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

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 Chumnery, 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 Chumnery 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.

Action: Toni Camp

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 Chumnery, 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 Chumnery 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 BOROUGHS

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 .....

Contact officer: Sue Perrin
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk