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

Minutes

Tuesday 7 July 2015

PRESENT

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

Co-opted members: 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),

Chelsea and Westminster Hospital NHS Foundation Trust: Elizabeth McManus (Chief Executive), Dominic Conlin (Director of Strategy and Integration), Vanessa Sloane (Director of Nursing), Dr Roger Chinn (WMUH Medical Director) and Prof Simon Barton (Associate Medical Director)

Hammersmith & Fulham CCG: Dr Tim Spicer (Chair), Janet Cree (Managing Director) and Clare Parker (Chief Officer)

Officers: Liz Bruce (Executive Director of Adult Social Care & Health), Sue Perrin (Committee Co-ordinator) and Sue Spiller (Head of Community Investment)

12. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 3 June 2015 were approved as an accurate record and signed by the Chair.

Matters Arising

Preparing for Adulthood: A Report About Young People Aged 14-25 Years with Disabilities

(i) It was noted that information in respect of the stage of the consultation (Alison Farmer) and the information requested, as detailed in the minutes of the meeting held on 3 June 2015 (Ian Heggs) was outstanding.

(ii) Mrs Bruce clarified, on behalf of Mr Christie, comments allegedly made by him. Mr Christie did not recall making such an unequivocal statement. Whilst children had to move on from children's services to an adult environment, they would be supported through the process and the changes being put in place would help improve the transition for children and their families.

There was an issue in that some services were funded only for children aged 18 and below, and it was therefore necessary to negotiate the continued provision. There was a need for flexibility and continuity to support a good transition.

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Perez Shepherd, Debbie Domb and Patrick McVeigh.

14. DECLARATION OF INTEREST

The following declarations of interest were made:

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

Councillor Joe Carlebach is an ambassador for Mencap.

15. ADDRESSING FOOD POVERTY IN HAMMERSMITH & FULHAM

Councillor Vaughan stated that Daphine Aikens, Manager of the Hammersmith & Fulham Foodbank (HFFB) was unable to attend the meeting, but had read the report and had no comments, 'other than to say that my Trustees and I are very grateful for all that the Council are doing to help us in our effort to launch a third Distribution Centre at 75 Bloemfontein Road'.

Ms Spiller introduced the progress report on addressing food poverty in Hammersmith & Fulham, which included measures to provide support, Food Bank services and further research being undertaken.

A food collection point had been installed at Hammersmith Town Hall, was proving to be a success.

The Council had agreed a Citizen's Advice Bureau (CAB) funding proposal to enable the service to work in partnership with HFFB to train their volunteers to become CAB Information and Budgeting Assistants and provide assisted information on money, benefits, budgeting, employment matters and housing

matters and carry out an assessment of any further advice and support required and signpost/refer accordingly.

75 Bloemfontein Road had been identified as a suitable location for an additional H&F Food Bank in the north of the borough. The space was in need of renovations and refurbishing and Amey, the Council's contractor for property repairs and maintenance had agreed to undertake the works under its Corporate Social Responsibility programme. In addition, Amey had agreed to collect the food from Hammersmith Town Hall and take to HFFB.

HFFB would need to secure additional funding for the Bloemfontein Road site. It was proposed that the Council provided a grant from the 3rd Sector Investment Fund to support the HFFB service, and to provide support to identify and apply for alternative funding sources as the service developed.

The Trussell Trust was interested in working with the Council and HFFB in the alleviation of food poverty at an early stage.

Councillor Fennimore stated that she was delighted with the joined up approach, and it was planned to put in place other areas of support to reduce the number of people using the foodbank. The Trussell Trust had commended the Council's innovative way of working.

Mr Naylor queried whether there was a distribution method to help older people who found it difficult to travel. Ms Spiller agreed to discuss this with HFFB and noted that the Winter Pressures work included food packs being left with community organisations for distribution.

Councillor Vaughan queried the age profile of those using HFFB. Ms Spiller responded that there was a fairly broad age range. It was difficult to get data from the Trussell Trust, which had concerns about confidentiality and use of the data. Food poverty tended to be a short term issue, with people using the foodbank maybe three/four times over a six month period.

