic Development for Adult Local Services; Helen Charlesworth-May, Strategic Director, Adults and Health; and, Moira McGrath, Director, Integrated Commissioning, answered questions from OSC:

• CAMHS was fortunate to receive additional funding in 2015/16 and 2016/17, and waiting lists had significantly reduced to 12 from 50 weeks, 18 months ago, with targets to reduce even further.
• The wider Emotional Wellbeing Strategy for children was reviewing how to support children holistically.
• The SLIC report detailed the integration of older people’s services, but this approach (Alliance Contract) was less appropriate for CAMHS as the issues were very different.
• Delayed transfers of care were low in Lambeth compared to the national picture, thought there was some fluctuation in the numbers.
• The work undertaken in the last year was driving down numbers, such as the One Support service focusing on such things as avoiding people getting evicted if in hospital; this demonstrated partners pinpointing clusters of issues for individuals.
• These successes were against the national trend and were an outcome of the integration work which focused on building strong relationships and partners mutually supporting each other.
• Difficulties remained in recruiting social workers in hospitals.
• There were valuable lessons in the report and it had been distributed as widely as possible, including to other NHS England Trusts.
• It was refreshing that a public sector document recognised what did and did not work, which was important given the complexity of issues and for finding solutions.
• Partners were keen to develop citizen input (page 90, agenda pack) and new governance arrangements were being considered to that end. However, there remained questions of how to integrate service users with the wider membership, mobilising the community more generally, and how elected members could input into the development of services.
• Officers were thinking about how the lessons learned from the SLIC report could be applied beyond the health and social care community.
• The SLIC had had a bumpy start, but officers were proud of its
achievements and were learning from what was not working as it progressed. The next steps remained to improve communications so other persons could join this journey.

- Questions over inequality and diversity needed much more thought and a look at SLIC citizen contributors showed a group almost exclusively over 55, white, and middle class. These persons were very conscious of this and further work was needed to ensure greater and more diverse citizen involvement.

- Lessons from the black wellbeing partnership in engaging people from different backgrounds, ethnic groups, and age groups was required; but difficulties included the amount of time people had available and that many people experiencing mental health problems were above a certain age.

- It was important to work with communities to understand what would enable people to engage with early intervention and prevention services.

- It was noted that IPSA was supporting a wide range of people.

- Work was being developed on supporting people with long-term conditions; for example, younger Afro-Caribbean populations had a higher propensity for higher blood pressure but were not generally going to GPs to access preventative services. Partners were looking at how to examine this, who they needed to target and how to target them; and were presently analysing smaller groups to test proof of concept.

- Having the commitment of the whole of the senior leadership was important, but the degree to which relationships amongst these was initially not fully appreciated. However, changes in leadership would be inevitable, so the challenge remained in how to integrate further and sign up to a shared vision to entrench operating procedures and outcomes.

- The long-term vision had to be wholly integrated and work well together so that taxpayers and people in receipt of, or dependent upon, services received the best care and value for money. This would require setting aside specific interests, looking at challenges as a whole and making compromises. However, this remained difficult as all partners had different accountabilities and statutory responsibilities, but senior leaders were now building robust relationships to sustain this regardless of whether individuals stayed.

- There was immense difficulty in bringing together such diverse groups such as residents, health commissioners, health providers and the Council as the language they used was often different, but success was not possible without the active involvement of all.

- There had been a notable change in language when describing outcomes or evaluating SLIC, due to working with citizens, which improved transparency and dissemination.

- The Sustainable Transformation Plan (STP) was a six borough plan to address the question of how to deliver a sustainable health and care system and involved commissioners and providers. Lambeth had been part of this cutting edge work since its start and was at the forefront of designing the south east London plan.
SLIC made the case for strategic, transformational change that delivered value and savings for the system.

Southwark and Lambeth officers were involved not just in looking at care pathways but also issues like procurement and estates strategies.

Local care networks were the underpinning element.

There were risks associated with the STP and as always these needed to be appropriately balanced with the opportunities.

It was noted that Lambeth had world class services and that the local population got disproportional benefits from this.

The relationship between Southwark and Lambeth meant south east London stood in good stead, whilst locally STP had been well received by the system.

It was noted that the signing off of the Better Care Fund without major changes from the Department for Health was not usually the case across the country.

