



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

Agenda

Wednesday 3 June 2015

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

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

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Date Issued: 26 May 2015

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

Agenda

3 June 2015

<u>Item</u>		<u>Pages</u>
1.	MINUTES OF THE PREVIOUS MEETING	1 - 11
	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 29 April 2015.	
2.	APOLOGIES FOR ABSENCE	
3.	DECLARATION OF INTEREST	
	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.	
	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.	
	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.	
	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.	
4.	APPOINTMENT OF VICE-CHAIR	
	The Committee is asked to appoint a Vice-chair for the 2015/2016 municipal year.	
5.	APPOINTMENT OF CO-OPTED MEMBERS	

The Committee is asked to agree the re-appointment of the following co-opted members:

Debbie Domb, HAFAC
Patrick McVeigh, Action on Disability
Bryan Naylor, Age UK

- 6. PREPARING FOR ADULTHOOD: A REPORT ABOUT YOUNG PEOPLE AGED 14-25 YEARS WITH DISABILITIES** 12 - 27

This report highlights the challenges and opportunities for vulnerable young people in this borough regarding transition from Children's Services to Adult Social Care and provides a number of options moving forward.
- 7. IMPLEMENTING THE RECOMMENDATIONS FROM THE FRANCIS REPORT: IMPERIAL COLLEGE HEALTHCARE NHS TRUST AND CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST** 28 - 30

The attached report was presented to the Trust Board of Imperial College Healthcare NHS Trust on 25 March 2015.
- 8. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST: CQC ACTION PLAN**

This report will follow.
- 9. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST: INTEGRATION WITH WEST MIDDLESEX HOSPITAL**

There will be an oral report on integration of Chelsea and Westminster NHSFT with West Middlesex Hospital
- 10. WORK PROGRAMME** 31

The Committee is asked to consider its work programme for the remainder of the municipal year.
- 11. DATES OF FUTURE MEETINGS**

7 July 2015
14 September 2015
4 November 2015
2 December 2015
2 February 2106
14 March 2016
18 April 2016

Agenda Item 1

London Borough of Hammersmith & Fulham



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

Wednesday 29 April 2015

PRESENT

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

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

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)

Witnesses: Sarah Mitchell (Carers' Network), Alex Tambourides (H&F Mind), Jude Ragan (Head Teacher, Queensmill School), Simi Ryatt and Phil Storey (Citizens Advice Bureau)

Officers: Selina Douglas (Director for ASC Commissioning and Enterprise), Mike England (Director for Housing Options Skills & Economic Development), Nia Evans (Service Manager, Day Opportunities/Older People), Sue Perrin (Committee Co-ordinator), Mike Rogers (Head of Business Analysis, Planning and Workforce Development) and Kevin Williamson (Head of Housing with Care Services)

69. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 9 March 2015 were approved as an accurate record and signed by the Chair.

It was noted that the local briefing for Hammersmith & Fulham to be provided by Central London Community Healthcare NHS Trust was outstanding.

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.

70. APOLOGIES FOR ABSENCE

Apologies were received from Debbie Domb, Councillor Sharon Holder and Liz Bruce and Councillor Joe Carlebach for lateness.

71. DECLARATION OF INTEREST

The following declarations of interest were made:

Councillor Vivienne Lukey is a trustee of H&F Mind.

Councillor Joe Carlebach is a trustee of H&F Citizens Advice Bureau.

72. LISTENING TO AND SUPPORTING CARERS

Mike Rogers introduced the report, which provided: 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; and information on areas to improve services for carers in future.

In the national ONS Census of 2011, 12,330 local residents had described themselves as providing unpaid care to a family member or a friend. The hours of care provided per week by carers in Hammersmith & Fulham were longer when compared with those for inner London, and the carers were more likely to live with the person for whom they cared.

Carers in Hammersmith & Fulham were more likely to be women, retired or not in paid work, most were age 50 plus, half of whom had a health condition themselves.

Carers providing 50 plus hours of care a week were more likely to live in the north of the borough, in College Park & Old Oak and Wormholt & White City ward, areas of relative deprivation and social housing. Fulham Broadway and Sands End also had higher rates of carers, compared with the borough average.

The Care Act 2014 provided new rights to carers and gave local authorities a duty to meet such needs. The report outlined how the Council intended to meet carers' needs and address carers' feedback. There had been some improvements in services for carers locally.

Alex Tambourides outlined the role of H&F Mind in providing services for carers over the previous three years and noted the improvement in services.

Mr Tambourides stated that there were a large number of carers looking after people with mental health problems, but the service was not engaging with that number. Whilst 1 in 4 carers were looking after someone with mental health problems, only 1 in 20 were reporting mental health problems themselves, indicating potential hidden mental health wellbeing issues.

Mr Tambourides agreed that carers should be involved in and consulted on decisions, although there were issues of confidentiality.

Mr Tambourides suggested that carers could be identified through GPs. Carers tended to feel a stigma and it was important to meet with other carers in the same situation.

Sarah Mitchell stated that Carers' Network was a small local organisation supporting carers in Westminster and, for the previous year, Hammersmith & Fulham.

Ms Mitchell considered that there remained a lot more carers still to be reached. There had been a significant increase in carers over the previous year, a third of whom were new to caring. There were issues in respect of quality of life.

Ms Mitchell was concerned about the quality of advice and information for carers, particularly for those who did not have access to the internet. Provision was mostly in the centre and south of Hammersmith & Fulham. There was little provision in the north, although advice sessions had been held in College Park and Old Oak and Wormholt and White City, areas with the highest numbers of carers. An application had been submitted for trust funds to extend the sessions. Slightly lower numbers of BME (black and minority ethnic) carers were being reached, compared with people across the borough. Carers' Network was working to reach out to community organisations.

Ms Mitchell referred to the implications of the Care Act and the importance of both physical and mental health. A health information day was being organised as part of Carers' Week. The network had informed the Hammersmith & Fulham Primary Care Navigation Pilot, which would help to connect carers with support.

Mr Naylor raised concerns in respect of people identifying themselves as carers and the need for publication of the help available and how to access services. Carers were likely to seek help from the organisation most associated with the disability of the person for whom they were caring.

