



Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

Wednesday 29 April 2015

7.00 pm

COMMITTEE ROOM 1 - HAMMERSMITH TOWN HALL

MEMBERSHIP

Administration:	Opposition	Co-optees
Councillor Rory Vaughan (Chair) Councillor Elaine Chumnerly (Vice-Chair) Councillor Hannah Barlow	Councillor Andrew Brown Councillor Joe Carlebach	Debbie Domb, HAFCAC Patrick McVeigh, Action on Disability Bryan Naylor, Age UK

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Date Issued: 21 April 2015

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

29 April 2015

<u>Item</u>		<u>Pages</u>
1.	MINUTES OF THE PREVIOUS MEETING	1 - 14
	(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on 9 March 2015.	
	(b) To note the outstanding actions.	
2.	APOLOGIES FOR ABSENCE	
3.	DECLARATION OF INTEREST	
	<p>If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.</p>	
4.	LISTENING TO AND SUPPORTING CARERS	15 - 40
	<p>This report provides: a description of local carers in Hammersmith & Fulham; the interim local results of the recent National Carers Survey,</p>	

and other recent feedback from carers; the range of support services available to carers living in the borough and information on areas to improve services for carers in future.

5. LEARNING DISABILITIES COMPLEX NEEDS - COMMUNITY SERVICE DEVELOPMENTS 41 - 51

This report updates on a review of in-house day and respite services for people with profound and complex learning and physical disabilities across the three boroughs, highlighting the key themes and proposals for the future. The report focuses on Hammersmith and Fulham services at Options and Rivercourt and refers to the developing offer for young people with complex disabilities aged 18-25yrs.

6. DEVELOPMENT OF A DIGITAL INCLUSION STRATEGY FOR HAMMERSMITH & FULHAM 52 - 57

The presentation sets out the Council's proposed approach to addressing digital exclusion in the Borough.

7. WORK PROGRAMME 58 - 59

The Committee is asked to consider its work programme for the first meeting of the next municipal year.

8. DATES OF FUTURE MEETINGS

This is the last meeting of the municipal year.

Agenda Item 1

London Borough of Hammersmith & Fulham



Health, Adult Social Care and Social Inclusion Policy and Accountability Committee Minutes

Monday 9 March 2015

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Elaine Chumnery (Vice-chair) and Joe Carlebach

Co-opted members: Patrick McVeigh (Action on Disability) and Debbie Domb (HAFCAC)

Other Councillors: Vivienne Lukey (Cabinet Member for Health and Adult Social Care), Sue Fennimore (Cabinet Member for Social Inclusion) and Sharon Holder (Lead Member for Health)

Central London Community Healthcare NHS Trust: Pamela Chesters (Chair), James Reilly (Chief Executive) and Ged Timson (Divisional Director of Operations, Networked Community Nursing and Rehabilitation)

Healthwatch: Paula Murphy (Director) and Maria Connelly (Dignity Champion)

Officers: Liz Bruce (Executive Director of Health and Adult Social Care), Toni Camp (Planning, Service Improvement and Project Manager), Stuart Lines (Deputy Director of Public Health) and Sue Perrin (Committee Co-ordinator)

59. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 4 February were approved as an accurate record and signed by the Chair.

60. APOLOGIES FOR ABSENCE

Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

Apologies for absence were received from Councillors Hannah Barlow and Andrew Brown and Bryan Naylor.

The Committee congratulated Councillor Brown on the birth of his daughter.

61. DECLARATION OF INTEREST

The following declarations of interest were made:

Councillor Carlebach is a trustee of Arthritis Research UK and an ambassador for Mencap, and the Chair of the Trust Development Authority is known to him.

Mr McVeigh is Chair of Board of Trustees, Action on Disability.

Debbie Domb is a recipient of direct payments.

62. SELF-DIRECTED SUPPORT PROGRESS UPDATE

The Committee received a progress update on Self Directed Support, including the Personalisation project, through which an improved operating system for Direct Payments (DPs) was being developed across the three councils.

Mr McVeigh commented that the success criteria listed in 4.2 identified four benefits for the Council and one for the service user, and that there should be a more equal split of the benefits.

Mr McVeigh queried the expectation that the pre-loaded payment card for DP users would become the usual way of receiving a DP and that no new DP bank accounts would be set up during the pilot unless in exceptional circumstances.

Ms Camp responded that in exceptional circumstances, service users might require a bank account, but it was intended that the pre-loaded payment card would be a good product, which service users were happy to use. Mr McVeigh gave an example of care services being shown as 'personal services' and the payment being rejected as inappropriate.

Mr McVeigh highlighted the assumption in 4.8 that all social workers would understand DPs well enough to provide high quality basic advice and information to customers and the link with 4.17, which referred to the provision of on going training around the use of DPs. Mr McVeigh queried how Adult Social Care would know when social workers were able to undertake this role.

Ms Camp responded that ensuring all social workers had the required level of knowledge around DPs remained a work in progress. Expert back-up was currently provided by a team of five specialist staff and this would continue,

with an emphasis on continuing to up-skill social workers, not taking away responsibility.

Mr McVeigh requested that the training module be shared to provide assurance. Councillor Carlebach emphasised the serious implications of incorrect advice. Ms Camp responded that the employment of carers was an example of where the DP team would provide expert advice, rather than expecting social workers to deal with this specialist area.

Mr McVeigh suggested that the wide range of things for which DPs could be used should be included in the training. Ms Camp responded that this was addressed in the shared DP policy, which had been in place for the past year and was due to be reviewed.

Mr McVeigh considered that service users were not aware of this new policy. Ms Camp responded that the new policy had been publicised. There was regular liaison with Action on Disability and copies of the draft had been provided at various stages. There had been discussions with the peer support group and Healthwatch across the three boroughs. There was a customer reference group attached to the pre-loaded cards project, and this group had had direct input into shaping how the cards would operate and would continue to do so over the coming year.

Mr McVeigh suggested that a letter should be sent to all service users. Ms Camp responded that it was intended to write when the pilot was about to begin. Councillor Lukey added that she had met with the peer support group and work was ongoing in developing/co-producing the policy. If any groups or individuals had been missed, the Council would ensure that this was corrected.

Mr McVeigh queried the feedback on the Customer Journey project. Ms Camp responded that she would check with a colleague.

Action: Toni Camp

Mr McVeigh queried whether the introduction of the new pre-loaded payment cards was actually a pilot. Ms Camp responded that it met the criteria of a pilot, in that the aim was to test the effectiveness of the cards before making decisions regarding their possible wider use. The success criteria for the pilot would be subject to further discussion with service users and an appropriate balance between benefits to users and benefits to the Council would be ensured.

Councillor Carlebach considered that there needed to be an assessment of the information being delivered and recommended a customer satisfaction survey after the pilot had been completed.

Ms Domb queried the training being provided and the capacity of social workers, and specifically training in respect of the Independent Living Fund (ILF). Ms Camp responded that there was extensive training. All posts had been filled and support staff would provide expert back up. Mrs Bruce added

that there was a specialist lead for the ILF, Caroline Maclean. In addition, a lead practitioner was being recruited, who would help to re-invigorate values and principles of personalisation. Adult Social Care welcomed input from user-led organisations and experts by experience.

Ms Domb queried CRB checks for PAs. Mrs Bruce responded that the expert team would provide help and advice, and the payment would be part of the essential costs included in the DP.

Ms Domb considered that personalisation should mean that disabled people were involved from the beginning in developing new approaches and systems. Mrs Bruce responded that the lead practitioner would work with services users to ensure that real co-production became the norm.

Ms Domb referred to the pilot and the expectation that the card would become the usual way of receiving a DP. Some service users would have a good record of managing a bank account and would not want to change to the card. Ms Camp responded that, in these circumstances, the change would not be forced upon service users. Previous versions of the card had been disappointing and if expectations of an improved product were not met, the approach currently being pursued would be reviewed.

In response to a query from Councillor Chumnerly, Ms Camp clarified that the support team of five would cover the three boroughs and there were currently around 370 service users with a DP in Hammersmith & Fulham. Councillor Chumnerly suggested that the ability of the team to cope with the workload should be monitored by recording queries, advice given and outcomes.

Ms Camp stated that it might be necessary to recruit temporary staff to support the roll-out of the pre-loaded cards, if the pilot proved successful, but that the need for this would be assessed at the relevant stage. Ms Camp noted that, in addition to the support team of five, there was a finance team of eight people, also working across the three boroughs.

In response to a query from Councillor Vaughan, Ms Camp stated that the pilot would commence in May/June time, depending on the procurement timetable. The number of new service users across the three councils was up to ten a month. The number of existing service users who would wish to participate in the pilot was not known. There would ideally need to be a minimum of fifty users of the card for an adequate evaluation of the pilot, and close to 100 service users would be preferable. The evaluation of the pilot would be available by the year end.

Councillor Vaughan summarised the action and recommendations identified in the discussion.

Action:

Information to be provided in respect of the training module for social workers; the expectations in terms of competency of social workers and the DP support team; and the lines of responsibility.

RESOLVED THAT:

The committee recommended that;

1. There should be further communication with service users, which would include addressing fears in respect of using the pre-loaded payment card.
2. The card should not be forced on current users, where current arrangements were working adequately.
3. An update report including the pilot evaluation be added to the work programme.

63. CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST: THE NEXT FIVE YEARS

The Committee received a presentation on the strategy of the Central London Community Healthcare NHS Trust (CLCH) for the next five years. The trust was one of 19 community health care trusts, three of which were currently undergoing the foundation trust process. CLCH had a diverse portfolio of 74 different services, the majority of which were provided through block contracts with commissioners.

The presentation covered commissioners' priorities and CLCH's responses and how foundation trust status would support CLCH as an effective local partner. Mr Reilly emphasised CLCH's five priorities: Quality, Transformation/Integration, Value for Money, Effective Leadership/Governance and Growth.

Ms Chesters stated that the process for foundation trust status would include an assessment by the Care Quality Commission commencing on 7 April 2015. An assessment of 'good' was required to proceed with the application. There would be a financial assessment by the Trust Development Authority and a final assessment by Monitor. The timeline indicated authorisation in June 2016.

Councillor Carlebach raised the issue of wards on borough boundaries, where residents might chose to be registered with a GP in a borough in which they did not live, and the need for multi-disciplinary teams to cover the same GP population. Mr Reilly responded that the payment mechanism made this difficult to achieve. Patients tended to be referred to services connected with practices, although commissioners could chose to be flexible. The allocation of money to teams on the basis of population served, not where people lived, was being piloted by early adopters.

Councillor Carlebach queried the charge of £75 by Parsons Green Walk In Centre to those patients not registered with a GP. Mr Reilly responded that the charge had been set nationally and was targeted at visitors to this country. The Centre was nurse led and was not an A&E department. The Centre could advise people how to quickly register with a GP, but people could not register at the Centre as all GPs were independent contractors. It was noted that proof of residency was required. Members noted that this could impact unfairly on disadvantaged people and asked Mr Reilly to discuss the issue with commissioners.

Councillor Lukey commented that she and Mrs Bruce had recently met with the CCG to consider how to support take up of GP registration generally and to target socially excluded people.

Councillor Lukey queried CLCH's vacancy rates and the action taken to address these. Mr Reilly responded that average vacancy rates were in the region of 16% and were higher in respect of community staff and the north of the borough. Recruitment initiatives included an event at Westfield, which had been particularly successful in attracting unqualified staff. Factors such as good leadership, training and opportunities to advance helped to retain staff. However, in London transport and living costs were an issue. At age 50-55, the clinical workforce had the option to consider retirement and at 55 could retire without approval. Temporary staff were employed through the NHS Employee Bank whenever possible, but it had been found that people, particularly health visitors, believed that working through an agency gave them greater freedom.

Councillor Holder queried where the work outlined in the presentation related specifically to the CLCH. Mr Reilly responded that CLCH worked in partnership, and had demonstrated effective partnerships with local authorities. Community care was different in that services were predominantly delivered in people's homes. Whilst specialist services were provided in hospital, the CLCH's work happened in clinics, to provide an early diagnosis and to support people in rehabilitation. Nurses managed conditions through follow up services in the community and reduced risk.

Ms Chesters added that CLCH was able to focus on the provision of high quality community services, and had made good progress in delivering services innovatively and in line with best practice.

Mrs Bruce queried whether the foundation trust model was out of date in view of the changing models of care and finance. Ms Chesters responded that foundation trust status was national policy. If an organisation did not achieve foundation trust status, it would be subsumed into a trust which had achieved foundation trust status. Mr Reilly added that the assessment process was demanding. Monitor had already adapted the system, for example in respect of financial risk in the current climate, with the focus on risk aware, rather than risk adverse. There was a move towards a more collaborative approach in respect of assessing governance.

Mr Reilly was requested to provide a local briefing for Hammersmith & Fulham.

In response to a query from Councillor Chumnerly, Mr Reilly clarified some of the terms used in the presentation. 'In reach' related to the work of community nurses in visiting patients in hospital and working alongside hospital staff to plan discharge as soon as it was safe.

In the Autumn, preparations were made to support primary care and A&E, by providing additional resources for pinch points. A ward at Charing Cross Hospital had been opened to provide 'Winter beds' for rehabilitation, for those patients who were fit enough to leave an acute ward but not fit enough to go home. Social Care would make arrangements for re-ablement.

Councillor Fennimore queried the role of the CLCH in the uptake of the flu vaccination. Mr Reilly responded that Urgent Care Centres had been tasked with the distribution of the vaccination. Staff had been encouraged to have the vaccination, as they could be a route of transmission. There had been variable results across London, with an average of only 30% of staff taking up the vaccination, despite an enormous effort in campaigns. There was not sufficient belief in the efficiency of the vaccination.

Councillor Vaughan queried the timeline, should CLCH not achieve foundation trust status in June 2016. Mr Reilly responded that it would be dependent on the improvements required. It had been three/four months or one year in other organisations.

Councillor Vaughan thanked the CLCH for their attendance and summarised the actions and recommendations.