The Cabinet Member for Healthier and Stronger Communities, Councillor Jim Dickson, thanked attendees for their contributions, and believed this demonstrated why Lambeth had seen success during a period of austerity. The Health and Wellbeing Strategy was due soon, but it was also important to think about the role health played across wider policies including housing and leisure, in order to make contributions to keeping our citizens well.

The Chair noted that there remained significant financial challenges, but that much good had been achieved and this was the result of developing good working relationships. There was a temptation to pull back and not share resources when finances were stretched, but it was imperative this did not happen and that integration continued. He noted rising under-18 conception rates, rising childhood obesity rates, and violence among young people, and stressed how important it was that children’s wellbeing be considered in a holistic way, such as in Leeds’ child friendly city initiative. It remained that the 12 week waiting list for CAMHS was unacceptable and that challenges remained on reducing health inequalities. The Chair thanked speakers for attending and providing evidence, and for their hard work in delivery.

RESOLVED:
1. That OSC notes the contents of the report, the End of Southwark and Lambeth Integrated Care report (Appendix 1) and the new Southwark and Lambeth Partnership Agreement (Appendix 2).

5. SAFEGUARDING ADULTS AND DEPRIVATION OF LIBERTY SAFEGUARDS WORK IN ADULT SOCIAL CARE 2015/16

The Cabinet Member for Adult Social Care, Councillor Jackie Meldrum, noted that adult safeguarding was a very important area which was not entirely understood by the wider population, and this report aimed to correct that. The positives in the report were that the Adults Safeguarding Board had a new Chair; the Board was functioning well; that new board members were trained at the beginning of their tenures; and, overall training had been increased.
which the Board were keen for others to attend (particularly for front-line staff across organisations as this was a multi-agency activity).

Members of OSC made the following comments in discussion:
- Councillor Andrew Wilson asked for further progress on a multi-agency approach to tackle Deprivation of Liberty Safeguards (DoLS) to be available for OSC in the future and to come back to the committee for a response.
- Councillor Matt Parr noted the perfect storm of government legislation (detailed on page 146, agenda pack) as having set out additional responsibilities without administering additional funding.
- Councillor Chowdhury noted it would be useful for a further breakdown of statistics, with numbers as well as percentages requested to add context to the data (agenda pack, page 141).
- The Chair noted that there was information on the number of referrals, but not on follow up data saying how many of these were appropriate for consideration in adult safeguarding and asked that these be detailed in future.

In response to questions from the Committee, the Cabinet Member for Adult Social Care, Councillor Jackie Meldrum; Helen Charlesworth-May, Strategic Director for Adults and Health; and, Clement Guerin, Head of Quality and Safeguarding Adults, answered:
- Officers responded that a bank of short online training courses was available as it was accepted that many people did not have time for anything more than this. There was also a training session which combined all risk issues (which no other local authority was delivering), and councillors would be able to attend that course.
- The rising rate of adult safeguarding concerns (as detailed on page 175, agenda pack) followed a similar national picture. This was mainly a result of the Care Act extending to include modern slavery and self-neglect, among other factors, and to statutory guidance changes since 2012; rapid change which meant moving targets.
- It was difficult to meet rising demand with falling capacity, although the time taken for enquiries to be processed had been significantly reduced. Adult safeguarding and DoLS were quite different entities.
- The table detailing the location of concerns (page 176, agenda pack) showed the vast majority were in ‘own homes’. This raised questions as to how difficult it was to ensure cases came to officers’ attention. It was noted that affected adults tended to be in contact with primary health care services but there was also a wider citizen (whether familial or neighbourly) responsibility, and that there were challenges around raising awareness.
- The Chair of the Adult Safeguarding Board posed the challenge at the last meeting of the Board that other agencies would need to make their staff available to tackle the DoLS work (page 151, paragraph 14.1.5, agenda pack) and had asked for an update at the next meeting which would be relayed to OSC.
- There was a judicial review raised by four local authorities to the
Secretary of State for Health regarding resources not being provided to meet DoLS responsibilities. This was not just a Lambeth problem and many councils with older populations were more affected, but the Local Government Association was lobbying and officers were feeding into that.

