London Borough of Hammersmith & Fulham

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

Minutes

Wednesday 3 December 2014

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Hannah Barlow, Andrew Brown, Joe Carlebach and Elaine Chumnery (Vice-Chair)

Co-opted members: Patrick McVeigh (Action on Disability), Bryan Naylor (Age UK) and Debbie Domb (HAFCAC)

Other Councillors: Councillors Sue Fennimore, Vivienne Lukey and Sharon Holder

Witnesses: Ingrid Karikari (Casserole Club), Catherine Pymar (Open Age) and Pat Bunche (White City Enterprise)

Healthwatch CWL: Paula Murphy, Director

Officers: Liz Bruce (Executive Director for Adult Social Care & Health), James Cuthbert (Whole Systems Lead), Stuart Lines (Deputy Director of Public Health), Sue Perrin (Committee Co-ordinator), Mike Potter (Interim Director, Adult Social Care Commissioning) and Paul Rackhman (Head of Community Commissioning)

The Chair stated that he had agreed to the inclusion of 'Under Fives Flu Vaccination Programme in Hammersmith & Fulham' to the agenda, on the grounds of urgency, due to the fact that the flu vaccination season was now here and therefore the issue could not wait until the January meeting.

30. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 17 November 2014 were approved as an accurate record and signed by the Chair, subject to the addition of the following:

24. Call for Evidence on Engaging Home Care Service Users, Carers and Families
Page 6, third paragraph, add 'Councillor Chumnery stated that a change of mindset was needed and Mrs Bruce agreed that this was urgent.'

31. APOLOGIES FOR ABSENCE

Apologies for lateness were received from Ms Domb.

32. DECLARATION OF INTEREST

There were no declarations of interest.

33. CALL FOR EVIDENCE - FUTURE ARRANGEMENTS FOR MEALS ON WHEELS

Ms Karikari, stated that the Casserole Club was a community food sharing scheme, which connected people in a local area who were passionate about food and cooking and the community with older people who could not cook for themselves, to share meals on a regular basis. The benefits included: reduced social isolation and loneliness; improved food provision among older people; helping people to stay independent for longer; strengthened connections between generations within communities; and providing a flexible approach for people to volunteer their time and skills locally.

Ms Karikari stated that volunteers were required to complete a criminal records check and food hygiene test. Local recruiters such as Age UK helped to find diners and sign them up. The Casserole team helped to match cooks and diners.

The report which had been tabled, set out the development of the Casserole Club and its achievements. The Casserole Club was not currently live in the three boroughs.
Catherine Pymar stated that Open Age, which had started 21 years ago in Kensington & Chelsea, championed an active life for older people. It worked across the three boroughs to enable anyone aged 50 or older to sustain their physical and mental fitness, maintain an active lifestyle, develop new interests and make new friends.

Open Age had over 4,500 members and provided some 400 weekly activities. There had recently been a grant from Hammersmith & Fulham Council.

Lunch groups were held in Westminster and Kensington & Chelsea, both in restaurants and sheltered housing schemes, with a local delicatessen

delivering to groups. A two course meal was provided for £4.50. Open Age was able to subsidise meals up to a value of £8.50, through grants.

Open Age tried to help particularly those people who were isolated and lonely and had issues with public transport. Home visits were made to encourage people to participate in activities and help with public transport was provided. The focus was to get people out of their homes and to build on the community and networks in the local area, thereby reducing isolation. Open Age aimed to support physical and mental wellbeing, to engage with the local community and to use local businesses.

Pat Bunche, Interim Director of White City Enterprise, a not-for-profit social enterprise, soon to become a registered charity stated that the Enterprise helped the community to take on the delivery of local services for White City and Wormholt.

There was a good opportunity for jointed up work in getting residents into the community. Projects included a support network for local parents called 'Neighbourhood Mums and Dads', aimed at young isolated families. The Enterprise was working with Big Local and Hammersmith United Charities to deliver a number of other befriending projects, aimed at vulnerable local people, generally older people. All projects relied on volunteers. An IT mentoring project helped people to get online and there were plans to develop community gardens.

The Community Champions, who supported their neighbours by passing on advice and building awareness, would host the Healthy Winter event at Parkview Centre for Health & Wellbeing the following week.

The 'over 50s building' had been transferred to the management of the Enterprise, and it was hoped that this would become a hub for wellbeing in the community. The Enterprise had recently met with Hammersmith & Fulham Foodbank, and it was hoped to make a provision in the building, which would be more than just a foodbank, for example giving advice on how to cook healthy meals on a budget and the provision of some meals.