Action:

1. Updates on workforce development and foundation trust status to be provided.
2. A local briefing for Hammersmith and Fulham to be provided.

Action: CLCH

RESOLVED THAT:

1. The Committee recommended that:
 - (i) the CLCH discuss with commissioners the issue of multi-disciplinary teams covering the same areas as GP populations.
 - (ii) information on GP registration be provided at Urgent Care Centres.

2. The forthcoming CLCH CQC report be added to the work programme.

64. THE ROLE AND WORK OF HEALTHWATCH DIGNITY CHAMPIONS IN HAMMERSMITH OF FULHAM

The Committee received an update report on the Healthwatch Dignity Champions project. Ms Murphy introduced Marie Connelly, one of the dignity champions, who conducted the 'enter and view' visits.

Mr McVeigh queried the involvement of Healthwatch in respect of direct payments and defining outcomes and what good care could look like. Ms Murphy responded that Healthwatch had been involved in terms of home care, working with individual providers to develop contracts and was a member of the advisory board. Ms Murphy emphasised the importance of dignity in care. There was no involvement with direct payments.

Councillor Chumnerly noted that there were a number of other community champions and suggested that their good work could be shared and influence the direction of travel.

Mrs Bruce stated that there was formal contract monitoring by the Care Quality Commission (CQC) and other regulatory bodies, including the safeguarding champions and that voices in the community added value alongside the formal bodies.

Councillor Fennimore queried recruitment of Dignity Champions and whether they were representative of all groups, and particularly those who were socially excluded. Ms Connelly responded that the Dignity Champions were representative of most ethnic groups and people with disabilities. Recruitment tended to be informal, with dignity champions recruiting each other.

Ms Murphy acknowledged that more could be done to recruit young people and informed the Committee of the supported visit by young people to an Urgent Care Centre and the young people's report on Chelsea and Westminster Hospital paediatric wards.

Ms Murphy responded to Mr McVeigh that it was not the role of Healthwatch to submit complaints on behalf of individuals. Following an assessment of services, Dignity Champions would submit an anonymised report to the service provider. It was not their role to befriend or advocate on behalf of service users. However, they were able to direct people to advocacy and other services and provide leaflets on how to complain. There tended to be an increase in complaints following an assessment.

Councillor Vaughan commented on the value added by Dignity Champions in capturing the views of service users, families and carers and queried whether Healthwatch had compared its reports with more formal reports on home care by other organisations. Ms Murphy responded that the Dignity Champions

tended to provide the soft intelligence and gave the example of a care home which the CQC had revisited after Healthwatch raised concerns. Healthwatch had been successful in informing the CQC's inspection programme and had good informal relationships with Adult Social Care and the CQC.

Healthwatch had sufficient resources to follow up an assessment, but any unresolved concerns would be handed over to the contract managers. Healthwatch did not have the capacity to continue to follow up.

Councillor Vaughan thanked Ms Murphy and Ms Connelly for attending the meeting.

RESOLVED THAT:

The Committee noted the report and thanked the dignity champions for their work and the excellent benefits, particularly for service users.

65. PROGRESS AND 'GO LIVE' IMPLICATIONS OF THE CARE ACT IMPLEMENTATION PROGRAMME

The Committee received a report on the 'go live' implications to prepare for the requirements of the Care Act 2014. The majority of the provisions would come into force in April 2015. The changes required would need to be fully embedded as part of an ongoing change management approach.

Ms Domb queried the standard operating procedures developed over the previous few months. Mrs Bruce responded that it was necessary for these procedures to be put in place to demonstrate compliance with the Care Act. It was intended to develop a more flexible tool across the three boroughs, as the current Resource Allocation System or RAS did not allocate the true market cost of care for people with complex needs.

The appointment of a Lead Practitioner had been mentioned earlier, and customers would be invited to be part of this work, which would focus on outcomes and greater transparency. The processes should be less prescriptive and more high level and enabling.

Mrs Bruce responded to Councillor Vaughan's query in respect of what the Care Act would deliver, that it would bring about huge changes, with all legal frameworks being either changed or abolished. There would be policy and funding reforms, including deferred payments and a cap on care costs of £72,000. Adult Safeguarding duties would be on a statutory footing and there would be well-being responsibilities and a duty to integrate services with partners.

RESOLVED THAT:

1. The report be noted.

2. A further update on the Care Act be added to the work programme.

66. OVERVIEW OF THE PUBLIC HEALTH SERVICE FOR THE THREE BOROUGHES

The Committee received a report on public health responsibilities, functions and services delivered in the London Borough of Hammersmith & Fulham.

Councillor Carlebach queried: the relationship with the Joint Strategic Needs Assessment (JSNA); the absence of paediatrics or oral health as a key work area; the choice of a key indicator for tooth decay in children age 5, when there was significant tooth decay in children under this age, many of whom had teeth removed under general anaesthetic; and the conflicting advice from Public Health and the CCG in respect of school absences, whereby schools required a note from GPs and the CCG advised parents not to take their children to a GP.

Mr Lines responded that the requirement to produce a JSNA had been placed on the NHS and local authorities some seven years previously. The JSNA was led by Public Health, which also undertook the main analysis and presentation. Post the transfer of funding to local authorities, there remained a leadership post in the Public Health team for the JSNA. The JSNA informs commissioning.

The Public Health Children & Families team led on a range of work, including child oral health. The indicators were national ones, and not from the Public Health Outcomes Framework.

Mr Lines noted that decayed, missing or filled teeth (DMFT) in children might be indicators of other diseases and poor diet.

In respect of the conflicting advice from Public Health and the CCG, it was noted that the issue had been raised with Andrew Christie and that he would be able to provide an update in respect to the messages being given to parents by schools.

The Chair proposed and it was agreed by the Committee that the guillotine be extended to 10.10pm.

Mr Lines was unable to respond to specific queries on key work areas such as NHS Health Checks and children and families issues, and offered to bring more detailed reports about the Public Health programmes to future meetings.

Councillor Vaughan referred to the issues in respect of administration and promotion of the flu vaccination, and whether there were any other issues about which the PAC needed to be aware. Mr Lines responded that preventative health was reflected in the forthcoming public health strategy. Screening, particularly cancer screening uptake was another issue, and this

was partially covered in the strategy. There was shared responsibility between Public Health England and NHS England, and a need to work across the system to ensure good uptake.

Councillor Carlebach noted the absence in the strategy of muscular skeletal conditions and the need to focus on prevention and the wider determinants of health. Mr Lines responded that Public Health would support the preventative aspects of the Care Act, which were likely to be most relevant, and could bring a report to a future meeting.

RESOLVED THAT:

The committee recommended that:

1. Tooth decay in all children, not just age five, should be a key indicator.
2. Public health advice in respect of children off school should be in line with the advice given by schools.
3. PHE should work with NHSE in respect of immunisation and screening.
4. A more detailed report in respect of key work areas be added to the work programme.

67. WORK PROGRAMME

The work programme was noted.

68. DATE OF NEXT MEETING

The date of the next meeting is to be confirmed.

Meeting started: 7.00 pm
Meeting ended: 10.10 pm

Chair

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Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

APPENDIX 1

Recommendation and Action Tracking


The schedule below sets out progress in respect of those substantive recommendations and actions arising from the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minute No.	Item	Action/recommendation	Lead Responsibility Progress/Outcome	Status
6.	Imperial College Healthcare NHS Trust: Cancer Services Update	Information to be provided in respect of: <u>Vaccinations:</u> (i) whether flu vaccines would also be offered to patients at Queen Charlotte's hospital: (ii) the number of vaccinations given to patients and staff, to include the provision of the shingles vaccine. (iii) <u>Cancer Care:</u> action to improve the time between a patient presenting at their GP and a clinical referral.	<u>Imperial College Healthcare NHS Trust</u> Information provided.	Complete
7.	Shaping a Healthier Future: Update	Information to be provided in respect of: (i) current patient numbers and the capacity of the new Parkview Centre for Health & Wellbeing (ii) further detail in respect of where the patients who used the Central Middlesex and Hammersmith Hospitals lived <u>Hammersmith Hospital</u> (iii) the community groups identified (iv) communication plan: evaluation criteria	<u>H&F CCG/Shaping a Healthier Future</u> Information provided	Complete

		(v) skills-gap analysis and methodology (vi) expected patient numbers following the closure of the A&E.		
17.	2015 Medium Term Financial Strategy	A written response in respect of servicing the Council's debt to be provided.	<u>Hitesh Jolapara</u> Response provided.	Complete
18.	H&F Clinical Commissioning Group/Imperial College Healthcare Trust	Information to be provided in respect of: (i) flu vaccination rates for staff. (ii) the board level meetings at which the Shaping a Healthier proposals had been discussed. (iii) foundation trust application (if in public domain)	<u>Imperial College Healthcare NHS Trust</u> Information provided.	Complete
27.	Independence, Personalisation and Prevention in ASC	(i) Members to be informed whether the tender included the requirement to pay the London living wage. (ii) The tender specification to be circulated to members.	<u>Liz Bruce/Paul Rackham</u> Information provided.	Complete
34	Under Fives Flu Vaccination Programme in H&F	Update	<u>Stuart Lines</u> Response provided. Agenda item, January 2015	Complete
40.	Imperial College Healthcare NHS Trust: Accident & Emergency Waiting Times	Update	<u>Imperial College Healthcare NHS Trust</u> . Update provided to February 2015 meeting.	Complete
41.	Under Fives Flu Vaccination Programme in H&F	Correct figures to be provided to Councillor Carlebach.	<u>Hammersmith & Fulham CCG</u> Explanation for discrepancy provided.	Complete

54.	Imperial College Healthcare NHS Trust : CQC Report and Action Plan	<p>(i) A list of organisations consulted to be provided.</p> <p>(ii) Work in respect of improving pathways for people with learning disabilities and dementia to be provided.</p> <p>(iii) Information in respect of available languages to be provided.</p> <p>(iv) Data in respect of A&E handover times with London Ambulance Service to be provided.</p>	<p><u>Hammersmith & Fulham CQC</u> Information provided.</p> <p><u>Imperial College Healthcare NHS Trust</u></p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Chased</p>
56.	Shaping a Healthier Future	<p>(i) NHS London/NHSE to be asked when the details of ICHT's business case can be released.</p> <p>(ii) The number of additional consultants and other staff in the A&E departments at CXH and HH to be provided.</p> <p>(iii) Councillor Chumnery to be contacted to clarify communications.</p>	<p><u>Hammersmith & Fulham CCG</u></p> <p><u>Imperial College Healthcare NHS Trust</u> Information provided.</p> <p><u>Hammersmith & Fulham CCG</u> Councillor Chumnery contacted.</p>	<p>Not yet known</p> <p>Complete</p> <p>Complete</p>
62.	Self-Directed Support Progress Update	<p>Information to be provided in respect of:</p> <p>(i) the Customer Journey project.</p> <p>(ii) The training module for social workers.</p>	<p>Response sent to Mr McVeigh.</p> <p>Information provided.</p>	<p>Complete</p> <p>Complete</p>
63.	CLCH: The Next Five Years	<p>(i) Updates on the workforce and foundation trust status to be provided.</p> <p>(ii) A local briefing for H&F to be provided.</p>	<p><u>Central London Community Healthcare</u></p>	<p>Chased</p>

Agenda Item 4

London Borough of Hammersmith & Fulham	
 hammersmith & fulham	HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE
29th April 2015	
TITLE OF REPORT Listening to and supporting carers	
Report of the Executive Director, Adult Social Care and Health	
Open Report	
Classification - For Review & Comment	
Key Decision: No	
Wards Affected: All	
Accountable Executive Director: Liz Bruce	
Report Authors: Mike Rogers / Berni Jennings	Contact Details: Tel: 020 7641 2425 E-mail: mrogers@westminster.gov.uk Tel: 020 7361 3478 Email: bernadette.jennings@rbkc.gov.uk

1. EXECUTIVE SUMMARY

1.1. This report provides:

- a description of local carers in Hammersmith & Fulham;
- the interim local results of the recent National Carers Survey, and other recent feedback from carers;
- the range of support services available to carers living in the borough
- information on areas to improve services for carers in future.

2. RECOMMENDATIONS

2.1. The Committee is asked to review and comment on the contents of the report.

3. INTRODUCTION AND BACKGROUND

3.1 A carer is somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical

or mental illness, or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer.

- 3.2 The support and care provided by unpaid carers to family members or friends with health and social care needs is crucial. Without the support of this dedicated group, the cost of maintaining people independently in the community would be far greater. It is estimated that there are 5.2m carers nationally and the care they provide saves approximately £119 billion every year for health and social care services in England.
- 3.3 The Care Act 2014 provides new rights to carers and gives local authorities a responsibility to assess a carer's needs for support, where the carer *appears* to have such needs. Support for carers in Hammersmith and Fulham is provided by Adult Social Care through the social work and care management teams, by Carers Network, the contracted carers' organisation in the borough, and by a range of voluntary sector organisations including Mind and Mencap.
- 3.4 This paper describes the population of carers in the borough, what carers have told us about themselves and their circumstances and the services they receive. It also outlines how the Council aims to meet carers needs now and in the future.
- 3.5 The Council is committed to listening to carers and putting the carers voice at the heart of service improvements and developments. This paper is intended to support this approach.

4. CARERS IN HAMMERSMITH & FULHAM

- 4.1 In the national ONS Census of 2011 12,330 local residents described themselves as providing unpaid care to a family member or friend.
 - Of this group around 2,500 reported providing very high levels of care, of 50+ hours per week, around two thirds of this group were female.
 - Carers providing 50+ hours of care a week were more likely to live in the north of the borough, in College Park & Old Oak, Wormholt & White City, areas of relative deprivation and social housing. Fulham Broadway and Sands End also have higher rates of carers compared to the borough average.
- 4.2 In January 2015, 941 carers were known to adult social care services in Hammersmith & Fulham, with more being known to local voluntary and community groups.
- 4.3 Prior to April 2015 a carer needed to provide 'regular' and 'substantial' care to be eligible for an assessment. The new duties under the Care Act and the right of all carers to request an assessment, could mean that an estimated additional 800 local carers may come forward to be assessed.