Ms Spiller responded to Councillor Carlebach that the highest number of referrals tended to be from the Job Centre in Hammersmith and the CAB. The food vouchers were distributed by some 250 partners across the borough, but people did not always redeem these vouchers. It was planned to undertake a piece of work with HFFB to identify the number of partner vouchers redeemed.

Councillor Vaughan queried how it was intended to sustain the progress. Ms Spiller responded that addressing food poverty was a priority for the Cabinet Member for Social Inclusion. There would be a timescale for what needed to happen to put an infrastructure in place. However, there were resource issues in respect of HFFB being run entirely by volunteers and the capacity of the Council, HFFB and Trussell Trust. Longer term work would include the prevention of food poverty. A piece of work into the links between worklessness and poverty was at the early stage of scoping.

Councillor Fennimore added that the partnership work was very strong and, whilst the Council would support HFFB, the ultimate goal was for there to be no need for foodbanks.

RESOLVED THAT:

1. The Committee highly commended the progress made against the PAC recommendations made at its October 2014 meeting, and specifically the opening of a site in the north of the borough.

2. The Committee was highly interested in research into who used the foodbank and the age profile.

3. A further report on the recommendations arising from the work with the Trussell Trust should be added to the work programme.

4. The Committee recommended that the Council and HFFB consider how to accommodate the problem of foodbanks being site specific and people being unable to travel.

16. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST INTEGRATION WITH WEST MIDDLESEX HOSPITAL

Councillor Vaughan welcomed the representatives of Chelsea and Westminster Hospital NHS Foundation Trust.

Ms McManus outlined the process, which had commenced in October 2012, with West Middlesex Hospital seeking initial expressions of interest to find a suitable partner to achieve NHS foundation trust status. Following a rigorous process, Chelsea and Westminster Hospital had been selected in April 2013.

Ms McManus stated that the decision represented the best option for securing the future of both organisations as major acute hospitals. The two trusts were similar culturally and both were relatively small. Acquisition would create a combined entity serving a population of around 1.1 million. A single organisation would provide greater opportunity to develop clinical services and more security for smaller services. There would be significant financial pressures for both, should they not become one organisation.

There was a regulatory process, but formal consultation was not required as there was not a service change: Chelsea & Westminster Trust Board would acquire West Middlesex Hospital. There was considerable discussion with the Council of Governors. The acquisition had been cleared by the Competition and Markets Authority.

The process was reviewed by the external regulators, the Trust Development Agency and Monitor, which would issue a risk rating. This would be considered by the Chelsea and Westminster Trust Board, which would make

the formal decision to proceed. An application would be made to the Secretary of State for the transaction to take place on 1 September 2015.

The business case would remain confidential until the transition had been agreed by all parties. However, it would be available at the hospital for members of the PAC to view.

There were difficulties in terms of recruitment and retention. Three members of the Chelsea and Westminster Hospital management team had been seconded to West Middlesex Hospital.

Members raised concerns in respect of the lack of financial information, which should have been shared in order to facilitate proper scrutiny. Councillor Carlebach suggested that the merger was a financial transaction because the West Middlesex PFI had become too expensive to manage.

Ms McManus responded that the merger was clinically driven, putting patient safety first. As one organisation, there would be a large enough population to continue to provide services and to ensure long term sustainability. It was not possible to share the financial detail as a confidentiality agreement had been signed.

Mr Conlin added that clinical sustainability was the catalyst of the deal. However, there were risks to the trust if the acquisition was not approved. The West Middlesex PFI was one of the smallest in London, some £2 million per annum. This would continue to be a drain until the estate was improved as an asset. There was a short term plan to make the estate work harder.

There were over 100,000 attendances by Hammersmith & Fulham residents at Chelsea and Westminster Hospital annually and there would be no significant change. Those services currently provided would still be available on the Chelsea and Westminster site.