Mr Lines stated that malnutrition and social isolation were public health issues. However, the level of need was an issue because it was difficult to get an accurate number of malnourished people, as this data was not recorded. They tended to be people living at home, and malnourishment was linked with the growing prevalence of dementia. It was estimated that there might be up to 2,000 malnourished people in the borough. 1,000 people had been diagnosed with dementia, although the true figure was likely to be higher.

Effective interventions in respect of malnutrition were limited as there was a lack of evidence regarding people not eating properly. There were links with an aging population and other needs such as falls, physical activity and potentially fuel poverty.

Public Health was working closely with Adult Social Care to develop effective services to identify and screen people, which it hoped would be based at White City.

Councillor Carlebach noted that, in contrast, there was currently publicity in respect of obesity.

Ms Karikari responded that the Casserole Club aimed to provide more that a meal; it was a vehicle for bringing people together and for friendships. Ms Pymar stated that Open Age endeavoured to provide a healthy meal and also cooking classes. It encouraged people to cook and to think about nutritional values. Ms Bunche added that White City Enterprise had the potential to develop healthy foods, working with dieticians and to monitor people with whom it was working.

Councillor Brown stated that malnutrition and obesity were often found in the same person and mentioned a number of useful contacts, which he agreed to forward in an e-mail.

Action: Councillor Brown

Councillor Chumnery queried the relationship with foodbanks. Ms Karikari responded that it would be possible to explore in a particular area.

Councillor Barlow queried the support the Casserole Club would need to set up in an area. Ms Karikari responded that a new project would need access to the local authority website, people to support with advice and guidance and matching diners and cooks and a key person to lead the project.

Councillor Lukey queried the service and assistance with transport, provided by Open Age. Ms Pymar responded that Open Age facilitated the use of transport. Westminster Community Transport provided transport specifically for residents of Westminster who found it difficult to use public transport unassisted. Hammersmith & Fulham had funded the development of this link for its residents who could not use public transport.

Ms Pymar indicated the range of services provided across Kensington & Chelsea and Westminster, and specifically lunch clubs and Sunday lunch. There was capacity to offer more, with additional funding.

Mr Naylor stated that Age UK also provided lunch clubs and a befriending service and had recently carried out a survey of loneliness and isolation. There was a need for services to be individual and local, and transport was an essential part of a successful service. Mr Naylor offered to circulate the report entitled “Loneliness and Isolation - Evidence Review”.

Action: Bryan Naylor

Ms Karikari responded to a query, that the Casserole Club could not replace Meals on Wheels, which delivered good value meals to a large number of people. The Casserole Club was something slightly different, based on connecting people, more of a one to one relationship.

Councillor Vaughan asked the three guests how the Council could support their organisations, Ms Bunche suggested a potential way would be to identify an area where services were already being delivered and other resources were available and for a task group to join together the services provided by these different organisations.

Ms Pymar responded that she echoed the previous comment. Some people were challenged by transport. Council support from Adult Social Care and NHS GP surgeries, could help to identify people who could benefit, some of whom were isolated at home. Ms Karikari stated that it was necessary to start with service users to try to understand the situation and research and talk to the people who needed to be reached.

Members acknowledged the level of work in reshaping the service provision. It was suggested that; GPs and Adult Social Care could help to identify people who were at risk. In addition, there was available evidence from the experiences of local community services, the community champions and people who used the services.

Councillor Barlow requested that a future report included a breakdown of the £75,000 budget.

Councillor Vaughan summarised the key points:

1. Research and mapping: for future arrangements to work properly, there needed to be a body of evidence, which would clarify the people which Adult Social Care was trying to target and to understand their needs.

2. A pilot within the borough would test any further expansion of lunch clubs as a way forward.

3. There needed to be clarity in respect of the offer.

RESOLVED THAT:

1. The Committee recommended that a range of services to combat elderly isolation (lunch clubs, good neighbours, community groups befriending, etc.) were incorporated into the People First website.

Action: Mike Potter

2. An update report would be added to the work programme.

34. UNDER FIVES FLU VACCINATION PROGRAMME IN HAMMERSMITH & FULHAM

A briefing on flu immunisation for children by Dr Andrew Burnett, Interim Consultant in Public Health Medicine and a report by Lynda Gibbon, Interim Immunisation Manager for London, NHS England (NHSE) had been received.