5. CARERS VOICE

5.1 The Council want to put the views of carers and feedback about their experience at the heart of how services are developed in the future. Every contact between carers and local services is an important opportunity to hear carers views, and tell us when we have got things right and importantly, how things can be done differently. To meet this challenge the Council uses a range of different methods to make sure as many carers voices as possible are heard. These include using the national carers survey, extended local surveys, feedback from carers groups, feedback from individuals and complaints and representations.

5.2 National Carers Survey

5.2.1 Every two years there is a national requirement for local authorities to undertake a carers survey. The survey is aimed at carers who have been assessed by the local authority in the previous year. The survey asks about carers satisfaction and a number of questions about their quality of life. The latest survey took place between November 2014 and January 2015. The Council wrote to 455 carers and received responses from 39%. Details about the carers who responded locally and what they told us can be found in Appendix 1, these are presented in summary below.

5.2.2 About the carers who responded:

- A high proportion of carers provided very high levels of care; more than 4 in 10 carers who responded provide 100+ hours a week. National results of previous carers surveys suggest that where carers provide very high levels of care they are more likely to rate their quality of life lower.
- Carers in Hammersmith and Fulham were providing more hours per week than typical of many other areas and are more likely to live with the person they care for. Half had been caring for more than 10 years.
- Carers in Hammersmith and Fulham are far more likely to be women, retired or not in paid work, most were aged 50+. Half of them have a health condition themselves.
- Nearly three quarters of the people they cared for had multiple conditions, or long-standing illness. One third of carers cared for someone with dementia, a third for someone with learning disabilities and one quarter for someone with mental ill-health.
- Nearly all carers reported that they provided a full range of support to those who they cared for, including practical help, help with paperwork and finances, emotional support, keeping an eye on the person, help with personal care, taking them out and giving them medicines etc.

5.2.3 What carers told us

- Carers satisfaction with services has increased; 37.2% of respondents said they were 'extremely' or 'very' satisfied with services they were receiving; this is up from 33.7% two years ago.
- People caring for those with dementia were more likely to be 'extremely' or 'very' satisfied (48%) compared to carers of people with a learning disability who were least likely (32%).
- The survey asked carers about the impact of caring on their quality of life. The overall results suggest that the quality of life of carers locally has increased slightly over the last two years. However, from the comments received and responses to the survey carers are often a marginalised group, with those looking after people with a learning disability or mental health needs; providing a high number of hours of support or not in paid employment due to caring responsibilities, more likely to report a lower quality of life.
 - Spending time doing enjoyable things.
 - 18% of carers said that they were able to spend their time as they wanted doing things they valued or enjoyed; 63% said they were able to do some of the things they valued, but not enough, while 19% said they were not able to do anything they valued with their time.
 - Control over daily life.
 - 21% of carers said that they had as much control over their daily lives as they wanted; 64% said they had some control, and 15% felt they had no control at all.
 - Own personal care.
 - 47% of carers felt they had as much time to look after themselves in terms of getting enough sleep or eating well, 32% sometimes felt they could not look after themselves well enough and 20% felt that sometimes they were neglecting their own needs.
 - Personal safety.
 - 80% of carers said that they had no worries about their personal safety in relation to fear of abuse, being attacked or other physical harm; 19% said they had some worries and 2% said they were extremely worried.
 - Social participation and contact with others.
 - 27% of carers said that they had as much social contact as they wanted with people that they liked; 60% said they had

some social contact, but not enough and 13% said they felt socially isolated

- Encouragement and support in caring role.
 - 31% of carers felt encouraged and supported in their caring role; 56% said they received some encouragement and support but would like more, and 13% said they had none.
- In the survey carers told the Council what services they had been using in the past year. More reported using carers group services and training and employment support than two years ago; but with fewer using advice and information.

5.3 Feedback from complaints and representations

5.3.1 The Council acknowledge there have been some particular complaints and representations by some carers about carers services in Hammersmith & Fulham, including the Carers Network contract.

5.3.2 The Council takes all feedback seriously and has held regular meetings and discussions between the Cabinet Member for Health and Adult Social Care, senior officers and concerned carers to ensure that concerns raised were addressed.

<i>Summary of issues raised</i>	<i>What the Council has done</i>
<p><u>Transition to a new provider</u></p> <p>Information on Carers Network website was too generic and not local enough.</p> <p>The new service did not have a local base in the borough.</p> <p><u>Quality of services</u></p> <p>Specific concerns about support groups for people with mental health needs or learning disabilities were raised.</p> <p>Concerns about the timing of, and support offered on carers trips were raised.</p> <p>Concerns about lack of local focus in Carers network newsletter.</p>	<ul style="list-style-type: none"> ● <i>Carers Network website improved to give a better Hammersmith and Fulham focus.</i> ● <i>A local base for Carers Network has now been established at Bishop Creighton House.</i> ● <i>New specialist support groups now started with Mencap and MIND.</i> ● <i>Timing and staff support have been changed to better meet needs</i> ● <i>Carers Network will now produce a separate, dedicated Hammersmith & Fulham newsletter. They will work with local carers themselves so that they are directly involved in shaping the format and content of future editions.</i>

6. Meeting current and future needs of carers

6.1 Assessing and reviewing needs

- 6.1.1 Carers now have the right to an assessment if they wish to have one. However, there are universal services available for all carers irrespective of whether they have an assessment or not: these include advice and information and access to support groups. If a carer wants detailed individual advice, or access to specific types of support or services it is necessary to have a carer's assessment. Carer's assessments can be carried out by officers from the care management service or staff working for Carers Network (the contracted carers organisation in the borough).
- 6.1.2 The Care Act places the well being of carers at the heart of the assessment process and by focusing on the outcomes carer's want to achieve, assessors can work with carer's to determine the best way to support them, and where carer's have eligible needs plan with them how to meet these needs. This is called the support planning process. The types of support for carers include: high quality services to the cared for person; detailed advice/information; access to preventative services and carer's personal budgets. Carer's personal budgets are a sum of money paid by the local authority to a carer to support them in their caring role. Typically carers use these for alternative therapies, gym membership or a short break. Carers' enjoy the flexibility of this scheme as they can choose how best to meet their needs.
- 6.1.3 The Care Act improves the rights of carers and with the changed criteria for assessment (see section 4.3) there could be a significant increase in the number of carers coming forward for an assessment.
- 6.1.4 To effectively support carers the Council wants to make sure they are involved in and consulted on decisions about the care of those they are looking after. Whilst two thirds of carers in the survey said they had been involved or consulted, in a third of cases more involvement and consultation about decisions would have been welcomed by carers.
- 6.1.5 For customers and carers who have received an assessment and support planning from the local authority or the contracted carers organisation, there is a requirement to review their care and support on a yearly basis.

<i>What the Council have done</i>	<i>From April 2015</i>
Adult Social Care improved the performance in assessing and reviewing carers known to them in 2014-15. Performance improved from 41% in 2013/14 to over 50% in 2014/15. However the Council is committed to improve this significantly in the coming year, and is	<ul style="list-style-type: none"><i>To try and make the assessment process easier for carers and ensure it is proportionate the Council is introducing a shortened version of a supported self assessment form. This is a form carers can fill in themselves and then</i>

<p>introducing new forms of assessment to enable this.</p> <p>The Council have undertaken an audit of how Carers Network undertake assessments of carers.</p>	<p><i>complete with a staff member.</i></p> <ul style="list-style-type: none"> • <i>To meet the potential increase in carers asking for an assessment, the Council is streamlining the assessment process between the care management service and the carers contracted organisation, Carers Network.</i> • <i>Introduced and piloted new assessment forms focusing on achieving carer's chosen outcomes to help and maintain a carer's well being.</i> • <i>Carers who have had an assessment will get a written support plan outlining the advice and support to be arranged to help in their caring role.</i> • <i>Introduced a quality assurance process to ensure that assessments undertaken by Carers Network on behalf of the Council are of consistent quality and that carers needs are being meet.</i>
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6.2 Advice and information

6.2.1 Under the Care Act, local authorities must: *“establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers”*. (Care Act Guidance Oct 2014)

6.2.2 Carers told us that getting the right advice and information at the times they need it, in a format that works for them is crucial to help support them in their caring role. The Council also recognise that good quality and accessible information and advice is important to enable all residents to take responsibility for their own health, well being and care, and to help them have as much choice and control as they want.

6.2.3 Nearly two thirds of carers told us they found information and advice ‘very’ or ‘fairly’ easy to access, with a third finding it ‘fairly’ or ‘very’ difficult. The majority of carers (84%) told us they found the information they had been given ‘very’ or ‘fairly’ helpful.

6.2.4 Whilst these results are an improvement on two years ago, the Council recognises that carers in different circumstances want access to high quality information in different formats delivered in a variety of ways, this will underpin our approach going forward.

<i>What the Council have done</i>	<i>From April 2015</i>
<ul style="list-style-type: none"> • Carers Network produce four newsletters a year with information regarding local services and events. It is distributed to approximately 1000 carers in H&F per quarter. • Carers Network hold drop in advice sessions at three locations in the borough, as well as offering booked appointments. From Dec 2013 to February 2015, 159 drop in sessions took place. • People First website has been developed with up to date local information for customers and carers. • Improvements in the Carers Network website to better meet local information needs. 	<ul style="list-style-type: none"> • <i>Carers Network will distribute the newsletter to a wider audience including GP practices, pharmacies local voluntary sector organisations and via the free local press. The layout of the newsletter will be improved following carer feedback.</i> • <i>A series of leaflets have been written explaining how the Care Act will impact on customers and carers. The leaflet on carers services locally is being updated.</i> • <i>People First has been expanded to include more information on local services for customers and carers. Officers will be asking for feedback on the website from members of the Carer's Forum (see section 6.6).</i> • <i>MIND and Mencap will be offering advice and information to carers through the carers support groups from April 2015.</i>

6.3 Carers Personal Budgets

6.3.1 Carers who responded to the survey found the carers personal budget particularly helpful and appeared to like the flexibility to use it on a range of things, depending on need. When asked about choice and control generally, 84% of carers said they had 'some' or 'all' of their needs met.

6.3.2 The number of carers coming forward for an assessment who may meet the eligibility criteria for carer's personal budgets may well increase as a result of the Care Act.

<i>What the Council have done</i>	<i>Future plans</i>
Targeted carers who offer high levels of unpaid caring to offer them an assessment. This group of carers are more likely to	<ul style="list-style-type: none"> • <i>Obtained additional funding from the Care Act Implementation Fund for</i>

<p>have eligible needs that can be met by a personal budget.</p> <p>Together with health services been piloting a scheme to promote and increase awareness of carer's needs with a group of six GP practices in Hammersmith and Fulham.</p>	<p><i>carer's personal budgets provision.</i></p> <ul style="list-style-type: none"> • <i>Working with the local health services with a view to piloting the scheme with a further eight GP practices in Hammersmith and Fulham.</i>
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6.4 Carers support groups

6.4.1 The Council recognises that carers are potentially a potentially isolated group often lacking the support of peers, etc. Carers have told us that friends and neighbours and other carers provide invaluable support to them. The results of the survey suggest that carers are using more carers group services than two years ago. The Council wants to make sure that all carers are valued, encouraged and supported. We recognise the importance of carers support groups in helping to achieve this aim.

<i>What the Council have done</i>	<i>Future plans</i>
<ul style="list-style-type: none"> • Carers Network undertook a review of support groups and their frequency. • In the 12 months to Dec 2014 192 support group sessions took place with 1122 carer attendances took place. 	<ul style="list-style-type: none"> • <i>Carers Network asking for feedback on the current format and frequency of the support groups through their survey.</i> • <i>Re starting the support groups for carers of people with a learning disability and mental health needs by specialist organisations Mind and Mencap from April 2015.</i> • <i>Fund raising by carers Network has enabled them to set up a new End of Life project to support older carers supporting people at the end of their lives.</i>

6.5 Respite care and short breaks

6.5.1 The Council recognise the importance of respite care and short breaks care in supporting carers as it enables them to have a break or pursue personal interests away from their caring role. 32% of respondents to the carers survey who had experience of respite care said it helped them 'a lot' or 'quite a lot, but 40% felt it had helped them hardly at all.

<i>What the Council have done</i>	<i>Future plans</i>
In 2013-14 - the Council spent £350,333 on bed based respite for 87 people. (This excludes the in-house provision at Rivercourt for people with a learning disability).	<ul style="list-style-type: none"> • <i>Respite care for the 'cared for' person can be of great support for carers, ensuring they have a break from caring. When carrying out a carer's assessment, assessors will consider if a referral for respite is appropriate.</i> • <i>Working with the H&F Carer's Forum (see section 6.6) we will talk with carer's to hear their views on respite.</i> • <i>Carers may be eligible for a short break in their own right. Assessors will discuss this during the assessment process and if this is an eligible need, carers can apply to either the Small Grant Scheme administered through Carers Network or through the carer's personal budget scheme.</i>

6.6 Making sure we continue to hear carers' voices

The Council is committed to ensuring that every contact between carers and local services is used as far as possible to hear carers views and address their concerns. Using a range of methods to gain carers feedback, the Council is particularly committed to trying to resolve any issues carers may have in as a proactive a way as possible making sure as many carers voices as possible are heard.