Mr McVeigh noted that whilst the report provided information in respect of adult carers, young carers would not necessarily be known to social care services and that there could be a triangulation of numbers with other sources of data. Mr McVeigh commented on the role of local community resources, such as care centres, libraries and churches as a source of information and queried how carers were identified and received communications.

Mr Rogers responded that many carers preferred to receive information on a leaflet, rather than through the internet, and that a range of channels were being considered. The survey had focused on carers who had been assessed by the Council in the previous year.

In respect of the inclusion of carers in decision making, a third of carers had confirmed that they would like to be involved as far as possible, and this would be taken on board in designing the new assessments and implementation of the Care Act.

Mr Rogers stated that identification of carers was a challenge. Some BME carers were known to Adult Social Care. To raise awareness, information was being placed in external magazines, newsletters and other printed matter.

The new duties under the Care Act and the right of all carers to request an assessment, could mean that 700/800 additional local carers might come forward to be assessed.

Councillor Barlow commented that survey responses from 177 people were useful, but only a small proportion of the 12k plus carers in the borough. There was no support in the areas of the borough where most needed. Councillor Barlow suggested different ways of communication, such as through GPs and pharmacies.

Selina Douglas noted a gap in the provision of information and advice. Adult Social Care would develop an information strategy over the next few months, in line with the requirements of the Care Act. Adult Social Care was working with the CCG to access their network and would work with the Carers' Network to provide support in new locations.

Councillor Chumney considered that more could be done in respect of Carers' Week and that there needed to be better communications, including different locations such as community centres and working with other organisations, for example social landlords.

Councillor Lukey responded that Adult Social Care was keen to do more in Carers' Week and to work with the Carers' Network. The Council's communications team was being used, together with partner organisations, and health champions. Housing needs of the people being cared for were considered, as part of the Council's total responsibility, and a consumer group had been established to feed into the review of social housing policies.

Councillor Lukey stated that whilst the limitations of communication through the website were recognised, there was significant information on the People First website.

Councillor Lukey stated that Carers' expertise in supporting each other, in addition to the hours spent as carers, was recognised.

Councillor Fennimore added that it was really helpful for the Council in developing a digital strategy to know the preferred format for communication and whether people actually preferred leaflets or could be supported in the use of digital technology.

Councillor Vaughan commented on respite services that carers either seemed to be dissatisfied or had not used the service and queried the likely impact of

the Care Act on the number of carers coming forward. Mr Rogers responded that a national model predicted that over the first eighteen months there would be 700/800 additional carers identified in Hammersmith & Fulham. The helpfulness of carers' services by type had excluded 'does not apply to me', and there had been a positive response from those who had received the service. In addition there was a Carers' Network small grants scheme, which could help towards the cost of a holiday or other similar needs.

Councillor Vaughan invited the expert witnesses to make two final points.

Mr Tambourides emphasised the need for good resources to reach carers, currently only a small percentage were being reached, and the opportunity for GPs and other professionals who register patients to identify carers.

Ms Mitchell considered that some really useful suggestions had been made and good opportunities identified in respect of communications, and specifically ward level initiatives. Resources were needed to raise awareness of services available to carers.

Councillor Vaughan summarised the key issues and recommendations.

1. Adult Social Care needed to do more to identify carers, and a simple change in the GP registration process to promote self-identification was given as a good example.
2. Communication needed to be improved and people asked why they wanted communication in a particular way. Suggestions included working with social landlords and increased use of Carers' Week.
3. There needed to be increased support put in place in the north of the borough where support was most needed.
4. Carers should be involved in decisions about persons cared for, within the bounds of confidentiality and dependent on the level of involvement wanted by the carer.
5. There were some concerns in respect of the adequacy of respite care.
6. A future discussion would be added to the work programme, with specific areas around the increase in the levels of support, consequent on the Care Act and the development of an information strategy and partnership working.

73. LEARNING DISABILITIES COMPLEX NEEDS - COMMUNITY SERVICE DEVELOPMENTS

Kevin Williamson introduced the report in respect of in-house day and respite services for people with profound and complex learning and physical disabilities across the three boroughs, highlighting the proposals for the future.

The report focused on Hammersmith & Fulham services at Options and Rivercourt, and referred to the developing offer for young people with complex disabilities, aged 18-25 years.

The key proposal was to move from a day service/centre model to one of Complex Community Opportunity Services. There would be three elements to the service: buildings, activities and opportunities and support.

There had been initial discussions between Options and Queensmill School to investigate the feasibility of developing an offer to people aged 19-25 with Autism during the day, which would help to improve the transition from Children's to Adult Social Care.

The report set out the developing partnership work between Options and Mencap to share day facilities. The main driver for people with more complex needs with learning disabilities was to support them to remain or move back into the local borough area.

Mr Williamson noted that there were issues with agency staff and that a review of staffing arrangements was underway.

Ms Jude Ragan, Head Teacher of Queensmill School, stated that the new school on Askham Road was for children suffering from complex autism and there were 145 children, aged from 2 to 19. The school was currently in the process of applying to get a small proportion of the school registered with the Care Quality Commission to provide respite care to under 19s and also young adults aged 19-25 with Autism on the school site. The proposal was for the school to partner with an external specialist support/care agency to deliver an after school, overnight and weekend offer, which would help to keep children in the borough. The new building would have four overnight beds.

Ms Ragan noted the change in the Special Educational Needs policy to cover those up to 25 years.

Mr McVeigh was concerned that the report, in describing service users, appeared to propose a one size fits all. In addition, journey times could be significant. Mr McVeigh stated that he had personal experience of the respite services at Riverside House and of an out of borough placement which had had a good outcome. However, he knew of one family who did not receive any respite care and queried the alternative.

Mr Williamson assured members that it was not proposed that one size fits all. The pilots highlighted the need to look at care and support allocated to people on an individual basis, depending on the complexity of their needs.

Councillor Barlow commented on recruitment of the right people to this specialist role, with the right contract, wages and training, and queried what was offered by the agencies. Mr Williamson responded that recruitment was an issue across the three boroughs. Whilst there were some better agencies, there remained a need for more training and the development of core

specialties. It was intended to partner with one or two specialist agencies and have regular specialist agency staff.