The Chair had agreed to the addition of this item on the grounds of urgency, because of concerns in respect of the lack of uptake of the vaccination by children under five, the target cohort for 2014/2015 winter season.

The report from NHSE set out the uptake for children in Hammersmith & Fulham in the cohorts two years, three years and four years to the end of November 2014. Whilst the uptake was slightly higher for children with long term medical conditions than for healthy children, it was still significantly lower than the target to offer the vaccine to 100% of the eligible cohort.

Mr Lines emphasised the importance of this public health prevention initiative. The public health function was split between Public Health England and NHSE, which had commissioned GP providers to offer free flu immunisation to all eligible children and to provide activity data on a weekly basis. Whilst performance was not good, there was also an issue with poor data, partly attributable to the way in which GPs reported and the churn of patients.

It was the responsibility of the commissioned provider (GP practice) to invite parents to attend with their children for vaccination and to continue to invite them if they did not attend. Public Health England had produced a range of information for parents to support their decision making.

Councillor Carlebach stated that he had asked for the item to be included on the agenda as parents had reported to him a lack of clarity over the availability and delivery of the flu vaccination for children under 5 years. He considered the uptake unacceptable and that it put lives at risk, particularly those with long tem medical conditions, who were more vulnerable. He considered that councillors should take ownership of the problem and give a voice to those who were unable to speak for themselves.

Councillor Carlebach stated that he had been told that many GPs had not informed families that the vaccine was available. Nurseries and children's centres appeared to have little or no information, and similarly school nurses and health visitors. Councillor Carlebach considered that there should be a plan for contacting these groups.

Mrs Bruce stated that NHSE and Public Health England were responsible for commissioning these services. Councillor Brown noted that NHSE had a relatively small number of staff. He considered that the role of NHSE was commissioning, and that in year monitoring was the responsibility of the local authority and that the Public Health budget could be used to get the message into the community, for example whilst school children would be mostly over five, they would often have siblings. The Council website and Twitter feed

could also be used to inform people. Councillor Brown added that preventable health conditions incurred pressure on the health system.

Councillor Lukey responded that the Council did not hold the budget, but it should be possible for the Health & Wellbeing Board to take some leadership. NHSE had not indicated why uptake was low. It was difficult to improve uptake, without knowing what had gone wrong. Councillor Lukey suggested a meeting between the Interiim Immunisation Manager, Dr Tim Spicer and Public Health.

Councillor Carlebach considered that as GPs had been commissioned to give the vaccine, GP practices should be contacted.

Councillor Holder noted that the low uptake was not a problem just for Hammersmith & Fulham. The problem needed to be identified and addressed as soon as possible.

Mr Naylor stated that the suggestions put forward were not mutually exclusive and that all those with responsibility should be challenged.

Mr Lines stated that low uptake of the vaccination was a priority and that the Council and Public Health had a leadership role. There was potential for increased publicity to help create demand. A national publicity campaign had not happened.

Councillor Vaughan summarised that a vaccination campaign had not happened in Hammersmith & Fulham; GPs were not inviting parents to attend with their children for the vaccination; and parents were unclear as to where to get the vaccination. The data clearly indicated a low uptake, which was highly unsatisfactory.

RESOLVED THAT:

The Committee recommended that:

1. The CCG should contact parents to inform them of the availability of the vaccination.

2. There should be an action plan in respect of the relationship between NHSE and the CCG.

3. The issue of low uptake of the vaccination should be escalated, if not resolved by the end of the week.

Councillor Chumnery stated that the issue should be raised in conjunction with the Children's & Education PAC. Councillor Carlebach sated that he had contacted the PAC.

35. HEALTHWATCH CENTRAL WEST LONDON

Ms Paula Murphy, Director Healthwatch, Central West London (CWL) and Sam Wallace, Borough Manager for Hammersmith & Fulham presented the report, which provided an update on the implementation of Healthwatch (CWL); outlined key projects; and invited PAC members to consider the potential for joint working.

Councillor Barlow queried progress in respect of the outstanding concerns in respect of Shaping a Healthier Future (submitted in October 2014). Ms Murphy responded that Healthwatch CWL met monthly with Dr Tracey Batten to inform the patient engagement programme and clinical strategy. In addition, there were monthly meetings with the Chair and Managing Director of the CCG. Healthwatch CWL aimed to ensure that what local residents were saying influenced changes.