<i>What the Council have done</i>	<i>Future plans</i>
<p>National carers survey in LBH&F</p> <p>Carers Network obtain feedback from carers following all events. This informs future planning and is available to local authority staff through the contract monitoring process.</p> <p>A forum is held for staff representatives from the local authority, mental health</p>	<ul style="list-style-type: none"> • <i>Officers will be working with the care management service and local voluntary organisations to highlight the issues raised by the survey results and are developing an action plan to address areas for improvement.</i> • <i>Carers Network are undertaking a</i>

<p>teams and local organisations working with carers twice yearly to look at quality issues.</p> <p>The Carers' Partnership Board runs quarterly with carer representatives from Hammersmith and Fulham. The topics for discussion are agreed by carers.</p> <p>Where there are serious concerns which cannot be resolved by other means the statutory adult social care complaints process is open to carers.</p> <p>Individuals and groups of carers can also raise complaints through Carers Network.</p> <p>In all cases, complaints are thoroughly investigated and the Council is committed to learning from complaints making any necessary service changes.</p> <p>Successful Carers Rights Day held in November 2014.</p>	<p><i>survey of carers they are in contact with not known to adult social care so the Council can get a broader perspective on carers views.</i></p> <ul style="list-style-type: none"> • <i>A dedicated H&F Carers Forum has been set up to hold its first meeting in April 2015. This will provide a forum for local authority staff to hear carers voices and for carers to influence services.</i> • <i>Regular meetings between carers and senior officers within the local authority will continue to take place.</i> • <i>Carers Week in June 2015. Carers Network to work with carers to coproduce local events drawing on learning from feedback and past events and activities</i>
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6.7 Opportunities for employment, occupation and social inclusion

- 6.7.1 Providing unpaid care for long periods of time can be an isolating experience for carers and can impact on carer's health and well being. Opportunities for employment, volunteering and other forms of social inclusion can be beneficial for carer's health.

<i>What the Council have done</i>	<i>Future plans</i>
<p>Carers Network offer volunteering opportunities for carers and ex carers within their organisation.</p> <p>Carers Network run support groups/organise days out for carers to reduce carer's experience of social isolation.</p> <p>Carers Network organise events for Carers Week in June, and Carers Rights Day in November.</p> <p>Carers Network support workers provide carers with information on local education/IT courses to improve carer's skills and knowledge; provide information on health and leisure opportunities locally and link carers to other voluntary sector organisations in the borough who can offer support to carers.</p>	<ul style="list-style-type: none"> • <i>The new eligibility criteria for carers in the Care Act relates to the impact of caring on specific domains. These include opportunities for education/volunteering and having a job. Assessors will now routinely ask carers how caring impacts on their opportunities in these areas and offer support in relation to carer's achieving their personal outcomes.</i> • <i>The new carers assessment form includes Quality of Life Survey questions. This will enable officers to gather information on these areas in between formal survey</i>

	<p><i>questionnaires to inform future planning of services.</i></p> <ul style="list-style-type: none"> • <i>Carers Network are now asked to report on the number of new carers they are in contact with who are in employment to ensure the voice of these carers is heard and their needs addressed within their service.</i> • <i>Carers Network are working with councillors and Community Champions in the College Park and Old Oak wards to raise awareness of carers and carer's issues by planning a training session with local housing association staff in April and running a stall at the community centre fun day as part of Carers Week events in June.</i> • <i>Carers Network are working with White City Enterprise, Hammersmith Community Gardens Association, the Community Champions and the Befriending Service to raise aware of carers in the Wormholt and White City wards as they have the second highest proportion of unpaid carers in the borough. Events are planned with Askew Library and Parkview Health Centre.</i>
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7. CONSULTATION

7.1 This report is for information only. There are no issues to consult on.

8. EQUALITY IMPLICATIONS

8.1 There are no equality implications arising from this report.

9. LEGAL IMPLICATIONS

9.1 There are no legal implications arising from this report.

10. FINANCIAL AND RESOURCES IMPLICATIONS

10.1 There are no financial or resource implications arising from this report.

11. RISK MANAGEMENT

11.1 There are no issues in relation to risk arising from this report.

12. PROCUREMENT ISSUES

12.1 There are no procurement issues arising from this report.

13. CONCLUSION

13.1 This report is for information only. It provides: information on the number of carers living in Hammersmith and Fulham; the interim results of the recent National Carers Survey; the range of support services available to carers living in the borough and areas for future development to continuously improve the service for carers locally.

Appendix 1 – National Carers Survey in LBH&F 2014-5 - Preliminary results

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location

Survey of Adult Carers in England 2014/15
London Borough of Hammersmith and Fulham – Preliminary Results

ASC Business Analysis Team
February 2015

Number providing care:

2011 Census

12,330 residents providing unpaid care (2011 Census)

3rd lowest nationally

...of whom

2,530 (21%) provide **50+ hours a week**

Male: 37%
Female: 63%

Carers benefit:
Working age (May 2014)

1,040

Known to ASC:

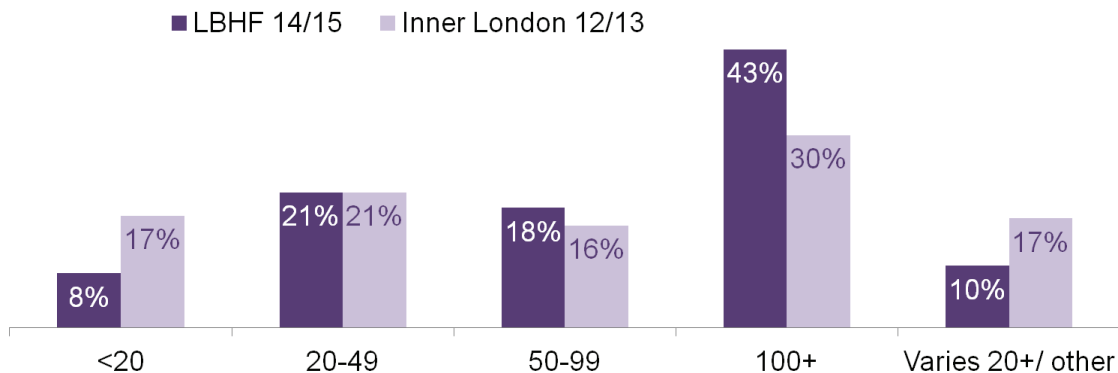
Dec 2014

941

ASC Survey suggests 86% provide 20+ hours a week (43% provide 100+ hours a week)

Page 29

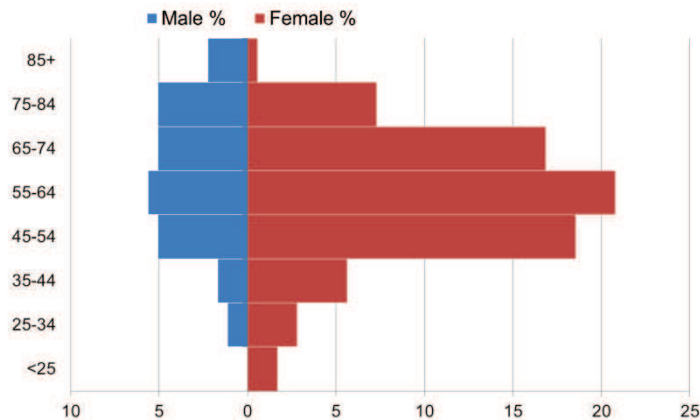
Hours of care provided per week – compared to Inner London 12/13 (ASC Carers' Survey 2014/15)



More than 4 in 10 respondents provide 100+ hours a week, compared to 1 in 3 in Inner London (12/13).

Higher intensity carers are more likely to rate their quality of life as poorer.

Gender and age profile



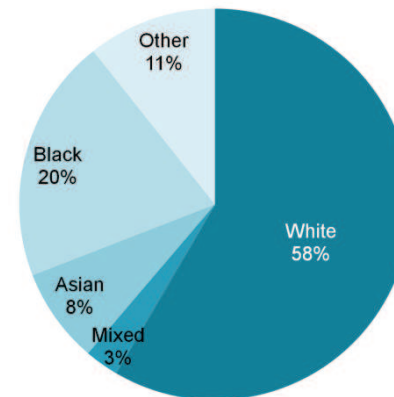
Three quarters (74%) of respondents were female, reflecting that caring is more common among women, but also that men are sometimes harder to engage with carers services. Female carers have a younger age profile than men.

Length of time of being a carer

- A third (36%) have been caring for less than five years.
- 1 in 5 (19%) have been caring for 5-10 years
- 1 in 5 (23%) have been caring for 10-20 years
- 1 in 5 (22%) have been caring for more than 20 years

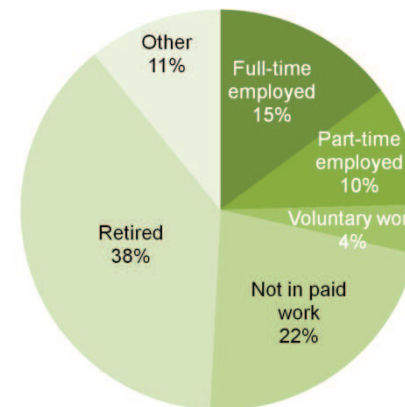
The number caring for more than 20 years is broadly typical of Inner London (12/13)

Ethnicity of respondents

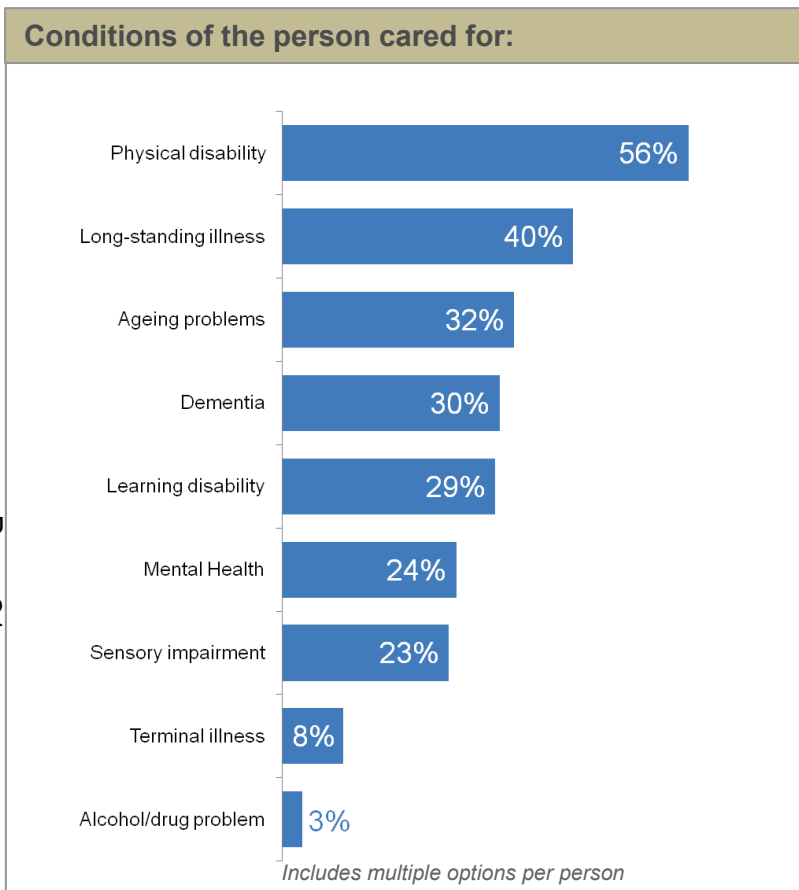


The ethnic breakdown is similar to the ethnic profile of those providing 50+ hours a week in the 2011 Census, but with a slight under-representation of the Asian group.

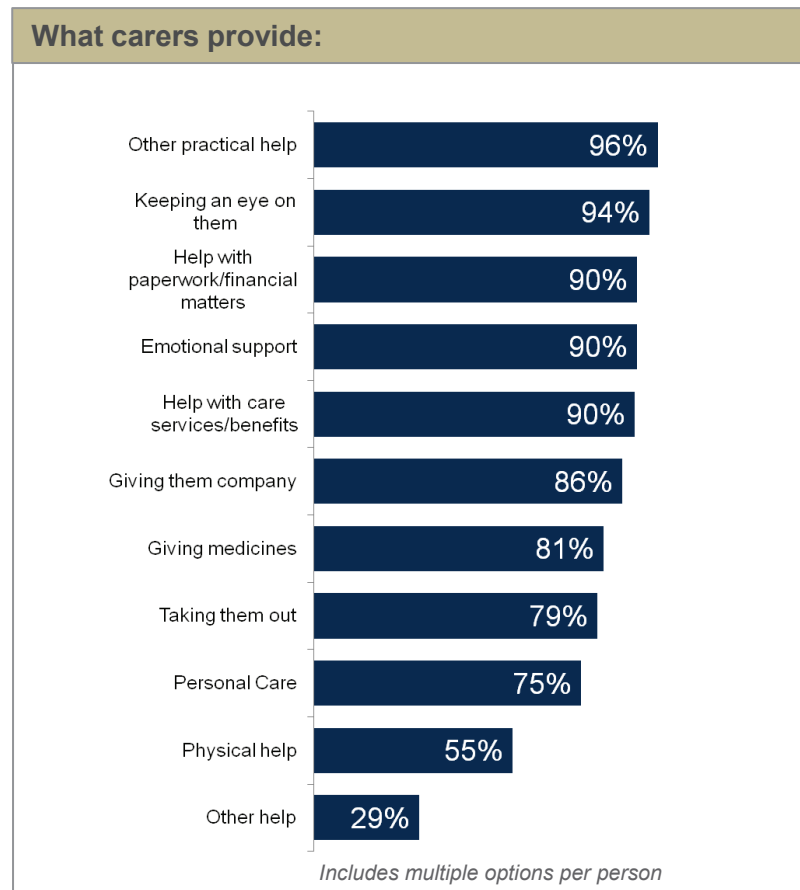
Employment status of respondents



Levels of employment among carers locally is very low, with a quarter in paid work. Around 4 in 10 are retired.