Councillor Barlow considered that the Council would have to provide the additional training for agency staff. Mr Williamson responded that managers were being trained as trainers, working with specialist groups to develop expertise. Ms Douglas added that the Council was trying to build a relationship with the specialist agencies to provide development of the workforce and to work in partnership with providers to ensure the right skill mix.

Mr Naylor spoke from personal experience of parents having to fight to get anything done and queried how staff could be persuaded to stay in what must be a very stressful job. Mr McVeigh raised the issue of staff also doing other jobs.

Mr Williamson responded that a culture was being embedded where everyone understood what the service was trying to do and the outcomes to be achieved. Ms Ragan added that there were 170 staff at Queensmill School, and it was important that they stayed as long as possible. Staff were motivated by training and also from self-esteem from doing the job well.

A member of the public queried progress in respect of the full engagement of Mencap, how services would be different and the assessment of outcomes and benefits.

Mr Williamson responded that the service was moving towards more partnership work, with more care based services to ensure that people were best served. Employment would be considered as part of an assessment and the service focus was being changed to outcomes. It was difficult to provide a general response. There would be future discussions in respect of the type of assessment, how outcomes would be agreed and how achieved, and families and carers would be involved. Ms Ragan added that outcomes, including employment and social care, were now being reported in Education, Health and Care Plans.

The Learning Disabilities Partnership Board took a high level overview of how services were meeting needs and supporting families. Ms Douglas suggested that there was a need to look at rebranding to an Opportunities Service. The buildings would be used to develop the service and provide support, but if it was not possible to deliver the range of services, a personal budget might be more appropriate.

The member of the public stated that, whilst Rivercourt provided respite care for people with complex needs, there was no provision for people with moderate needs. She had been provided with an assessment and a personal budget had been allocated, but there was nowhere to go, where the person could feel safe and supported. Ms Douglas responded that the options needed to be considered and that it might be possible to commission a service to meet the person's needs.

Ms Douglas responded to queries in respect of carers being overworked because they had a number of jobs, and whether the Council looked at agencies' policies and procedures. The Council asked agencies for information in respect of staff usage and undertook workforce development training. It contracted services through reputable agencies and, where there was high turnover, would question this.

Councillor Barlow recommended Unison's Ethical Care Charter as a useful tool for benchmarking against other councils.

The Chair stated that there was clearly a need for opportunistic and flexible services for different levels of need and summarised the key points from the discussion:

1. Service developments needed to be planned in a robust and consistent way for all people accessing the service, to ensure that the good intentions of assessments and outcomes were being met.
2. There needed to be a more solid understanding of the staffing issues.
3. There needed to be greater engagement with Mencap.
4. There was a need for respite care for those with moderate needs.

74. DEVELOPMENT OF A DIGITAL INCLUSION STRATEGY FOR HAMMERSMITH & FULHAM

Mike England presented the Council's proposed approach to developing a Digital Inclusion Strategy for Hammersmith & Fulham. Digital exclusion affected some of the most vulnerable and socially disadvantaged people. Whilst there was a good range of wi-fi provision in the centre and south of the borough, communities in the north particularly within College Park and Old Oak and Wormholt and White City wards were less well served.

The Council provided access to online PCs in public buildings across the borough. The level of access to the People First website had grown quite rapidly.

The Council's Housing Services had appointed an Inclusion Officer to further digital inclusion for tenants. The Council was committed to providing broadband internet access across the whole of the housing stock.

The Council had set up a Cabinet Member Social Inclusion Forum, a cross-departmental "social inclusion unit" to provide a co-ordinated Council wide response to social inclusion issues across the Borough and a Digital Inclusion Working Group was being put together by the Forum to take things forward and develop the H&F Digital Inclusion Strategy. The Group would map local needs and there would be input from the local voluntary sector and businesses.

Simi Ryatt and Phil Storey, H&F Citizens Advice Bureau tabled a summary report 'Learn My Way'. 40 volunteers had been identified for training as Digital Champions. Their role would include assessing individuals' skills and the support required. Fairly intensive support tended to be required initially. The report set out the potential partners in the borough.

Olex Stepaniuk, H&F Age UK stated that many older people had never accessed digital communications during their working life and it could be confusing. In addition, they could not justify the cost, resulting in lost opportunities and increased social isolation, and possibly even unplanned emergency hospital admission.

Ms Stepaniuk considered that the H&F Age UK cyber café was a good model to assist older people to become digitally included. The café was open from 10am to 4pm, Monday to Friday. Volunteer tutors were available and people could also bring their own laptop or tablet.

Ms Stepaniuk suggested that digital inclusion needed: the right infrastructure (the right equipment including tablets, and not outdated equipment, compatible with equipment used elsewhere and wi-fi); and the right leadership (paid tutors to support and also for outreach and community engagement, special skills were needed to teach older people and they needed to visit people at home).

Councillor Chumnerly stated that Old Oak Community Centre had an IT site, offering free broadband and the trainer was excellent. The facilities were open from 9am to 5pm, and would possibly be extended. In addition, there were five schools, which allowed use of their IT facilities.

Councillor Fennimore responded that the most vulnerable in the community were the first priority. Extensive work around all areas of exclusion was ongoing, and internet access would be a stepped process. Working with schools would bring intergenerational opportunities in sharing skills. Online applications could be essential in supporting people into work.

Mr McVeigh stated that Action on Disability had recently secured funds to deliver a peer-supported project to increase disabled people's skills in the use of digital technology and their confidence to engage in online facilities.

Councillor Carlebach suggested that current broadband coverage needed to be known in order to understand the problem, and that it might be possible for a company to fund this work as a piece of academic research. There was a fear of crime on the web, but it was also a powerful tool to promote inclusion.

Louise Raisey stated that the Council's website was being rebuilt to make it more user friendly. Mr McVeigh referred to the People First website and suggested that the Council might be being too ambitious in having two websites. Ms Raisey responded that the websites had been moved apart because there was a big demand for information by older and disabled people.