Councillor Holder queried patient involvement which had taken place and was planned for the future. Ms McManus responded that statutory requirements for consultation were different from expectations. Consultation had been through existing networks such as the CCGs and the Council of Governors and there had been some communication with patients and their representatives. In hindsight, it would have been appropriate to provide reassurance that there would be no service change on 1 September.

Mr Conlin added that the formal guidance around transition had been followed. The proposals had been reviewed with colleagues in Hounslow and Richmond, and there had been a number of constituency events. There would be clinical benefits going forward for a number of services. The Council of Governors and patient representatives were testing the assumptions. There would be no significant service changes.

In respect of maternity services, comments from patients had indicated the need for a more local model. Local services would be maintained. Systems would be improved with technology and best practice pathways developed and integrated with GP services.

Councillor Brown considered that the acquisition would create future risk and that West Middlesex had invited expressions of interest for financial not clinical reasons and queried which other trusts had expressed an interest.

Ms Parker stated that whilst the merger was primarily clinically driven, it was also designed to reduce the pressure on West Middlesex Hospital finances. There had been two expressions of interest: Chelsea and Westminster Hospital and Imperial College Healthcare NHS Trust. The clinical synergies with Chelsea and Westminster were much stronger and would ensure no service losses for either site. The CCG was the lead commissioner representing Hammersmith and Fulham. Chelsea and Westminster had strong clinical and management leadership, and the acquisition would provide increased opportunities and access on the West Middlesex site. In addition, it would be an opportunity to attract funding to invest in one electronic patient system (EPR) across the two sites.

Councillor Brown queried whether the acquisition would have proceeded without the financial incentive. Mr Conlin responded that whilst the EPR would be fully funded, this was not the reason for the acquisition. Financial settlement had been negotiated to support the new organisation to address key risks identified in the due diligence to year five, after which the Trust would stand alone. The risks associated with the PFI were significantly outweighed by other incentives.

Councillor Lukey considered that there was a lack of clarity in respect of management and protection of front line services. There was a significant risk in respect of recruitment and retention. The current service was not sustainable and management change alone would not address the issues.

Ms McManus responded that whilst there were potentially management job losses, there would be no cuts for frontline staff involved in direct patient care. Where there were intended changes in clinical services, patient groups would be contacted.

Dr Chinn stated that there were clinical sustainability issues because of difficulties in retention of consultant medical staff at West Middlesex Hospital. However, it had been possible to recruit successfully to a number of different clinical specialties because of the proposed merger.

In respect of maternity services, together the two hospitals could offer a better model of care. West Middlesex Hospital did not have a good enough team of midwives and obstetricians. There was a need to offer new sub-specialist services. Chelsea and Westminster Hospital was providing a tertiary service for West Middlesex Hospital, but there were some unnecessary transfers. The merged service would replicate good care closer to home.

Currently, there was inadequate acute coronary care and it was necessary to refer patients to other providers such as Imperial College Healthcare or the Royal Brompton, where there could be considerable waiting times, or even Wycombe and Ashford hospitals. The merged service would be able to offer a cost effective service in a more timely manner.

Councillor Carlebach queried the rational for developing coronary care, when Hammersmith Hospital already specialised in coronary care. Mr Conlin responded that the intention was to invest in diagnostic services. Complex cases would continue to be transferred to specialist centres.

Councillor Carlebach referred to a patient complaint which had been referred to him because it had not been possible to get a satisfactory response from Chelsea and Westminster Hospital. He did not consider that there was any evidence of management capacity and queried whether the proposed merger had been discussed with the Council.

Ms McManus responded that incidents were normally investigated quickly. Contact with patients and relatives was maintained and an explanation given. In respect of management capacity, the non-executive directors were part of the transition and together the executive and non-executive directors had significant expertise in health service management and in the private sector.