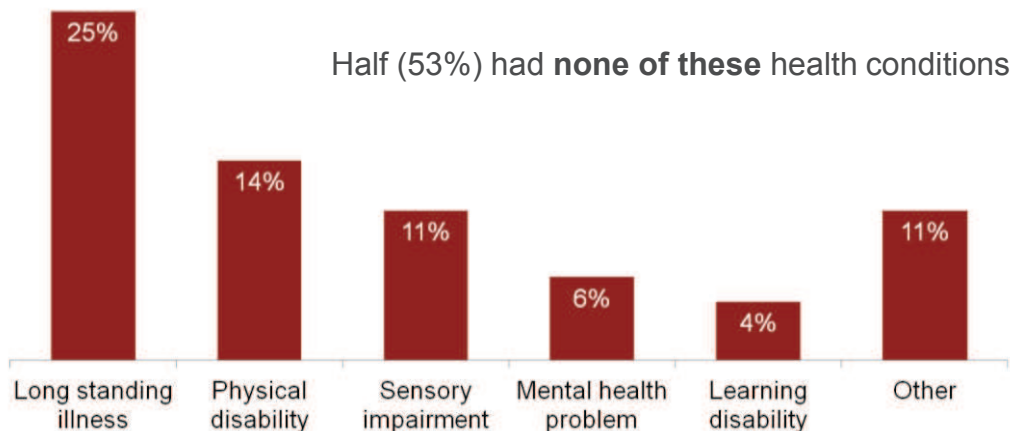


Three quarters of those cared for (71%) have multiple conditions, with the most common conditions being physical disabilities, long-standing illness, and problems due to ageing. One third of carers care for someone with learning disabilities and one quarter for someone with mental ill-health.



Carers tended to provide the full range of support to those who they care for. This is likely to be a reflection of the intensity of the caring provided (in hours). In some cases, respondents stated they did not take those cared for out as they were bedbound and therefore not able to leave the home.

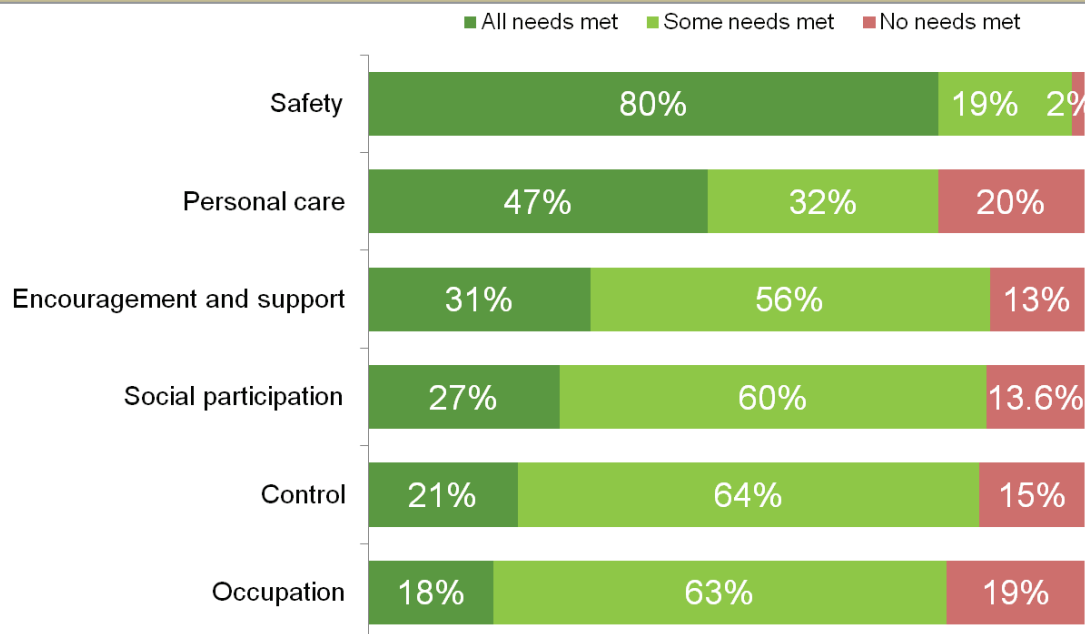
Health conditions of LBHF carers



Given the relatively old age structure of those who provide care, it is unsurprising that around half have some form of health condition themselves.

A quarter of respondents have a long standing illness, and 1 in 6 have a physical disability. Around 1 in 20 have a mental health problem and a similar proportion have a learning disability.

Quality of life of carers

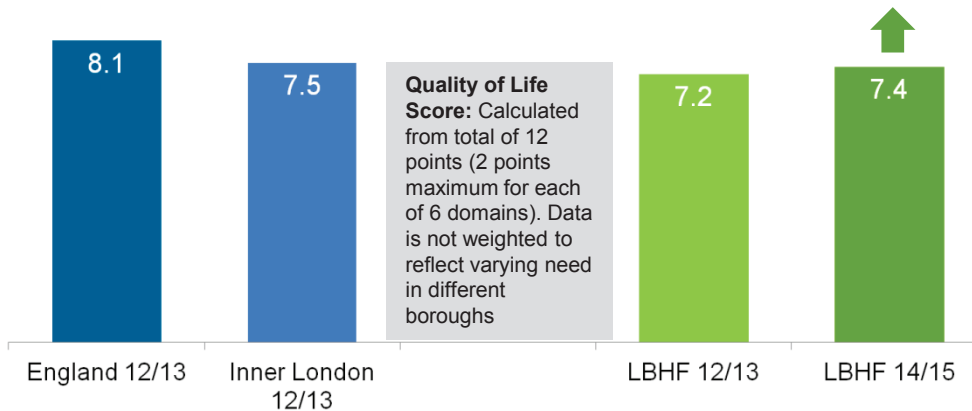


The survey collects information on six quality of life indicators, which are then rated to form an overall quality of life composite score (see page 9).

Generally, less than 1 in 5 respondents felt none of their needs were being met. However, only a quarter felt their needs were met around social contact and a fifth around control and enjoyment.

The proportion stating they have as much social contact as they want rose by approximately 1% on the previous survey result in 12/13. 5

Quality of Life of carer – composite measure over time and by comparator group

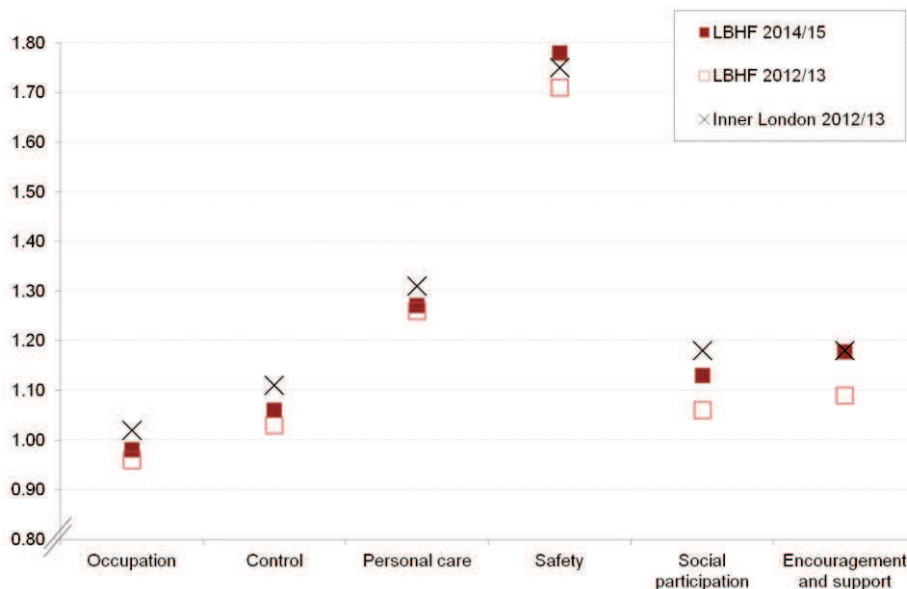


Overall quality of life of carers has increased slightly in the past two years in LBHF and now stands at 7.4 out of 12 (7.2 in 2012/13). This is slightly lower than Inner London 12/13 and lower than England 12/13.

LBHF respondents provide a greater intensity of care than Inner London or England, which may account for the difference (higher intensity is related to lower quality of life).

Page 33

The individual quality of life measures – how we compare (Scoring: “all needs met”=2 points; “some needs met”=1 point)



There have been improvements in all indicator domains since two years ago, resulting in an improvement in the overall score. Improvements in social participation and encouragement and support are most apparent.

Social participation: Previously, 19.6% stated they felt socially isolated; this dropped to 13.6% (this may relate to the lower proportion living with the person they care for in this survey compared to last).

Encouragement and support: Previously, 19.8% said they had no encouragement and support. This has dropped to 13.2%.

Factors affecting quality of life of carer

Page 34



People who provide **more hours of care** tend to have poorer quality of life

There is little difference in quality of life by age. **Men** have a slightly higher quality of life than **women**

Carers **not in paid employment** due to caring responsibilities have poorer quality of life

Carers of people with **learning disabilities or mental health problems** have lower quality of life

Comments from the survey

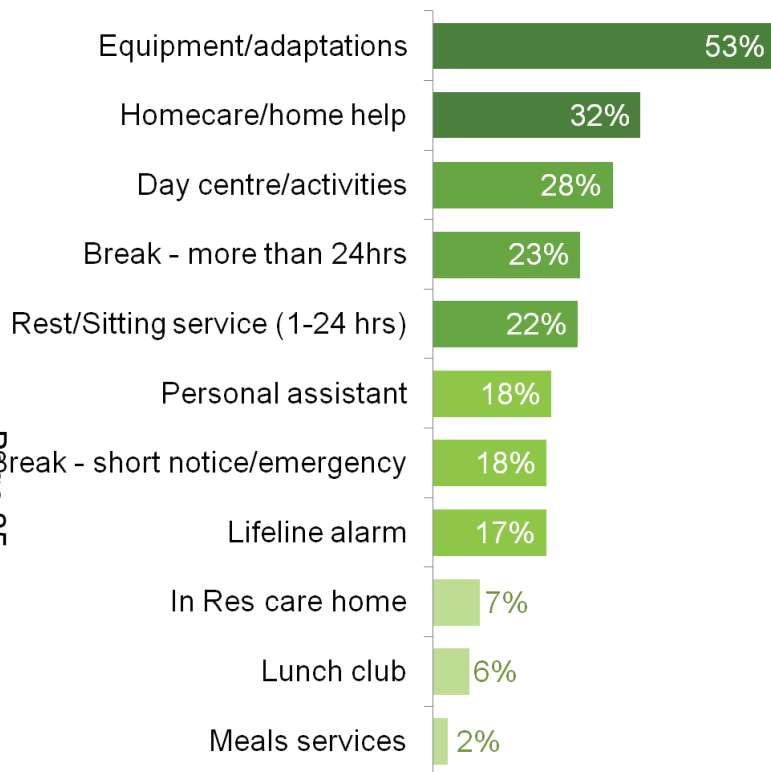
“Looking after a person in their late nineties was exhausting, draining and a huge responsibility. At times I didn't feel that I was going to make it”

“I feel isolated, unsupported and disrespected in my role as a carer and in the implications that caring for my daughter with mental health has on our family life”

“Caring is a full time job and we don't have time to deal with endless paperwork”

“I feel embarrassed to ask for help as I have difficulty in meeting people and groups, which is why I have problems with what help and benefits I can get to help us. I work nights now to help with the caring of my husband and suffer from lack of sleep, which doesn't help”

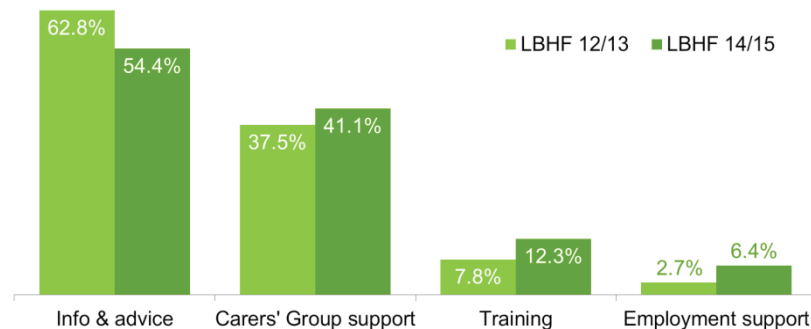
Services that those cared for have had in last 12 months



Around half of service users cared for have had equipment or adaptations, a third home care and a quarter day centre activities. Breaks (24 hrs+) are popular compared to Inner London 12/13.

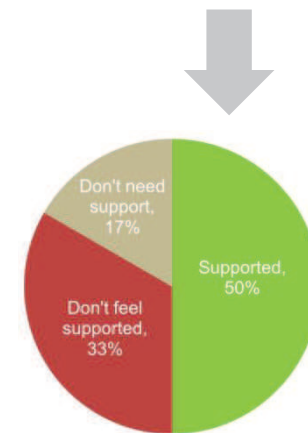
Equipment/ adaptations have dropped from 64% to 53% over the two years, and use of homecare has dropped from 39% to 32%. Meals and lunch club use has dropped.

Services used by carers in the last 12 months



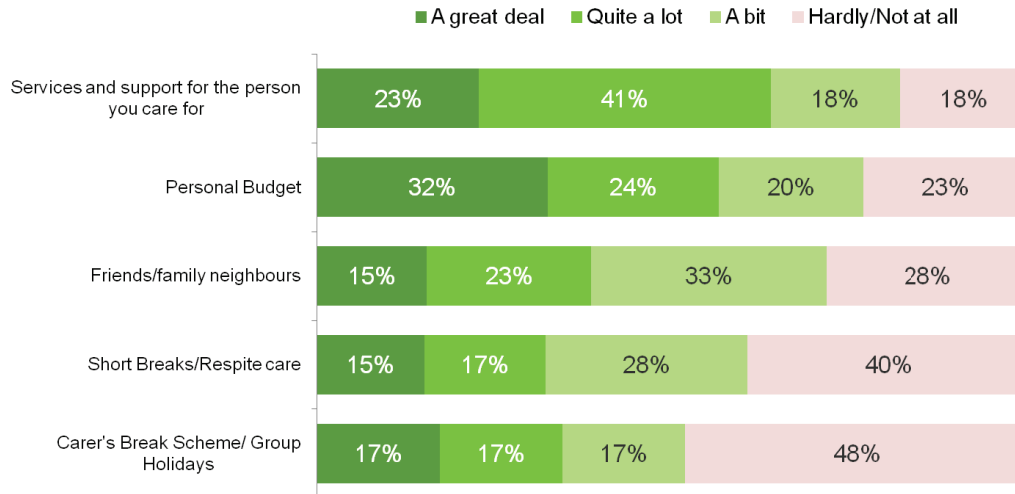
Fewer people had used information and advice services compared to two years ago (explored further on page 13). This may relate to changes in the way the service is now offered. Use is now similar to Inner London 12/13.