Councillor Vaughan asked the expert witnesses if they would like to make a final comment.

Ms Stepaniuk commented on the complexity of the issues and the resources needed.

Mr Storey stated that the Citizen's Advice Bureau provision of digital inclusion at Avonmore Library was the only such facility in the borough. Ms Ryat emphasised the need for fibre broadband coverage in the north of the borough.

Councillor Vaughan summarised the discussion. There was a clear need to increase internet access and digital inclusion for a number of reasons, including employment opportunities and age related social isolation. The PAC supported the measures to provide broadband coverage for social tenants, and would like further information on how this policy would relate to housing association tenants. There were a number of key points and recommendations:

1. The current broadband coverage in the borough should be mapped.
2. There were a number of ways of access, such as cyber cafes and improved access in libraries and other public places.
3. There was a need to offer training and education to ensure that people currently excluded were confident to access online services.
4. An update report should be brought to a future meeting.

Councillor Vaughan thanked the expert witnesses.

75. WORK PROGRAMME

The draft work programme for 2015/2016 was noted.

76. DATES OF FUTURE MEETINGS

This was the last meeting of the municipal year.


Meeting started: 7.00 pm
Meeting ended: 9.40 pm

Chair

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.

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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.

	<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">03 June 2015</p>
<p>PREPARING FOR ADULTHOOD A REPORT ABOUT YOUNG PEOPLE AGED 14-25 YEARS WITH DISABILITIES</p>	
<p>Report of the Executive Director of Adult Social Care</p>	
<p>Open Report</p>	
<p>Classification - For Information Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care</p>	
<p>Report Author: Liz Bruce, Executive Director of Adult Social Care, Andrew Christie, Executive Director of Children's Services, Caroline Maclean, Service Manager Adult Social Care Steve Comber, Policy Officer, Children's Services</p>	<p>Contact Details: Tel: 020 8753 5001 E-mail: liz.bruce@lbhf.gov.uk</p>

1. INTRODUCTION

- 1.1. This report highlights the challenges and opportunities for vulnerable young people in this borough regarding transition from Children's Services to Adult Social Care and provides a number of options moving forward.

Transition is an essential part of human life and experience. Here the term is used to refer to the process of change for young people, and those around them, as they progress from childhood to adulthood. This movement can be a time of celebration, change and also challenge for all young people. It is a time when young people are considering and making decisions about their continuing education, work and careers, their social life and where and how they will live.

(SCIE 2014)

- 1.2. Hammersmith & Fulham offers a Transition Service for disabled young people, aged between 14-25 years. However, the complex, cross sector nature of transition means that the experience of young people going through the process can be variable. Furthermore, as the needs of this group of young people become ever more complex, innovation and person centred approaches must be at the heart of our practice in order to drive improvements.

The challenge regarding transition

Supporting disabled young people in their transition to adulthood can be a challenge to service providers. This is because the process must be individual to the needs and aspirations of each young person. It is a fluid process, spread out over a number of years, and often local options for disabled young people are limited and support can be patchy and inconsistent. These challenges are compounded by young people's moves from one service to another at different ages. For example, a disabled young person may move from paediatric to adult health services at 16, then at 18 move from children's to adult social care. This is alongside the transition stages in their education. Each of these transitions is likely to occur independently of each other, which means that disabled young people and their families may repeatedly have to deal with new agencies and professionals, re-telling their story each time.

(A Transition Guide for all Services – Department of Health 2007)

- 1.3. Medical advances mean that more young people with a range of different disabilities and complex medical conditions are living into adulthood than ever before.
- 1.4. The point at which young disabled people move from children's to adult services needs to be planned for years in advance, yet planning is often poor. The reduced support which they then get from adult services compared with children's services comes as a shock to many young people and their families, who often compare this to falling off a cliff.
- 1.5. Transition is too often seen as something which need to be addressed individually by children's services or adult services, instead of both addressing it equally.
- 1.6. Young disabled people often find the adult services they need inadequate. They want services which enable them to lead ordinary lives, including a social life. They want a feeling of freedom and not being overwhelmed within adult environments and at the same time as being offered appropriate support.

The vision for the future of transition in Hammersmith and Fulham

- 1.7. Our vision is for a Hammersmith and Fulham transition service that is for all children and young people with a physical or learning disability and/or complex medical needs, and their families.
- 1.8. Our transition services will be based on listening to what young disabled people and their families want and by starting to plan well in advance, we will;
 - (a) ensure a smooth transfer for young disabled people from children's to existing adult social care, health and education services and;
 - (b) develop new adult services which respond to young disabled people's additional needs.
- 1.9. Once a young disabled person reaches the age of 14, a range of children and adult services will come together to agree a transition plan, encompassing all relevant local agencies. This plan will ideally taper services as needed to make transition less of a "cliff edge" for families.

2. EXECUTIVE SUMMARY

- 2.1. The importance of a successful transition to adulthood for young people has long been recognised in Government policy and guidance. Making a transition from one stage of our lives to another can be difficult and challenging for all of us. It can be particularly complex for disabled children and their families, particularly because of the inevitable differences in education, health and care resources available to the young person and their family as they move from children to adult services.
- 2.2. Local authority and health commissioners need to ensure that arrangements are in place for young people with complex needs to have every opportunity to lead as independent a life as possible and are not disadvantaged by the move from children's to adult services.
- 2.3. This report proposes that the key imperatives to achieve this are:
 - Review of Transition Team
 - Eligibility
 - Accessible Health services
 - Developing the range of provision
 - Sustaining a good Transition Model
 - Specific Carer Support
- 2.4. It is also stressed that any proposals for change in the approach to transition arrangements must involve young people, their parents and carers and representative organisations.

- 2.5. To implement these key imperatives will require a new culture, a more joined up and cohesive approach and the support of Elected Members to provide an agreed way forward for young people.
- 2.6. It is therefore anticipated that a project management approach may be required to drive the implementation of any service level and policy changes that are agreed. This could potentially be overseen by a newly formed, cross sector Transition Partnership Board, which may be chaired by an elected member or appropriate senior officer.
- 2.7. The number of young people with a learning disability in transition in Hammersmith and Fulham at this time is 75. To ensure that these young disabled people get all the support needed it is recommended that a review of children, adults and education services for young people is undertaken and models of provision are developed that embrace the new legislation¹, new challenges and build on the existing good practice. It is important that Health and Housing and colleagues from other Departments should also be involved in this review.
- 2.8. Young people going through transition need to be given every opportunity to maximise their potential to ensure they become adults who are valued and fulfilled. They have a vital role in planning and shaping transition, collectively and individually, including providing their views on how the process might best be managed.