Ms Parker added that management capacity and clinical leadership had been one of the CCG's key concerns, and it had been made explicit that there had to be sufficient managers on both sites. In respect of communications, the focus had been more towards West Middlesex Hospital, as the impact on Chelsea and Westminster Hospital had been deemed to be negligible. There had been a number of visits to Hounslow and also to Kensington & Chelsea.

Councillor Brown queried whether the organisational change had caused the CQC rating of 'Requires Improvement'. Ms McManus responded that whilst the CQC report was less than ideal, it was not the result of staff being distracted. Chelsea and Westminster Hospital had put in place an action plan, much of which had already been implemented. The West Middlesex Hospital report had been similar.

Mr Conlin noted the commitment to improve retention rates which would also improve patient experience. The EPR would be a key enabler. The merged hospitals would provide the larger patient base necessary for some of the services which could not be provided on a stand-alone basis.

Councillor Carlebach suggested that Chelsea and Westminster Hospital should invest more in the services in which it specialised and roll out across the country. Professor Barton outlined the investment in sexual health services and the importance of the merger with West Middlesex Hospital. The commitment to local access for a larger population would ensure the best services for all those individuals. For Chelsea and Westminster to continue its award winning work, sufficient scale to sub-specialise was required and new models of care, enabled through information technology. It would not be possible to invest in an EPR, without significant funding from the Department of Health.

Mr Naylor stated that older people would ask about the difference which the merger would make and how the service would be different. Ms McManus responded that the Trust welcomed the opportunity to engage with people to discuss future models of care.

Councillor Vaughan queried whether the business case included the changes under the Shaping a Healthier Future (SaHF) proposals and the patient flows from Ealing and Charing Cross; if the investment due under SaHF for both sites had been factored in; and how the estate could be made to work harder.

Mr Conlin responded that to make the estate work harder, there needed to be more patients using the hospital. The Trust had been asked to make the base case compliant with SaHF and the patient flows assumed under SaHF had been included. Both sites would extend their Accident & Emergency departments to meet the increased activity. Ms McManus added that the Trust would look to make back office functions more efficient to protect front line staff.

Councillor Vaughan queried the impact on existing services should the merger not go through and whether any of these services be regarded as unsafe in a year's time. Mr Conlin responded that the management capacity at West Middlesex Hospital would not exist and the external financial rating would dip quickly in year two, leading to extra scrutiny of all services. Chelsea and Westminster Hospital would post a deficit for the first time in the current year and was entering even more challenging times.

Mr Conlin stated that should the merger not go ahead, the Trust would move quickly to discussions with other partners to put in place other solutions, and potentially plans B and C.

Councillor Vaughan queried why Chelsea and Westminster Hospital had not looked at other partners to develop services, rather than taking on the issues at West Middlesex Hospital, and specifically the recruitment difficulties. Ms McManus responded that a year had been spent looking at other opportunities. The recruitment difficulties were just in respect of consultant medical staff. There was a better trend in recruitment and retention of nursing and midwifery staff.

Chelsea and Westminster was one of the highest performing trusts, and West Middlesex represented an opportunity to work with a larger population and to sub-specialise. Both trusts had extremely similar values and behaviours, kind to patients and relatives and inviting feedback. The ability to recruit would be easier as one organisation.

Dr Chinn emphasised the high level of staff engagement and that staff put patients first.

Councillor Brown stated that assurance had not been provided around the financial case and suggested that smaller multiple changes would have lower risk. Ms McManus responded that this had been tested in the longer term financial model and repeated the invitation for members to go through this with the Chief Financial Officer at Chelsea and Westminster Hospital.

Councillor Carlebach considered that the PAC had been excluded from the process and that it had not been possible to adequately cover the merger in two meetings.

RESOLVED THAT:

1. The PAC did not support the merger. The main concerns were in respect of the financial case, which had not been adequately explained and had been based on patient flows as predicted in the Shaping a Healthier Future proposals.

2. There had been inadequate consultation.

3. There was concern in respect of the adequacy of the proposed management structure.

4. There was not an alternative plan.

5. There were workforce issues at both sites and there was reliance on the successful implementation of a new EPR system.