Use of Carer's group support, training and employment support are all higher than previously and higher than London 12/13.



Of those in employment, around 50% felt supported, which was broadly similar to two years ago.

Helpfulness of carers' service by type – excluding “does not apply to me”



• Carers found that **personal budgets** helped them the most, with a third saying they helped a great deal. However, two thirds of respondents also felt **services for the person they cared for** helped “a great deal” or “quite a lot”.

• 1 in 6 found **carers breaks/ group holidays** and **short breaks/ respite** helpful, although they were also not considered applicable to them.

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Comments around helpfulness of carers' services locally

“Short breaks have been invaluable to the whole family. They give us time to do things together on the spur of the moment. They renew energy levels and reduce stress”

“Daily carer visits help me move and change my husband. I would be lost without them”

*“The Carers Network **small grant** helped toward the cost of a holiday. A one off cash sum helped to buy a new bicycle”*

*“The **equipment** for bathing, handrails and the wheelchair were essential”*

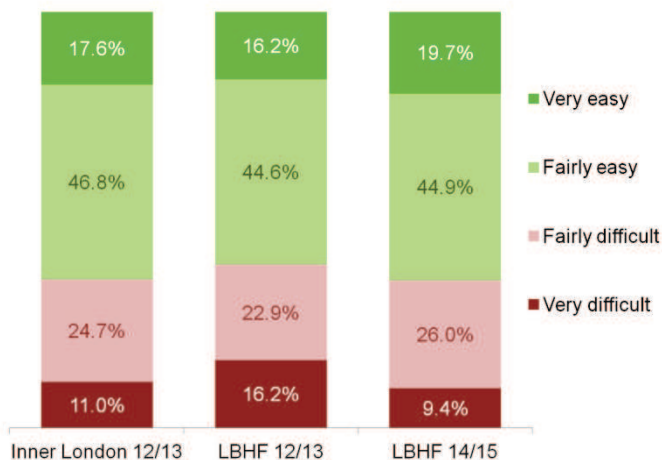
“Day Care and occasional respite”

*“The **Personal budget** helped me buy things I needed - it's a godsend and I am really grateful for it.”*

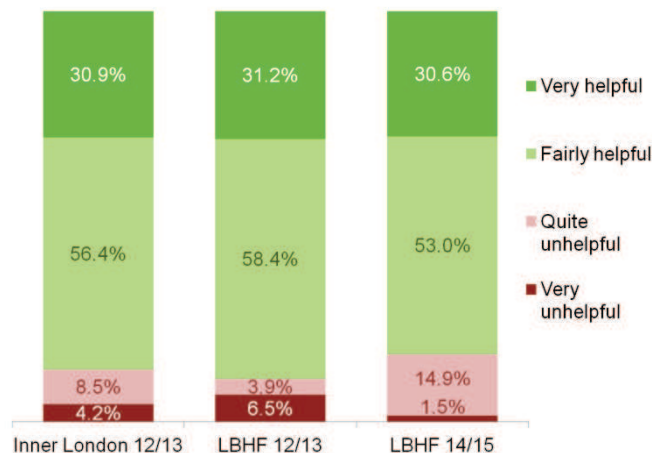
*“The **direct payment scheme** which allowed me to arrange my mother's carers”*

Information and advice: ease of finding and helpfulness

Ease of finding information

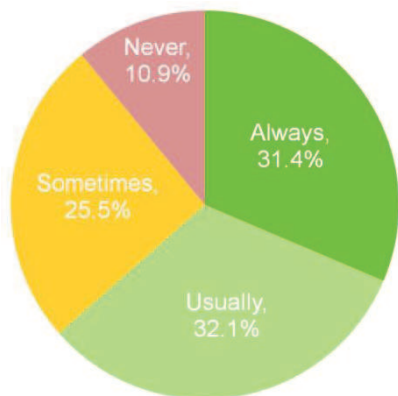


Helpfulness of information



There have been improvements in ease of finding information since the previous survey. However, there appear to be a relatively large cohort of respondents who find the information 'quite unhelpful' (even though the proportion finding it 'very unhelpful' has dropped).

Involved or consulted



Comments on availability and quality of advice

*"Need a **single focal point** to find info/advice"*

*"There are a lot of people who listen but **very little happens**"*

*"Difficult to find info/advice on **benefits**"*

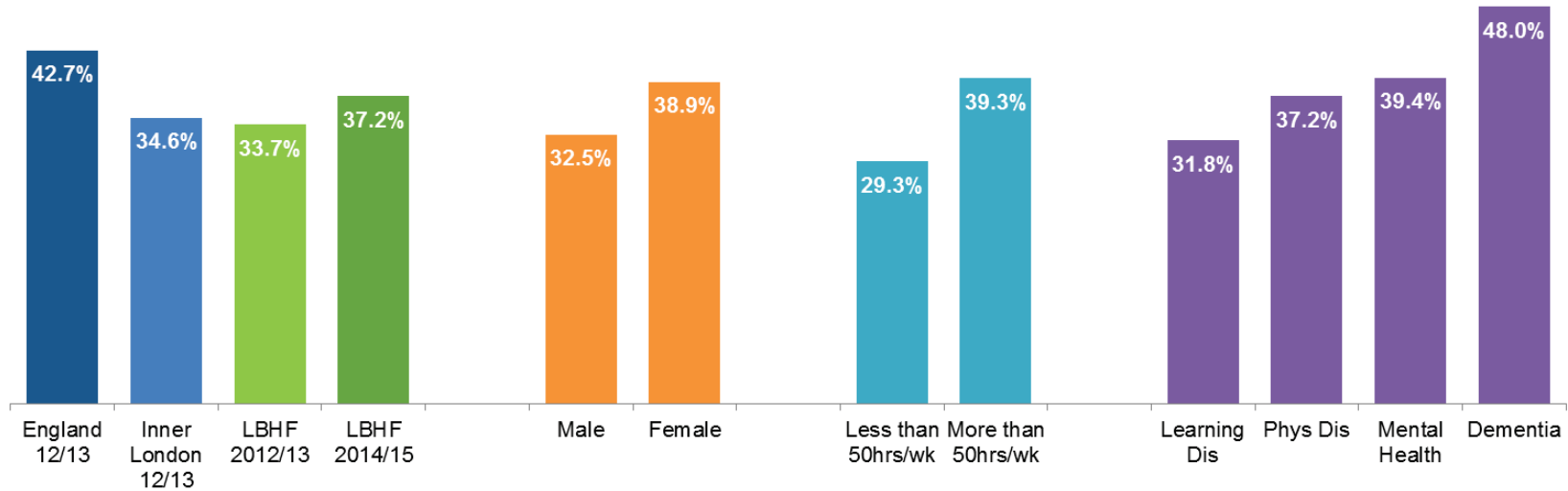
*"Need a list of relevant **telephone numbers**"*

*"A **dedicated help line**: when I was trying to organise respite care I went through three teams."*

*"The website is **quite vague** and sometimes it is difficult to find the exact info you want"*

*"it's **not that easy to find** information unless you are advised by someone in the same situation. Advice from the outset isn't readily available to the 'novice'"*

Overall satisfaction of support or services for 'cared for' and carers in last 12 months – extremely/very satisfied



Page 38

What people said in the survey about their satisfaction with services

"H&F are extremely supportive. I am working with another borough for another relative and am having the completely opposite experience"

"We have no support whatever for our son who has Asperger Syndrome (he is 29 years old)"

"I am extremely satisfied with worker, who is helpful, professional, warm and very efficient, but extremely dissatisfied that respite fund has been cut which reduces the number of hours of respite my husband has per year"

"Social services are liked closed boxes - they only know what they do, but are unaware or ill-informed about supporting services"

Overall satisfaction of services for carers and those cared for in the last 12 months has risen substantially since 2 years ago. 15% had not received a service, compared to 16% two years ago.

The current levels of satisfaction are higher than Inner London 12/13 but fall some way short of England 12/13.

Women are more satisfied than men, as are those providing more hours. Those providing for people with learning disabilities have lower satisfaction.

What carers told us they would change about local services:

*“Having **one person to act as a guide** to the care system - all the various services available and the function of different organisations etc “*

*“**Communication in between services and carers** needs to be improved if we are to effectively support service users”*

*“To have more support available for carers in **full-time employment**. All the groups are held in the daytime which I can't attend”*

*“**More frequent contact** by phone and in person from social services to offer encouragement and support”*



*“Services and support need to be available **outside working hours** so that carers who are in full time employment are still given support and advice”*

*“To have **direct access to a support worker by phone or appointment** as and when needed. The support phone numbers are constantly on 'answerphone' and calls are never returned”*

*“More **respite care**. I have had no break for 2 years and my health has suffered”*


*“A list of **phone numbers and names** of people to contact for help”*

*“I would make the **process for organising and taking a proper break** far easier because of the obtuse way social services 'organise' this aspect.”*

*“**Night respite care** would be helpful for when I am on holiday”*

	Inner London 12/13	LBHF 12/13	LBHF 14/15 (provisional)	Change since last survey
Carer quality of life (composite measure)	7.5 out of 12	7.2 out of 12	7.4 Out of 12	Up
Satisfaction with social services (%)	34.6%	33.7%	37.2%	Up
As much social contact as would like (%)	34.5%	25.8%	26.7%	Up
Included or consulted in decisions (%)	65.9%	63.4%	63.5%	Similar
Easy to get information (%)	64.4%	60.8%	64.6%	Up

Agenda Item 5

	London Borough of Hammersmith & Fulham HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE 29 April 2015
TITLE OF REPORT: Learning Disabilities Complex Needs – Community Service Developments	
Report of the Executive Director, Adult Social Care and Health	
Open Report	
Classification - For Review & Comment (delete as appropriate) Key Decision: No	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care	
Report Author: Peter McDonnell, Senior Commissioner	Contact Details: Mary Dalton Tel: 0207 641 6615 mdalton@westminster.gov.uk Kevin Williamson kwilliamson@westminster.gov.uk

1. EXECUTIVE SUMMARY

- 1.1. This report will update the Cabinet Member about a review of in-house day and respite services for people with profound and complex learning and physical disabilities across the three boroughs, hi-lighting the key themes and proposals for the future.
- 1.2. The report will focus on Hammersmith and Fulham (H&F) services at Options and Rivercourt and refer to the developing offer for young people with complex disabilities aged 18-25yrs.

2. RECOMMENDATIONS

- 2.1. The key proposal is to move from a day service/centre model to one of Complex Community Opportunity Services, which is a re-branding of the services. This basically sees **three elements** to the service:
1. **Buildings** (safe and accessible spaces - touchdown etc.)
 2. **Activities and opportunities** (in the community, in the centre, leisure, college, employment, health and well-being)
 3. **Support** (around behaviour, to go to college/training, to volunteer/be in employment, to do leisure activities etc.)
- 2.2 The individual then has a mix of the above elements to meet their day opportunity needs, which may change as they develop or their care needs change. For example, there may initially be a focus on managing behaviour and once this is managed there could be a shift in the support to focusing on getting into volunteering or training.

3. INTRODUCTION AND BACKGROUND

- 3.1. For the purpose of this report a person described as having **profound and complex learning and physical disability** is someone who has a severe learning and cognitive impairment, could be non verbal, may have challenging verbal and physical behaviour, may have very complex health conditions for example swallowing difficulties, may have Autism, may use a wheelchair or other apparatus, may need support using hoists to change and/or bathe, need at least one to one or even two to one support. People described with complex needs usually have a combination of the above needs.
- 3.2. People with **moderate learning disabilities** have milder cognitive and learning impairments and are usually mobile and able to use public transport. They require much less support than the complex cohort of people, although they are still vulnerable adults. A separate project is in progress to review day services for this cohort of people, with a report expected in the late spring 2015.

Day services

- 3.3. H&F has historically had an in-house day centre/service for people with learning disabilities based at 280 Goldhawk Road, near Askew Road called **Options**. The facility is a large house with two floors and a garden.
- 3.4. The service has previously had a mix of people with moderate and some with more complex learning and physical disabilities, however over the last few years the service has gradually started to focus on those with more complex needs, who require a building based service that provides a safer and more supported environment.

- 3.5. Those with moderate needs have been moved on to start to use a personal budget to buy support and activities in the local community accessing leisure facilities, college, arts etc. Organisations like H&F Mencap, Bishop Creighton House (Mentoring Plus) and Yarrow provide support.
- 3.6. Options support mainly people with complex needs who live with their parents.

Short-breaks/Respite

- 3.7. **Rivercourt** is five bedded respite service at 17 Rivercourt Rd, just off King Street for people with a learning disability aged 18 and over. Rivercourt provides 24 hour care and support, providing a short-break for parents and carers whilst the cared for person continues with their daily routine, or experiences some of the many activities on offer from the service. Rivercourt is also a unique opportunity for people to develop their independent living skills in a different environment, preparing them to move on to a home of their own wherever possible. Rivercourt provides some daytime respite for those people with very complex needs.
- 3.8. The unit generally operates at full capacity.
- 3.9. Commissioners have identified that the current criteria and allocations policy requires updating to focus on those with the most complex needs and to give families a better allocation of respite slots. This will be developed and consulted on during 2015 and will acknowledge the increase in the numbers of and complexity of young people in transition, as well as those living longer with ageing carers. This will enable those families supporting people with the most complex needs to be targeted for this service and receive more respite if required. The service has also just started to offer an unplanned/emergency bed for families.
- 3.10. **Queensmill School** is in the process of applying to get a small section of the school registered with the Care Quality Commission to provide respite to under 19's but also young adults aged 19-25 with Autism on the school site. The proposal is for the school to partner with an external specialist support/care agency to deliver an afterschool, overnight and weekend offer.