Mr Wallace responded to a query regarding mental health and young people in Hammersmith & Fulham that there were concerns in respect of availability and sign posting, and sometimes a lack of understanding of the role of the various organisations. Information was not joined up. Healthwatch had spoken to young people and visited local CAMHs services and hoped to be involved in the Hammersmith & Fulham multi-agency task group. The project had identified a gap in respect of parental mental health. The report had been presented to the Children's and Education PAC.

Children had been placed out of the borough as a consequence of a reduction in the number of in-patient beds. It was hoped to undertake more work, in conjunction with Healthwatch in other areas.

Mr Naylor referred to the importance of the concept of co-production, and Age UK's experience of meetings but no significant co-production with the CCG. Ms Murphy responded that, in terms of the NHS, there was definitely room for improvement. There was a need to widen communication. Healthwatch would welcome a patient engagement strategy, which included a vision and milestones.

Mrs Bruce responded in respect of placements of young people, that there was a clear policy of not placing young people out of the borough. The figures would be provided to the Committee as part of the report on transition from Children's to Adult Social Care. Councillor Carlebach commented that it might be parental preference that the best place for a young person was out of borough. It was not possible to provide all facilities within borough.

Members queried the role of Healthwatch in making recommendations on national proposals and how evidence was fed into the recommendations. Ms Murphy responded that there was a statutory requirement for organisations to provide a response to Healthwatch within 20 working days, in a formal manner. The response in respect of Hammersmith Hospital was due by the end of the week.

Healthwatch could submit evidence and make recommendations to the Safeguarding Board, Scrutiny Committees and Health & Wellbeing Boards. Dignity Champions were able to enter and view publicly funded health and care services, and make recommendations about how those services could or should be improved. The report was confidential for 20 days and then made public and shared with the commissioners of the service and the CCG. Providers were required to put in place an action plan to implement the recommendations.

Councillor Brown queried the awareness of members of the public in respect of Healthwatch. Ms Murphy responded that as part of the year one review, a question had been included in a residents' survey. 26% of the local population had responded that they were aware of Healthwatch. It was hoped to increase this percentage.£8,000 had been spent on communications, including the website. Healthwatch was being pro-active in going out to the public to raise awareness and lobbying Healthwatch England to raise awareness.

Councillor Vaughan thanked Ms Murphy and Mr Wallace for attending the PAC and suggested that some of the work of Healthwatch could be dovetailed with that of the PAC. A meeting would be arranged for the Chair and Healthwatch to discuss the potential for joint working.

Action: Committee Co-ordinator

36. ADULT SOCIAL CARE CUSTOMER FEEDBACK: ANNUAL REPORT 2013/2014

Mr Potter introduced the report, which provided a summary of the volume, type and outcome for all statutory complaints and feedback received by the Adult Social Care Services in 2013/2014.

Approximately 50% of complaints were either upheld or partially upheld. The largest source of complaints were linked to homecare. As discussed previously, this group of people were reluctant to complain, and it was therefore possible that the level of dissatisfaction was under-reported.

Councillor Chumnery queried whether Members' enquiries were recorded as complaints. Mr Potter responded that Members' enquiries would not be listed as statutory complaints unless they came into the narrow definition. Members enquiries were managed outside the Customer Feedback Team. Whilst they needed a director level response, they would not necessarily be captured. Councillor Chumnery considered that there should be some system for recording members' enquiries. Mrs Bruce stated that enquiries, complaints and compliments were all very important.

Mr McVeigh queried whether the fifty eight people who had complained were currently receiving a good service and whether there was an independent follow up. Mrs Bruce responded that other ways of measuring customer

satisfaction were in place, for example user surveys, telephoning and talking to people and mystery shoppers.

Mr Naylor considered that people should be encouraged to complain, and that complaints were a valuable learning tool, and that the tone of the report was slightly defensive. Mr Potter responded that this was not intended, and that the report was part of a wider discussion of customer feedback. Mrs Bruce added that Adult Social Care was also happy to take oral complaints.

Councillor Brown commented that the word 'complaint' deterred people from making a complaint. It was a confusing term as people did not like to complain.

In conclusion, Councillor Vaughan requested that a more comprehensive report on customer feedback be brought to a future meeting.

RESOLVED THAT:

A comprehensive report on customer feedback be added to the work programme.

37. CUSTOMER JOURNEY: IMPROVING FRONT-LINE HEALTH & SOCIAL CARE SERVICES

Mr Cuthbert presented the proposal to reform Adult Social Care. The report set out the five reasons for such a change.