6. The patient commitment at both sites was noted.

7. An update report should be added to the work programme.

Councillor Vaughan thanked the representative of Chelsea and Westminster Hospital for their attendance.

17. PRIMARY CARE BRIEFING: GP NETWORKS NETWORK PLAN 2015-2016 AND OUT OF HOSPITAL SERVICES

The PAC received a report on the Hammersmith & Fulham GP Networks, GP Network Plan 2015/2016, extended hours and Out of Hospital services.

Councillor Carlebach requested an update on the flu vaccination programme and integration with GPs in Kensington & Chelsea.

Ms Parker stated that a bundle of services were being implemented across the five GP Networks, and that patients would be able to access these and move from one practice to another. Patients' records could be shared, subject to consent and network information sharing agreement. The model would be rolled out across the borough in March 2016.

Action:

A timetable for rolling out the model across boroughs to be provided.

Hammersmith & Fulham CCG

Ms Cree responded to queries in respect of educating patients that there would be a publicity campaign for extended hours, similar to Central London

and Westminster, which saw a significant increase in GP attendances and reduction in Accident & Emergency Department attendances.

Information in respect of the 24 hour pharmacy at Earls Court was provided through NHS Choices/111. In addition, there were many pharmacies with extended hours across the borough.

Councillor Lukey queried whether there was coverage for the resident population or registered population; whether mental health assessments were currently only available after first going to a GP; and if there was capacity to meet increased demand with the Out of Hospital model.

Dr Spicer was not aware of any requirement to visit a GP before receiving a mental health assessment, and would provide a written response.

Action: Hammersmith & Fulham CCG

Dr Spicer stated that services were predominantly for the registered population. Unregistered patients tended to go to the Urgent Care Centre, where they would be advised to register with a GP.

Dr Spicer stated that the CCG was committed to the OHH model and would ensure that there was capacity

Councillor Barlow queried recruitment and the SystemOne interface between primary and secondary care. Dr Spicer responded that workforce was the biggest challenge at all levels and grades across West London. Trainees were attracted to London, but retention was difficult. The networks were working with Bucks New University in respect of placements. The CCG was one of the national pilot sites for physician associates. It was also looking at how to retain staff and change the skill mix.

Councillor Vaughan proposed and it was agreed by the Committee that the guillotine be extended to 10.15pm.

Mr Naylor gave an example of a GP practice which closed half day on Thursdays and Saturday, and noted that the CCG could not insist that an independent businesses could extend its hours.

Councillor Holder noted that the Council could assist with publicity of the new model and queried the frequency of evaluation. Ms Cree responded that there would be six monthly reviews to test that the theory and specification were right.

Mrs Bruce noted that Adult Social Care was also facing a skills shortage and that there needed to be a shared strategy for some key roles and joint work to retain staff.

Councillor Vaughan concluded that the PAC welcomed the GP Federation, the GP Network Plan, and the extended hours for GP practices, and was interested in the detail and specifically targets and how monitored. Councillor

Vaughan queried whether registered patients within the borough could go to any surgery in the network.

Dr Spicer responded that patients would be able to pick any of the practices providing an extended hours service. SystmOne, the single GP record system used across Hammersmith & Fulham, would be used to provide access to records for the extended hours service (with patient consent) and the information would be available at the original practice immediately.

The majority of appointments would be booked in advance for routine appointments and on the day for urgent care. There would be one slot for 111 referrals. It was intended that there would be three practices every weeks, providing extended hours from 6.30pm.

RESOLVED THAT:

1. There were some queries in respect of the implementation of extended hours.
2. The need for publicity and education of patients and the constraints around workforce were noted.
3. A report on GP access be added to the work programme.

18. WORK PROGRAMME

RESOLVED THAT:

1. The work programme be noted.
2. That an update on the Immunisation Programme be taken at the September meeting.

19. DATES OF FUTURE MEETINGS

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

Meeting started: 7.00 pm
Meeting ended: 10.15 pm

Chair ....

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