National and Local Drivers

- 3.11. The **Care Act 2015** will place a much greater focus on well-being and providing more personalised and preventative services.
- 3.12. The main driver for people with more complex needs with learning disabilities is to support them to *remain or move back into the local borough area*. This includes people with very complex needs who have been in NHS England funded places like secure units, those in Assessment and Treatment centres mainly due to behaviours and/or

mental health needs and others who have been placed out of borough where some local services struggle to manage specific complex health or behaviour needs.

- 3.13. **Winterbourne View** is the national campaign to enable people to move on from hospital settings, further to several high profile incidents at hospitals in the media, which include the Winterbourne facility where systematic abuse was occurring. The Council and H&F Clinical Commissioning Group (CCG) are monitored by the Department of Health on the length of stay people are in these hospital settings and other residential out of borough placements.
- 3.14. Bringing people back into borough has a number of positive outcomes:
- The person is closer to their family and other local connections
 - Services are local and can be monitored more robustly
 - Assessment services are local so can quickly re-assess or review as needed
 - The person can access local community facilities
 - The cost of services is usually less than placing out of borough

Transitions – Education, Health and Care (EHC) Plans and the 19-25 offer

- 3.15. With the change in Special Educational Needs policy to cover those up to 25yrs and the introduction of Education and Health Care Planning (*from the Children and Families Act 2014 and the Care Act 2014*), Adult Social Care (ASC) has been working with Children's Services to clarify the day time and short-breaks/respite offer available to people with learning and physical disabilities.

The LD Big Plan (Hammersmith & Fulham, Kensington and Chelsea and Westminster)

- 3.16. The Big Plan 2014-17 is the ASC Learning Disability Strategy across the three boroughs. The plan was developed from a comprehensive Joint Strategic Needs Assessment. A key strand of the strategy is "Being part of my community" which is supported and serviced through day services.
- 3.17. Adult Social Care (ASC) also has the *Customer Journey* as a key driver for assessment and the way the Council provides services in the future.

Complex Day Services Review and Development 2013/14

The intention of the Review

- 3.18. An ASC project was established in 2013 to review and develop the four in-house day services for people with these complex needs across the three boroughs, to make sure they were fit for purpose for the future.

These included Options in H&F, the LD Resource Centre in K&C and the Lisson Grove and Droop Street hubs in Westminster.

3.19. The project had four aims:

1. Review the needs of those using the services and the potential customers that could use the service including those coming through in transitions (aged 14 upwards) and those placed out of the borough
2. Review the current services as they are including engagement with parents/carers and customers for their views
3. Adopt and use the best practice across the three boroughs
4. This would then inform the service specification for the future.

3.20. This would then inform the service specification for the future.

The statistics from the review (H&F only) – 2013

- Options have around 32 customers on their books with 20-24 attending each day Monday to Friday between 9am and 4.30pm.
- Around 40% have challenging behaviour, 56% with a physical disability, 44% with profound and multiple learning disabilities and 25% with Autism (this would usually be with a learning disability and challenging behaviour).
- The Joint Strategic Needs Assessment indicated that H&F has around 12 people who transition each year. We are seeing more young adults presenting with higher needs, so around 30% transitioning will have Autism, 20% challenging behaviour and 21% with severe learning disabilities in the next 2-3 years. From the most recent *Frameworki (ASC Customer Database)* data H&F has 22 people in transition aged 18-25. 37 young adults aged 14-17 will be coming through into ASC over the next 4 years. 2017/18 will see 14 people transfer in one year.
- At present H&F has to place about 10 people out of borough in day services due to behaviours, physical and sensory impairment, epilepsy and sensitivity to environments at a cost of just over £200,000 per year.

Customer and Carer Engagement

3.21. Previous **customer consultation** of day services has been completed by H&F Mencap in 2012 for the partnership board. It was agreed between commissioners and Mencap that this information was still valid and would not require a new survey.

3.22. Additionally a small **carers' focus group** (eight carers from across the three boroughs) was established with some parents/carers who used the in-house day services and some who had children and young people who may need to access day services in the future. Two sessions were held looking at what works, what doesn't, gaps and ideal services for the future at the end of 2012 and in early 2013.

- 3.23. As the ideas started to develop from the review and pilots and other ideas have been tested, carers were informed by letter and given the opportunity to discuss proposals and ideas on an ongoing basis either via email, small groups or on a 1-1 basis. This will continue.

What were the main findings from the review?

- 3.24. The main findings across the three boroughs:
1. The services were performing well and there was positive feedback from parents/carers and customers
 2. The services could improve quality and expertise of staff through targeted training to deal with such issues as managing challenging behaviour, autism, supporting people with dual sensory impairment etc.
 3. The four services each had unique aspects that if shared across the borough's could enhance the experience and opportunities for local residents
 4. There was a clear need for some buildings as people with complex needs require accessible facilities, changing spaces/accessible toilets and safe spaces for dealing with behaviour, care and to deal with simple issues like bad weather in the winter
 5. More flexibility and choice in activities and support was a common theme
 6. There needed to be stronger links to volunteering and employment opportunities

4. PROPOSAL AND ISSUES

The Vision

- 4.1. Pulling together what customers, carers/parents and senior staff from the centres discussed, a vision for the future of the services was then developed as the local driver for the future development. The vision includes:
1. Maintain as many people with complex LD in **local services** as possible
 2. **Better use of buildings** across the three borough areas
 3. More engagement with **local communities**
 4. Quality flexible **staffing**
 5. **Individualised** services (offering choice)
 6. **Real opportunities**
 7. Maximising **partnerships** and the wider Council offer
 8. Being preventative and **supporting families**
 9. More flexible **travel support**
 10. **Safe, dignified and supportive** services

- 4.2. The key proposal is to move from a day service/centre model to one of Complex Community Opportunity Services, which is a re-branding of the services. This basically sees **three elements** to the service.
1. **Buildings** (safe and accessible spaces- touchdown etc)
 2. **Activities and opportunities** (in the community, in the centre, leisure, college, employment, health and well-being)
 3. **Support** (around behaviour, to go to college/training, to volunteer/be in employment, to do leisure activities etc)
- 4.3. The individual then has a mix of the above elements to meet their day opportunity needs, which may change as they develop or their care needs change. For example, there may initially be a focus on managing behaviour and once this is managed there could be a shift in the support to focusing on getting into volunteering or training.
- 4.4. Currently **Options** operates more around the staff and building as the focus of the service, rather than looking at what elements are right for the person and designing the person's day around this. Options, further to the initial findings from the review, have begun to work on moving people onto other services if appropriate, commenced a staff training programme and is accessing opportunities and activities in the community.
- 4.5. The table (Appendix 1) lists the various elements the day services will implement to become community focused and more flexible.

Shared/Combined Services Board

- 4.6. The above developments will be managed by the two service managers and the day service managers from across the three boroughs by meeting as a *Shared/Combined Services Board*. The board will also work with care management, transitions services, schools and the Clinical Commissioning Groups (CCGs) to develop the facilities, support and activities to meet the needs of people who will require local services in the future.

What this means for Options and Rivercourt in H&F

Partnerships

- 4.7. Options are already partnering with **H&F Mencap** and have started to access some activities at their Aspenlea Road centre in the heart of Hammersmith.
- 4.8. Options are working with Mencap to develop this partnership and H&F have provided support through small capital grants to develop the accessibility of the Aspenlea Rd site with a changing place (large changing room/bed and hoist) and ramp. In return, office and activity space will be

available at the site for Options to use. Mencap will also enable Options customers to access activity sessions where appropriate and to use the building to drop-in and touch-down as required throughout the week.

- 4.9. Initial discussions took place in early January 2015 between Options and **Queensmill School** to investigate the feasibility of Options working with Queensmill to develop an offer to people aged 19-25 with Autism during the day time. This is part of the requirements for people who need an Education, Health and Care plan (EHC) which replaces the Special Educational Needs statement and covers people up to the age of 25. The discussion have been positive about creating space at 280 Goldhawk Road and Options are currently working with 3BM the Children's Services surveyors service to clarify Options requirements before looking at the feasibility of the building for a co-located service for ages 19-25.

The Buildings at 280 Goldhawk Rd (Options) and Rivercourt Rd

- 4.10. Officers are looking at how we can make better use of the building at **280 Goldhawk Rd** in the future. This could include utilising both floors to support local residents and maximise the use of the facility. Feasibility studies will need to be carried out to investigate options discussed in 6.5/6. Commissioners will also need to discuss with the H&F Asset Board what capital funding is available to develop the site.
- 4.11. The five bed unit at **Rivercourt Rd** whilst small is seen as a good quality facility by care management and commissioners. Whilst all carers' and parents do not use the service it is generally run at full capacity and is valued by carers who do access the service. Around 35- 40 carers are on the books

Increasing quality staffing capacity

- 4.12. Options and Rivercourt use agency staff via the managed HR facility called PAWs managed by PERTEMPS to increase their capacity. Both services have reported poor quality agency staff that have been assigned to work with them. Commissioners, Options and Rivercourt management are meeting with H&F HR to draft a minimum requirement for agency staff with the intention to partner with one-two specialist agencies in the future. The intention is to have regular specialist agency staff to work with both services as more individuals with complex needs require the service. This will have the potential to increase spot purchasing costs, however ASC are applying to the CCG for funding. Both services have drafted a minimum requirement for staff and HR will then discuss with Per-Temps how they can provide this.

5. CONSULTATION

This report is for information only.

6. EQUALITY IMPLICATIONS

There are no equality implications arising from this report.

7. LEGAL IMPLICATIONS

7.1. There are no legal implications arising from this report.

8. FINANCIAL AND RESOURCES IMPLICATIONS

8.1. Options have a net cost of around £645,000 per year for staffing and transport. Efficiencies of £83,000 will be implemented by April 2015 as part of the MTFs saving plans. It is anticipated that this will be achieved by Options and Rivercourt offering places to people with more complex needs, thus reducing the need for out of borough placements at an additional cost.

9. RISK MANAGEMENT

There are no issues in relation to risk arising from this report.

10. PROCUREMENT AND IT STRATEGY IMPLICATIONS

10.1. There are no procurement issues arising from this report

LIST OF APPENDICES:

Appendix 1

Element	Action
<p>Shared/Combined services</p> <p>The idea is that the 4 buildings can be used by any customers of the 4 services to drop in, change/toilet, use activity rooms e.g. computers, smart boards, have a safe spaces if the person is not having a good day, have lunch.</p>	<p>Utilise buildings across the four sites (Options, LD Resource Centre, Droop St and Lisson Grove) with two elements:</p> <p>Hubs – Droop St and Options as they are self-contained spaces providing space for larger activity sessions</p> <p>Touchdowns – at all sites for people to use a changing space, lunch, bad weather</p> <p>A shared operational policy (SOPs) is already in place across the four services. This includes such procedures as Health and Safety etc.</p>
<p>Shared/Combined services</p> <p>The idea is to utilise activities across the services, so all customers of the three boroughs have more choice in their opportunities, without having to set up new activity groups. The person attends an activity with their own support worker.</p>	<p>Shared activities were piloted across Lisson Grove, Droop St and Options during the summer 2014.</p> <p>The outcome of this was that sharing activities needed to be looked at on an individual basis re: behaviours/triggers, health needs and mobility/transport</p> <ul style="list-style-type: none"> • in relation to the amount of care and support allocated to the person • with the annual review or new referral with the social worker
<p>A skilled workforce</p>	<p>The Learning & Development team has already been working with the services auditing skills and has started a training programme.</p> <p>This includes:</p> <p>Core training like Proact SCIP (positive behaviour intervention), Makaton sign language, medication etc.</p> <p>Specialist training and lead expertise within the four services e.g. dealing with people who are deaf/blind with LD is currently being investigated.</p>
<p>Moving from block day care to using hours based support to enable a more individualised day opportunity</p>	<p>People with LD are allocated a number of virtual hours in their personal budget and then look at how they use these for –</p> <ol style="list-style-type: none"> 1. Employment or volunteering 2. Education or Training

	<ul style="list-style-type: none"> 3. Leisure/social 4. Behavioural 5. Health and Well-being
Partner with other agencies and the voluntary sector to increase capacity	<ul style="list-style-type: none"> 1. Partner with specialist care agencies to deliver additional staffing into the centre like a bank of staff using the Council's managed agency staff recruitment 2. Partner with the voluntary sector e.g. Mencap, Yarrow etc to access other facilities, activities and opportunities
Co-produce	Work with customers and carers on an ongoing basis to develop the services through 1-1s, small group session, specific projects

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p align="center">29 April 2015</p>
<p>TITLE OF REPORT Developing a Digital Inclusion Strategy for Hammersmith & Fulham</p>	
<p>Report of the (Cabinet Member) Cllr Sue Fennimore</p>	
<p>Open Report</p>	
<p>Classification - For Information / For Scrutiny Review & Comment</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Responsible Director: Mike England, Director, Housing Options, Economic Development & Skills</p>	
<p>Report Author: Fawad Bhatti, Policy & Strategy Officer</p>	<p>Contact Details: Tel: 0208 753 3437 E-mail: fawad.bhatti@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. The presentation sets out the Council's proposed approach to addressing digital exclusion in the Borough. Issues covered include, who are at risk, the impact of digital exclusion in the Borough as well as what is currently in place to further inclusion and what are the next steps.