- The new Chair of the Board was not able to attend, but was experienced in adult social care and had already radically changed the board’s membership by reducing its size, providing whole-day workshops, improving working arrangements, and installing a subgroup system for improved cross-cutting and sight of issues. Further information could be sent to Members to provide reassurance over the Board’s governance and operating procedures.
- The Board’s responsibilities were complex and made it harder to bring members to a unified position with such a large membership (pages 173-4, agenda pack).
- The agenda pack, pages 138-143, provided further information and high level data on the difference the work was making. It was also noted that the Board had recently set up a website to provide more information and improve transparency.

Guillotine
During the discussion of this item, the guillotine fell at 21:00.

MOVED: by the Chair, and,

RESOLVED: That the meeting continue for a further period of up to 30 minutes.

- Adult safeguarding was renowned for user-engagement difficulties, however, the new Chair of the Board put great emphasis on gender and ethnicity for service user groups, which were under-represented on the Board.
- The Board were reviewing having laypersons attend it or its sub-groups to better reflect Lambeth’s demographics, which would be resolved over the next year.
- It was noted that a community reference sub-group had been established, chaired by the Healthwatch Lambeth Chief Executive. Members recalled the Hidden Voices project which worked with hard to reach groups but had now ended; however, it was confirmed that literature around this still existed and was provided where appropriate.
- Data remained a real challenge, as different people had different views as to how much or what type would be best. Pages 141-3 of the agenda pack showed examples of how the Board was currently collating its data, but officers would be able to cut the data in different ways and provide this to members; for example, detailing gender and ethnicity breakdowns.
- Having social workers at the centre as anti-discriminatory or anti-
inequality was good practice.
- It was confirmed that there were 680 cases in the cohort which met both conditions, as stated on page 140, agenda pack.
- It was noted that adult safeguarding callers, if they met the tick boxes, would still get an assessment as a form of effective intervention, and formed 46% of all callers. A further breakdown of this data could be supplied to OSC and future reports.
- The community reference group was an online connection for hard-to-reach groups, which explained processes and provided further contact details.

The Chair noted the improvement and further progress for childrens’ and adults’ safeguarding, and thanked officers and involved partners for their involvement.

RESOLVED:
1. That the committee notes the report.

6. LAMBETH SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16
This item was taken as part of the discussion of Item 4, safeguarding adults and deprivation of liberty safeguards work.

RESOLVED:
1. That the committee notes the Lambeth Safeguarding Adults board Annual Report, attached at Appendix 1.

7. PERFORMANCE INFORMATION (EXTRACT)
The performance information (extract) was noted by attendees and had been used for discussions during the meeting, however the number of people with learning disabilities in employment was highlighted as getting worse.

The Cabinet Member for Adult Social Care, Councillor Jackie Meldrum; and, Moira McGrath, Director for Integrated Commissioning noted that:
- The performance indicator was not seen as a helpful measure, since it was known that people with disabilities represented a large proportion of long-term unemployed in Lambeth and were not generally able to go into long-term, full-time employment.
- The employment of people with learning difficulties, mean many young persons of working age could enjoy some kind of work, and it was noted that Camden Society were working with this and was worth enquiring into.
- Credit and thanks were passed to the customer services team in Olive Morris House for their exemplary work.

RESOLVED:
1. That the committee notes the key performance measures against the
outcomes related to health and adult services as listed in Appendix 1.

8. **2016-17 OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME**

The work programme was received and noted that OSC members had discussed the health trigger templates included in the appendices informally with NHS partners last week, and were happy with the proposals.

**RESOLVED:**
1. That the work programme as drafted and the status of actions (Appendix 1) be noted.
2. That the Cabinet response to the recommendations arising from the OSC call-in “Investing in better neighbourhoods and building the homes we need to house the people of Lambeth – Cressingham Gardens Estate” (9 May 2016) (Appendix 2) be noted and the committee decide whether any further follow up is required.
3. That the committee notes the service change proposal submitted by King’s College Hospital NHS Foundation Trust (Appendix 3) and decides whether this be subjected to further scrutiny.
4. That the committee notes the service change proposal submitted by Lambeth CCG / South London and Maudsley NHS Foundation Trust (Appendix 4) and decides whether this be subjected to further scrutiny.

The Chair closed the meeting by thanking all for attending during a particularly hot day, and noted that there was nothing more important than safeguarding people’s health and wellbeing.

The meeting ended at 9.15 pm

**CHAIR**

**OVERVIEW AND SCRUTINY COMMITTEE**

Monday 22 August 2016

**Date of Despatch:** Wednesday 27 July 2016

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