3. CHALLENGES REGARDING TRANSITION

- 3.1. Following the implementation of the Care Act and the Children and Families Act, local authority and health services for children and adults are now working more closely together than ever before. These closer working relationships have highlighted some specific challenges and gaps in provision that hinder the ability to provide a smooth transition process for a young person with complex needs who is entering adulthood. These are listed as follows:

Differing eligibility criteria

- 3.2. Young people with autism and those who are considered vulnerable, as well as looked after children are often seen as falling through gaps when transferring to adult services, as the eligibility criteria for access to support is often different to that for children's services.
- 3.3. Furthermore, should a child have a Statement of special educational needs or an Education, Health and Care Plan, the joint assessment and planning process between social care and education at age 14 needs to be coordinated in a more efficient way. There is a need to ensure that eligibility criteria for services are aligned between Children's Social Care

¹ The Children and Families Act 2014 and the Care Act 2015

and Adult Social Care and that a shared language is used between the services.

- 3.4. The lead for Looked after Children, lead for Safeguarding and Assistant Director of Adult Social Care are currently working on developing joint eligibility criteria for vulnerable children transferring between their services.

Sufficiency of the local offer

- 3.5. The Children and Families Act, which was enacted in September 2014, has extended the age range of eligibility to a formal assessment and support plan for Education, Health and Care needs from 0-16 to 0-25.
- 3.6. This means that there is a requirement on local authorities to provide a seamless transition between children's and adults' local authority services and health services ensure that there is a high quality offer of specific courses and support for young people aged 16-25 with SEN and disabilities.
- 3.7. When there is a lack of specialist local provision that meets the needs of a child that is of statutory school age, the local authority often has to seek a placement with an independent provider outside of the borough. There are four overarching issues with placing a young person at such a provider:
 - The young person will generally need to travel long distances away from home each day (or in the case of residential placements, live away from home), which causes disruption to family life and does not allow for inclusion in the local community.
 - The local authority has less influence over the quality of the provider and less powers of intervention to ensure standards are consistently high.
 - Health transitions can become more complicated, as providers from other authorities become responsible for the delivery of health support.
 - Subsequent transitions to local services are challenging when a young person returns to the borough as he or she will have built up an existing network of support in a location that is a significant distance away from home.

Promoting independent living

- 3.8. There is a need for access to more appropriate supported housing for local residents that are transitioning to adulthood, so to support a more independent life.
- 3.9. The nature of housing in the three boroughs (i.e. tall, thin town houses) means that they are not adaptable, so innovative solutions need to be found to help address the shortfall in appropriate supply.

- 3.10. The Administration's Manifesto includes a commitment to 'work with providers, the NHS and other agencies to ensure that the most vulnerable in our community can live in a supportive housing environment and to consult with users and other stakeholders to ensure that we are able to put in place the most modern, appropriate supported housing for disabled people for disabled people'.

Providing pathways into employment

- 3.11. Employment for adults with a learning disability is nationally monitored and remains at a low level in Hammersmith & Fulham compared to the rest of the country and specifically London. Work needs to be done to improve the opportunities for education leading to meaningful work experience and employment for young people with complex needs.

Health

- 3.12. There is often a significant difference between health services for children and those for adults, and the level of support provided to a young person and their family can be seen to reduce once a young person turns 18. Communication between children's health practitioners and, for example, General Practitioners is of paramount importance to ensure a smooth transition between these services.
- 3.13. Furthermore, the recently produced Child and Adolescent Mental Health Service (CAMHS) Task & Finish Group Report recommended introducing Transition Champions into Adult Mental Health services to strengthen the pathway for young adults requiring support. This suggestion has been endorsed by Hammersmith & Fulham's Health & Well Being Boards and the Executive Director of Adult Social Care.

Projecting the needs of young people approaching transition (effective sharing of data)

- 3.14. Within the Adult Social Care client database, a new area for data collection has recently been set up to capture information on young people aged 14 and above who are in transition. This is being populated manually by transition staff from Adult Social Care based on information provided by Children's Services. This will enable Adult Social Care to plan services for young people and captures information relevant to:
- health condition / disability
 - housing need
 - whether a wheelchair user
 - if the young person has needs resulting from challenging behaviour
- 3.15. While this new dataset is useful, it doesn't address the new requirements for the Children and Families Act in projecting demand across health and SEN needs and therefore facilitating the development of a medium-to-long-term commissioning strategy.

- 3.16. Active, collaboration between Public Health, CCGs, Adult and Children's Social Care is urgently required to strengthen data capture and analysis to improve planning for transitions and projected need.

4. CURRENT TRANSITION OFFER

- 4.1. Hammersmith & Fulham provides a 'Transition Service' for young people with Learning Disability. This service is made up of the following components:

- Two Social Workers (one permanently funded by Adult Social Services and one funded by the Clinical Commissioning Group)
- Virtual Team (this has ad-hoc membership supplied by Adult Learning Disability practitioners from Psychology, Psychiatry, Speech and Language Therapy, Nursing, Physiotherapy and Occupational Therapy)
- Key workers for children with Special Educational Needs
- Disabled Children's Team (Children's Social Care)
- Children's Educational Psychology Service

- 4.2. There are additional links with other services, including Looked After Children (Children in Care), the Leaving Care service and Youth offending Team as well as the Child and Adolescent Mental Health Service (CAMHS) and the Children's Community Nursing Service.

- 4.3. There are many commissioned services for this group of young people including special schools, employment services, further education, short breaks, evening clubs, day opportunities and young carers' support groups.