2. RECOMMENDATIONS

- 2.1. Members are asked to note and comment upon the Council's approach to developing a Digital Inclusion Strategy for the Borough

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

'Digital inclusion is helping people become capable of using and benefitting from the internet'

HM Cabinet Office, 2014

Developing a Digital Inclusion Strategy for Hammersmith & Fulham

Health, Adult Social Care & Social Inclusion PAC

29th April 2015

Mike England,

Director, Housing Options Economic Development & Skills



Digital exclusion – the evidence

Demographic

London

LBHF

Older people

10% of adult Londoners have never used the internet

7.3% of adults in inner West London have never been online

The unemployed

18% of Londoners do not have basic online skills

27.4% of H&F 16-64 year olds are estimated to have ICT: Email skills Entry Level 1 or below

Social housing tenants

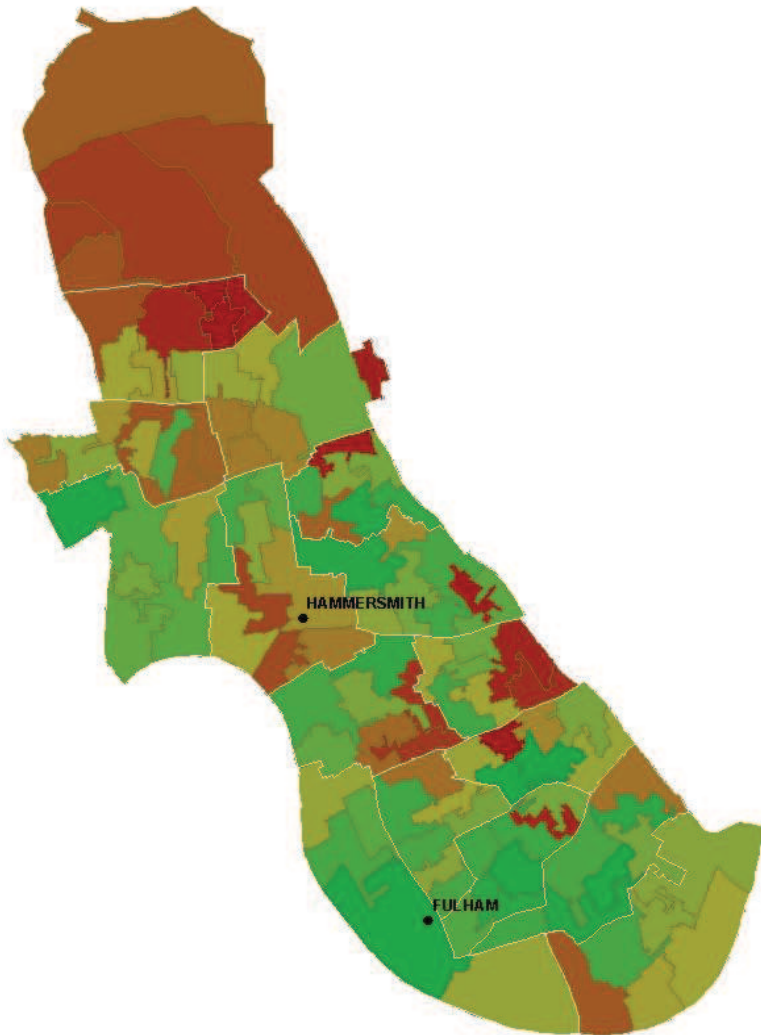
20% of Londoners who have never used the internet are in social housing

Only 22% of the Council's social tenants prefer to be consulted by email (compared to 65% by letter)

Disabled citizens

29% of disabled people have never used the internet in London

12.6% of residents have a long term illness or disability



Most Excluded
Most Included

0 0.35 0.7 1.4 2.1 2.8
Kilometers

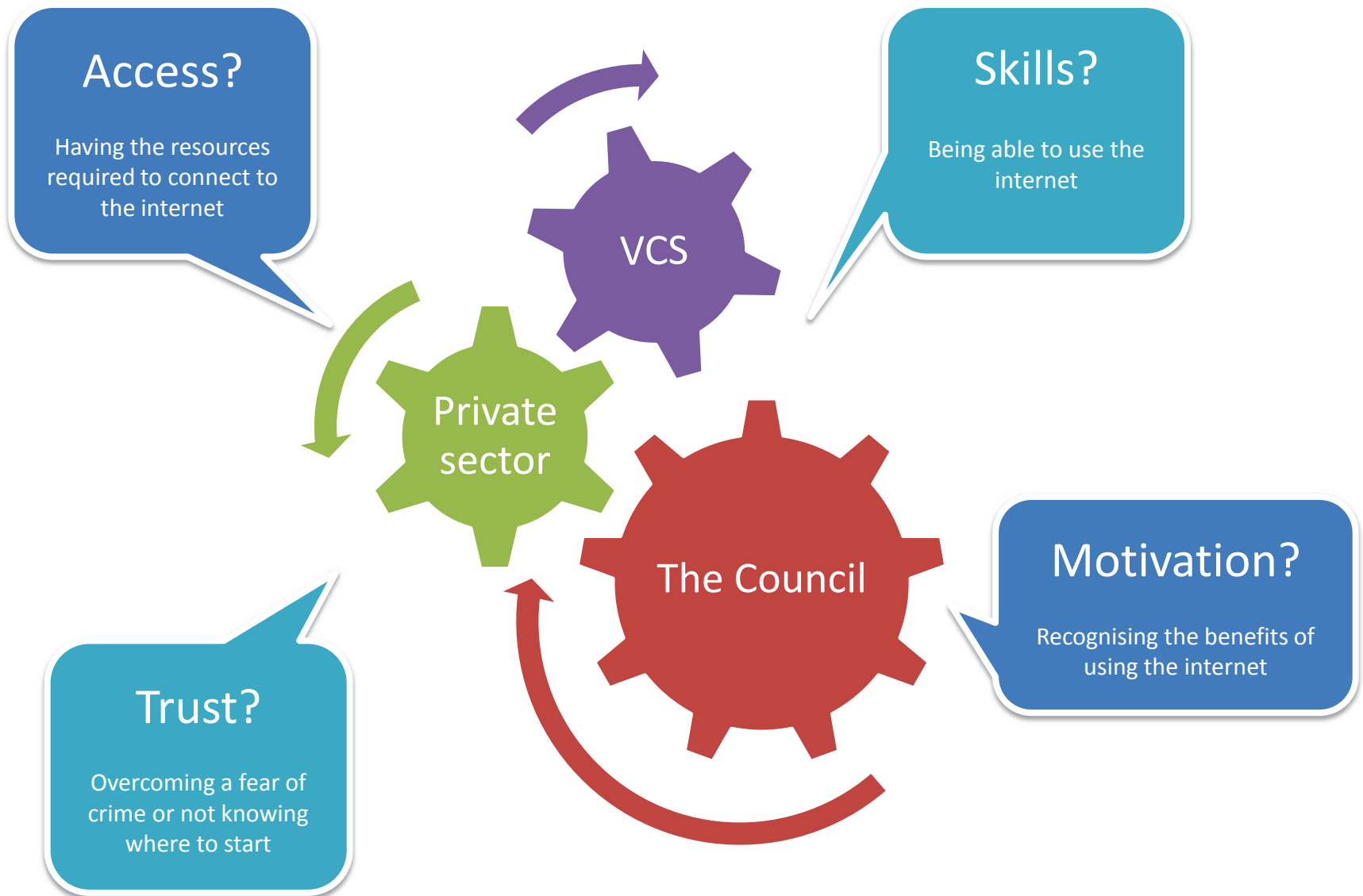
“Heat map”

Good range of wi-fi provision in the centre and southern area, but communities in the north particularly within College Park & Old Oak, and Wormholt & White City wards are less well served.

% estimate of estate households that use internet at home is lower on White City (54.3%) and Clem Attlee (55.3%) than the borough average (60.6%)

Registrations of My Account (LBHF’s self-service portal) are 30% less in the north of the borough.

Priorities and partnerships



The way forward

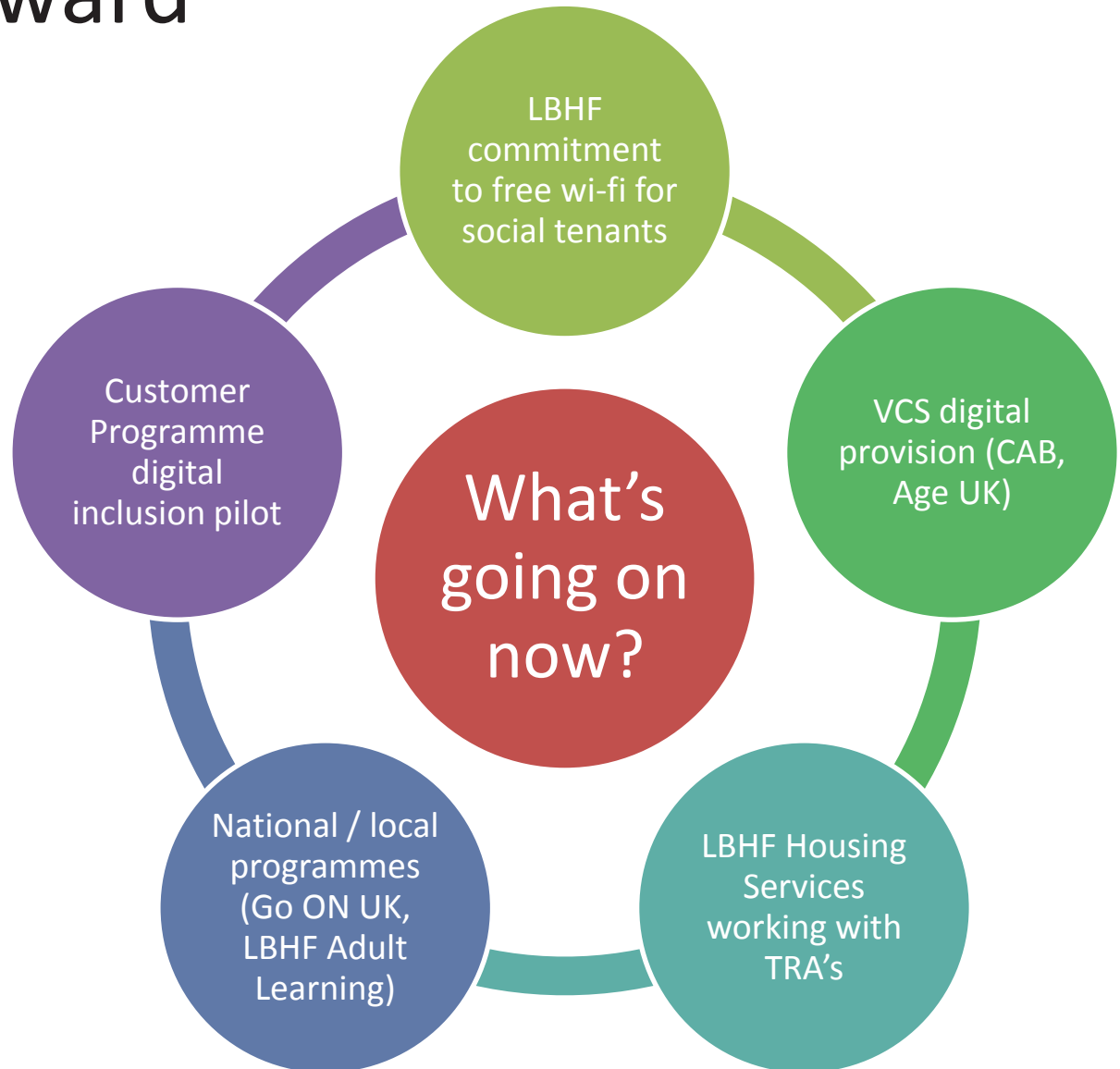
Cross-departmental LBHF **Social Inclusion Forum** (1st meeting January 2015) will provide a co-ordinated Council wide response to social inclusion issues.

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The Forum will set up a **Digital Inclusion Working Group** to take this agenda forward (under an overarching **Social Inclusion Strategy**).

For more information, please contact:

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Agenda Item 7

Health, Social Care and Social Inclusion Policy and Accountability Committee

Work Programme 2014/2015
22 July 2014
Imperial College Healthcare NHS Trust: Cancer Services Update Shaping a Healthier Future: Update on programme and decisions to date. Healthwatch: Presentation on its Role and Work Care Act: Update
7 October 2014
Hammersmith & Fulham Foodbank Imperial College Healthcare NHS Trust: (i) update following closure of Hammersmith Hospital Accident & Emergency Department (ii) update on outline business case for clinical services across the three main hospital sites, following Trust Board meeting Medium Term Financial Strategy (Update)
17 November 2014
Adult Social Care Information and Signposting Website – People First Call for Evidence: Engaging Home Care Service Users, their Families and Carers Independence, Personalisation and Prevention in Adult Social Care and Health Safeguarding Adults: Annual Report
3 December 2014
Healthwatch Adult Social Care Customer Feedback: Annual Report 2013/2014 Customer Journey: Improving Front-line Health & Social Care Services Meals on Wheels Under Fives Flu Vaccination Programme in Hammersmith & Fulham
20 January 2015
Imperial College Healthcare NHS Trust: Accident & Emergency Waiting Times 2105 Medium Term Financial Strategy Abolition of Charging for Home Care Services Overview of Public Health Services for the Three Boroughs Under Fives Flu Vaccination Programme in Hammersmith & Fulham
4 February 2015
Imperial College Healthcare NHS Trust: CQC Report and Action Plan Imperial College Healthcare NHS Trust: Accident & Emergency Performance Shaping a Healthier Future: Update
9 March 2015
Care Act : Go Live Implications Central London Community Healthcare NHS Trust: Five Year Strategy and Foundation Trust Status Update Healthwatch Dignity Champions Self Directed Support: Update Overview of Public Health Services for the Three Boroughs
April 2015
Digital Inclusion Strategy: First Year Update

Listening To and Supporting Carers
Review of Learning Disabilities Day Services

June 2015

Chelsea and Westminster NHS Foundation Trust: CQC Report Action Plan

Foodbanks Update

The Francis Inquiry recommendations: responses by Chelsea and Westminster NHSFT, Imperial College Healthcare NHS Trust and H&F CCG

Transition from Children's to Adult Social Care

2015/2016 Meetings

2016 Medium Term Financial Strategy

Care Act

Care Quality Commission Inspections, April – June 2015: Central London Community Healthcare NHS Trust and West London Mental Health NHS Trust

Customer Journey: Update

Customer Satisfaction

Equality and Diversity Programmes and Support for Vulnerable Groups

GP Networks and Enhanced Opening Hours

H&F CCG: Performance Report

Home Care: Second Evidence Session

Imperial College Healthcare NHS Trust: Outpatients PAS Update

Integration of Healthcare, social care and public health

Meals on Wheels: Future Arrangements

Mental Health & Wellbeing Strategic

Public Health

Safeguarding Adults: H&F Report:

Self-directed Support: Progress Update