In spring 2014, the three councils had commissioned an independent review of Operations beginning with focus groups from each borough. The groups were asked to explain their experiences and the reviewers picked four things that mattered most: control, quality coordination and clarity.

The report summarised the issues in respect of the changes in the borough's population and the Council's extended legal duties, brought about by the Care Act and the Children and Families Act.

The national policy of care in the community had meant that more complex care currently happened in or near people's own homes. New initiatives like the Better Care Fund meant that this trend would continue. The Council's medium-term financial plan showed that the budget for Adult Social Care, currently £64million would be £56million in 2016/2017. There would be a 10% reduction in Operations staff.

The report set out the proposals to reform Operations, with a simple service structure with only two teams, with a clearer role:

(i) A short-term, integrated Community Independence Service to help people when a problem with their health or a crisis in their life put them at risk of losing their independence,

(ii) A local service for people whose long-terms needs were mostly stable which helped them manage their support and lead an independent life.

Mr Cuthbert stated that whilst the proposals could be funded through the Better Care Fund in 2015/2016, the funding for the service was uncertain from the second year.

Mrs Bruce stated that the proposed new service enabled savings of £0.5million in 2015/2016 and plans for additional savings of £1.3m for 2016/2017.

Councillor Barlow queried the accountability of the different organisations. Mrs Bruce responded that Adult Social Care Operations would remain a statutory service of the Council, integrated with health services. The Director of Health & Adult Social Care was the Accountable Officer for discharge of the Council's statutory duties, unless it was agreed to delegate part of the duties going forward. This model did not delegate. The responsible GP would be held to account by Adult Social Care. The service specification would set out the hours, both in hours and out of hours operation.

Councillor Brown queried whether a unit on the Charing Cross site was still under consideration. Mrs Bruce responded that this model was primarily out of hospital care, whilst the Shaping a Healthier Future proposals were in respect of reconfiguration of acute hospitals. Mrs Bruce had not been briefed in respect of an intermediate facility on the Charing Cross site.

Councillor Lukey stated that a meeting with the CCG had been cancelled and would be re-scheduled, The Council needed to understand the better offer for that site. Councillor Lukey was not aware of the site proposals.

Councillor Holder commented that the proposals looked similar to the Whole System described by the CCG. Councillor Carlebach added that the proposals needed to be locality based, with a geographical area aligned with GP networks.

Councillor Chumnery queried how incidents of next day care in the community following discharge not happening fitted into the flow chart. Mrs Bruce responded that the top box of the flow chart had entire responsibility from the time a customer entered the system until a customer left because the service had come to an end. Some aspects of the Community Independence Service were already happening. There would be a multi-disciplinary agreement between hospitals and GPs and nurses. Adult Social Care would follow through to ensure that a home care package was in place. The risk was in respect of the interface, for example a GP not knowing that a patient had been discharged. It was good practice for a patient not to be discharged after a certain time, and this would be written into the agreement. Currently, consultant geriatricians were coming out of the ward and into homes. This would be rolled out if people were happy with the model.

Mrs Bruce responded to a query from Mr McVeigh that the Operations budget would be reduced to £4miilon in 2016/2017 and there would be staff

reductions. The new model would respond better and more efficiently to customer needs. In addition, there would be investment from the CCG. An accountability framework and a quality framework would sit within the model. This detail had not been provided in the report.

Ms Domb noted that there should be a wrap around service. Many people had bad experiences and work was needed on discharge procedures at Imperial. Mrs Bruce responded that some of the issues were complex and Adult Social Care would welcome future scrutiny.

Councillor Vaughan commented that the report was a simplification of the customer journey and that people going through the system might not see the gains. He suggested that there should be a pilot to ensure that the system worked in practice. Mrs Bruce responded that the new model had been piloted by Kensington & Chelsea. It was not possible at this stage to detail savings and there remained some uncertainty in respect of the future of NHS/CCG model.

RESOLVED THAT:

An update report to provide more detail of the proposed model would be added to the work programme.

38. WORK PROGRAMME

The Chair proposed and it was agreed by the committee, that the guillotine be extended by 5 minutes to 10.05pm.

RESOLVED THAT:

1. Consideration would be given as to how to add an item on the integration of healthcare, social care and public health to the work programme.

2. The Public Health item be brought forward to an earlier meeting.

3. An additional meeting would be required, in view of the number of items on the work programme.

39. DATES OF FUTURE MEETINGS

20 January 2015
4 February 2015
13 April 2015

Meeting started: 7.07 pm
Meeting ended: 10.05 pm

Chairman .....

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