- 4.4. The current practice regarding transition to adult services in Social Care, Education and Health is outlined as follows:

Social Care

- 4.5. In Hammersmith & Fulham the transition team work with young people with learning disabilities only. Children are assessed for eligibility for adult learning disability service as they approach the age of 18, which is generally considered to be too late to enable a well-managed transition to adult services.

Education

- 4.6. The Special Educational Needs Service has recently employed keyworkers who have a specific focus on young people aged 16-19 and an Assistant Head of Service who is responsible to development of the Local Offer of education provision for children aged 16-25.

- 4.7. The keyworkers are responsible for ensuring that the transition from school into post-16/19 provision is managed for a young person once they exceed statutory school age and, where appropriate, will liaise with colleagues in Social Care and Health.
- 4.8. The keyworkers are also trained in providing advice and guidance for preparing for adulthood.

Health

- 4.9. From the age of 0-18 the most significant period of coordinated Health input takes place in the first 4-5 years of a child's life and is managed by the multi-disciplinary Child Development Teams². Those young people with enduring needs will continue to receive specialised paediatric support from the service up until their 18th birthday. This can include Occupational Health input, Speech and Language and Physiotherapy, Psychology and Music therapy, in some cases specified in an Education Health and Care Plan. All other young people receive various inputs as and when they are required, and these are usually coordinated by their parents/carers via their local GP surgery.
- 4.10. At 18 years of age, those young people without complex or enduring needs will continue to access support from their local GP surgery as and when it is needed. Young people with complex needs will also transfer from their specific paediatric support to their local GP. The quality of support that these young people receive from their local GP can vary.

5. WHAT OUR CUSTOMERS SAY ABOUT OUR TRANSITION OFFER

- 5.1. Parents and carers have been provided with opportunities to feedback about services through a number of different forums and surveys, including the Children and Families Act Parents Reference Group. In addition the Customer Journey work undertaken last year by Adult Social Care highlights the frustrations expressed by some parents and outlines challenges for the future.
- 5.2. Mostly the customers who receive services are satisfied with the local offer, however it is clear that frustration is created by what can be an overly bureaucratic or unresponsive provision. This feeling is intensified when services fail to coordinate their activities.
- 5.3. The local authority has gathered feedback from parents regarding transition. Below is a summary of the key points from this:
 - It is essential to have good communication, transparency and clarity from all involved in transition.

² Chelsea & Westminster CDT operating from the hospital and Parkview Health Centre and the Imperial/CLCH CDT based St Mary's and the Woodfield road Health Centre.

- The parents commented that the experience in Hammersmith and Fulham was 'variable'. Those young people already known to Children's services moving to Adult Services had better planning.
- Parents found it hard moving from very child focussed services to adult services which had to cater for the broad spectrum of younger adults to old age.
- A number of parents still felt they had to lead and organise the future plans for their son or daughter but often did not know what was fully available.
- Parents wanted to be empowered but needed to know where to go and what was possible. An effective key worker / coordinator role, having a wide knowledge of transition was needed, guiding parents appropriately on all aspects that affect transition not just placements.
- Parents reported that there was often significant amount of time taken to resolve disputes about future funding of services and this had delayed some young people in receiving the service they needed. 'Parents should not be caught up in this wrangle'.
- Lack of suitable provision of college placements meant that some young people needed to be placed out of borough and that local colleges were only offering four days per week and this was an added pressure to cover for working parents, as well as those at home.
- It was reported that parents felt the new EHC process bringing all the agencies together was a positive development.

5.4. Additionally, young people have said that they wanted better housing and opportunities for employment.

5.5. A few parents commented on the timing of the involvement of the Transition Team and pointed out that this often occurred too close to the point of transition, creating anxiety and anger.

5.6. Young people have also been provided with workshops to enable them to provide views on what they may need or wish for in the design for future commissioned services. A workshop took place last year to which every young disabled person going through transition was invited. The outputs of this workshop are summarised in the report 'Children and Families Act SEN changes', available on the Hammersmith and Fulham Website.

5.7. At a recent Hammersmith & Fulham Mencap Transition Group, attended by families and carers of young people going through transition, concerns were raised about the limited offer of provision in borough.

5.8. The feedback from the recent national carers' survey has shown a slight increase in satisfaction which is higher than the London national average.

6. OPTIONS FOR CONSIDERATION

Improving the transition team model in Hammersmith and Fulham

- 6.1. A recent review of transition services in Hammersmith and Fulham has identified that parents feel the current model of transition is creating a 'cliff edge' and that there is a fear of change for young people at the age of 18.
- 6.2. Other models of provision exist and often focus upon shared staff members between Children's and Adult Social Care Teams and assessment processes initiated at an earlier stage. This would guard against rushed decision making and planning prior to a young person making the transition from Children's Services to Adult Services. It would also improve the communication and coordination between Adult Social Care and the Special Educational Needs Service, given the potential for beneficial overlap between the EHC assessment and existing Adult Social Care processes.
- 6.3. A similar model could be implemented in Hammersmith and Fulham, along with changes in practice that would make the coordination of client groups and activity more straightforward, for example undertaking the psychological learning difficulty assessments at the age of 16 rather than at 17 years 9 months as is current practice.
- 6.4. This model would require specific roles and responsibilities to be undertaken by staff. Consideration would also be needed regarding how this service might be funded and whether its activity would free up resources elsewhere in the system or the young person's pathway.

Developing the post 18 local offer for social care services

- 6.5. An issue for young people in transition is that support services and respite functions within Adult Social Care provide support for people until old-age, leading to young people having to spend time settings which are not age-appropriate.
- 6.6. Children's and Adult Social Care should also work together to understand how provision that is currently available could be used differently to better support this cohort of young people.
- 6.7. There is a risk that this work could essentially move the 'cliff edge' from 18 to 25. However, it is considered that there is much more potential and capability for a 25-year-old to transfer into adult orientated services than that of an 18 year old.

Improving the quality of the adult health offer

- 6.8. At 18 years of age those young people with complex needs will transfer from their specific paediatric support to their local GP. The CCG have recently undertaken an audit of young people aged 16-25 with complex needs in Kensington and Chelsea and have established that there are 24 young people using the adult GP Service. It is estimated that there are

roughly 100 young people across Hammersmith and Fulham, Kensington and Chelsea and Westminster.

- 6.9. The overarching issue for Health is the need to increase the provision of specialist services currently on offer for young people once they become adults (for instance, Speech and Language Therapy). A coordinated approach to the strategic commissioning of such services is of paramount importance.
- 6.10. Officers in Adult Social Care have also highlighted that there needs to be an increased and increased engagement of Adult Mental Health Services in assessment and planning for young people in transition.

Improving the further education offer and pathways into employment

- 6.11. In order to address the need for more local specialist provision that helps promote independence and provides pathways into employment for young people aged 19 and above, the SEN Service have been actively working with Special Schools and Further Education Colleges in Hammersmith and Fulham, Kensington and Chelsea and Westminster. Examples of activities that are currently underway include:
- Providing virtual local authority support teams to train FE providers as well as offering outreach support and guidance in supporting young people with SEND
 - Development of post-19 provision at Queensmill Special School specifically for young adults on the autistic spectrum, which will follow the four key pathways in the Preparing for Adulthood Framework: Employment; Independent living; Community inclusion; Health
 - Implementation of 'Project Search', which will support young people with special educational needs and disabilities into meaningful supported employment opportunities
- 6.12. The new Queensmill offer will be delivered separately from the school as a pilot from September 2015. The provision will be delivered in partnership with Adult Social Care, using some of their respite facilities, which will help to ease the transition from Children's Services and a school environment into a more adult orientated setting that promotes independence and employment.
- 6.13. A working group, led by Queensmill Governors, is working in partnership with officers from Children's Services and Adult Social Care to develop a permanent model based on the creation of a charitable incorporated organisation. This will be implemented from September 2016. Initial discussions are also taking place with Jack Tizard to develop a similar model for young people with profound and multiple learning disabilities.

Improving the planning for transition and links between health services for children and adults

- 6.14. An option to improve the quality of support that young people with special educational needs and disabilities receive from their local GP when they turn 18 is to provide specific training for GPs. However, it is not considered that this will offer good value for money as most GPs have either only one or two young people to support, or in some cases they have no young people with enduring or complex needs within their caseload.
- 6.15. The Clinical Commissioning Group is currently undertaking a review of the templates to be used for an annual health check for young people with learning difficulties. Once the templates are finalised, it is envisaged that they will be used by health professionals each year from when the child turns 14, and will ultimately inform transition needs at an early stage, enabling planning processes to be completed in good time. The CCG still need to understand how this will be planned for and implemented in the medium to long term.
- 6.16. The CCG are also developing local coordinating roles for young people with complex needs, based on the existing Primary Care Plus / Care Coordinators Roles. An option is to consider whether there is a need to increase the number of these roles for children and young adults to support effective transition. Furthermore, the 'Connecting Care for Children' initiative is aiming to provide GPs with wider support when involved in transition work. The programme is at an early stage, but its progress is being monitored.

Improving the supported housing offer for young people aged 18+

- 6.17. Housing for Disabled People forms an important element of the draft Housing Strategy 'Delivering the Change We Need in Housing' which is currently being updated following a consultation process which ended on 9 March 2015
- 6.18. Section two of the draft strategy 'Meeting Housing Needs and Aspirations' includes proposed actions for meeting the housing needs of disabled people, including those with Learning Disability'. The actions are:
- Continue to implement the Learning Disability accommodation and support strategy and work with key stakeholder to deliver this
 - Undertake a review and reconfigure learning disabled supported housing provision
 - Map the system for updating and maintaining the accessible housing register and make recommendations for improvements
 - Review and improve the system for void notification and allocation of adapted properties
 - Review affordability of social housing and options for those on disability benefits and who are unlikely to be able to work
 - Work with stakeholders to improve access for vulnerable groups and ensure that council staff have appropriate training to enable them to identify and respond to needs

- Explore with Adult Social Care and Health initiatives to provide innovative preventative services
- Improve access to the social housing system eg staff training and changes to the registration process

7. NEXT STEPS

- 7.1. It is clear that there are many challenges ahead, but real change is achievable. The Transition framework and the joined up approach of health, social care and education should bring better outcomes for young people. Therefore, it is an absolute imperative that however we move forward we must do this together and learn together for the benefit of young people in our community.
- 7.2. Our next steps are focused upon the core themes, identified in paragraph 2.3, to improve and develop the Transition experience for young people and their family and friends, providing them with new opportunities with a local focus.
- 7.3. The table below outlines the areas that will be considered and the actions to be taken forward to realise improvements for children, young people and their families and carers.
- 7.4. To implement these next steps will require a new culture, a more joined up and cohesive approach and the support of Elected Members to provide an agreed way forward for young people.
- 7.5. It is therefore anticipated that a project management approach may be required to drive the implementation of any service level and policy changes that are agreed. This could potentially be overseen by a newly formed, cross sector Transition Partnership Board, which may be chaired an elected member or appropriate senior officer.

Closing Gaps	Actions to be considered	Timescale
<p>Review of the Transition Team and statutory provision.</p>	<p>Skill Mix Review to look at a range of Transition models, including:</p> <p>Understand current needs, the range of provision available and the impact on commissioning strategies. Integrated with Education Health & Social Care</p> <p>Retain 14 – 25 with Social Care and SEN key workers. Integrated with Adults and Children to the age of 25.</p> <p>7 day working for the</p>	<p>Review to be completed by October 2015.</p>

	<p>Transition Service. Join up with other boroughs to share services.</p>	
Eligibility	<p>To change the culture of the workforce to embrace personalisation, prevention and enhance the local offer. To include all young people with a disability. Implement Children's Mental Health 'Transitions' Champions to provide a bridge to Adult Mental Health and all other services.</p>	<p>Workforce model to be put in situ by March 2016.</p>
Accessible Health	<p>Consider extending the developing care co-ordinator roles in GP surgeries to include young people and ensure that disabled young people are accessing appropriate specialist support and link paediatric provision to the GP.</p> <p>Develop a LES (Local Enhanced Service, which pays GP's for health checks) for all disabled young people.</p> <p>Health Passports to be developed for 'frequent flyers', i.e. those young people who access hospitals regularly.</p>	<p>Review should take place during 2015 – 2016.</p>
Developing the range of provision	<p>Continue with the development of specialist short breaks. Develop further options for short breaks. Consider pooled budgets to provide greater choice. Put in place the employment pilot, already agreed and review for effectiveness.</p>	<p>Transition Strategy written and agreed in 2015-2016</p>

	<p>Improving disabled housing stock and ratify the draft housing strategy.</p> <p>Build on existing resources for leisure and social contact.</p> <p>Identifying new educational opportunities for young people.</p> <p>Improve data to be able to predict throughput and diagnosis to improve planning for services.</p> <p>Prioritising services for people with highly complex behavioural needs. (This is a direct link to Winterbourne and local demographics).</p>	
<p>Sustaining a good Transition Model</p>	<p>Create a Transition Partnership Board</p> <p>Create a young person's commissioning strategy.</p> <p>Involve young people in strategy and workforce development.</p> <p>Create a young person's champion role.</p> <p>Listen more and develop robust advice and information for young people and their carers. Particularly for those who do not meet eligibility.</p> <p>Embedding the EHC plan.</p>	<p>Commencing 2015</p>
<p>Specific Carer support</p>	<p>The culture of all staff working with parents should be that of a navigator.</p> <p>Offer advocacy, assessment and support to each Carer.</p> <p>Provide opportunities to gather carer feedback.</p>	<p>Commencing 2015</p>

8. EQUALITY IMPLICATIONS

- 8.1. As this report is intended to provide an update on recent developments, there are no immediate equality implications. However any equality issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.
- 8.2. Any proposals will need to be subject to an equality impact assessment, as most young people involved with have a protected characteristic (disability). The aim of any proposals will be to improve services, but the impact of any agreed changes will need to be monitored.

9. LEGAL IMPLICATIONS


- 9.1. As this report is intended to provide an update on recent developments, there are no immediate legal implications. However any legal issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.

10. FINANCIAL AND RESOURCES IMPLICATIONS

- 10.1. As this report is intended to provide an update on recent developments, there are no immediate financial and resource implications. However any financial and resource issues will be highlighted in any subsequent substantive reports on any of the items which are requested by the Committee.

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		

	<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">3 June 2015</p>
<p>Implementing the Recommendations from the Francis Inquiry</p>	
<p>Report of Imperial College Healthcare NHS Trust</p>	
<p>Open Report</p>	
<p>Classification - For Scrutiny Review & Comment</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: n/a</p>	

EXECUTIVE SUMMARY

The attached report was presented to the Trust Board of Imperial College Healthcare NHS Trust on 25 March 2015.

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		

Trust Board - Public

Agenda Item	6.1
Title	Annual update on implementing the recommendations from the Francis Inquiry (2013).
Report for	Noting
Report Author	Priya Rathod, Associate Director – Chief of Staff (Nursing Directorate)
Responsible Executive Director	Janice Sigsworth, Director of Nursing

Executive Summary:

Following the publication of the Francis Inquiry (formally known as the 'Mid Staffordshire NHS Foundation Trust Inquiry 2013'), the Trust developed a comprehensive action plan incorporating the recommendations and has reported progress against this on an annual basis to the Trust Board. An annual update was last presented to the Trust Board in May 2014.

The recommendations from the Francis Inquiry were subsequently included within an overall integrated quality governance work plan. As the Trust's quality governance structures have strengthened over the past year, the Francis recommendations have been incorporated within other quality improvement work streams such as; Monitor's quality governance assurance framework self-assessment, the recent CQC inspection, safety and effectiveness and the national safe nurse staffing agenda. The Trust therefore does not routinely report against the 'Francis recommendations' and has instead embedded the recommendations as part of the existing work streams and as part of business as usual.

The Executive Committee and Quality Committee has oversight of the work being undertaken through agenda items (e.g. reports on quality, patient experience, workforce and CQC) reported at each of its meetings.

The outstanding actions from the previous report shared with the Board and the subsequent updates are summarised below:

Action	Progress
Feedback and learning from complaints	Monthly complaints reports received by each division for them to disseminate and discuss learning at local quality meetings.
	Reviewing current structure and processes for complaints management to incorporate how learning can effectively take place.
Nurses/Midwives to be in supervisory capacity	Taken forward as part of wider safe nurse staffing work stream, including six monthly establishment review process. Establishments include supernumerary staff for each ward.
Clinical audit - Mortality and efficacy of treatment	The clinical audit team is due to expand from April 2015 and will develop a robust audit plan aligned to the Trust's quality strategy.

Feedback from students and trainees	The Imperial education group will look at student nursing feedback including the use of the audit tool to aid learning and improvement A trust-wide education committee takes place co-chaired by nursing and medical directorate leadership.
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The Trust is in the process of developing a new quality strategy and work plan by April 2015, which will integrate existing work streams and provide a vision and framework for quality improvement across the Trust. Any outstanding actions related to the Francis inquiry will be included within that work plan.

Recommendation: The Board is asked

- To note progress against the outstanding actions
- To note the changes with how the Trust has approached the implementation of the Francis Inquiry recommendations over the past year and how these will be managed going forward.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion

Agenda Item 10

Health, Social Care and Social Inclusion Policy and Accountability Committee

Work Programme 2014/2015
June 2015
Chelsea and Westminster Hospital NHS Foundation Trust: CQC Report The Francis Inquiry recommendations: responses by Chelsea and Westminster Hospital NHSFT and Imperial College Healthcare NHS Trust Preparing for Adulthood: A Report About Young People Aged 14-25 with Disabilities
2015/2016 Meetings
2016 Medium Term Financial Strategy Care Act Care Quality Commission Inspections: Central London Community Healthcare NHS Trust and West London Mental Health NHS Trust Customer Journey: Update Customer Satisfaction Digital Inclusion Strategy Equality and Diversity Programmes and Support for Vulnerable Groups Foodbanks Update 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 Listening To and Supporting Carers Meals on Wheels: Future Arrangements Mental Health & Wellbeing Strategic Public Health Safeguarding Adults: H&F Report: Self-directed Support: Progress Update