London Borough of Hammersmith & Fulham

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

Minutes

Monday 14 September 2015

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Hannah Barlow and Natalia Perez

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

Other Councillors: Councillor Vivienne Lukey (Cabinet Member for Health & Adult Social Care) and Councillor Sue Fennimore (Cabinet Member for Social Inclusion)

Officers: Ike Anya (Consultant in Public Health), Stella Baillie (Director for Integrated Care), Selina Douglas (Director for Strategic Commissioning and Enterprise), Stuart Lines (Deputy Director of Public Health) and Sue Perrin (Committee Co-ordinator)

West London Mental Health Trust: Sarah Rushton and Helen Mangan

H&F CCG: Vanessa Andreae and Janet Cree

NHS England: Johan Van Wijgerden

20. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 7 July 2015 were approved as an accurate record and signed by the Chair.

21. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Andrew Brown, Joe Carlebach and Sharon Holder.

22. DECLARATION OF INTEREST

Councillor Vivienne Lukey declared an interest in that she is a trustee of Hammersmith & Fulham Mind.

Debbie Domb declared an interest in that she is a user of Home Care Services.

23. WEST LONDON MENTAL HEALTH TRUST

The Committee received a report on developments at West London Mental Health Trust (WLMHT), which focused on the following areas:

- Changes to the management structure within the Trust
- Progress with Foundation Trust Development
- Update on the West London Transformation Board

There were two key transformation areas: Urgent Assessment and Care Development and Delivery and Planned Care/Shifting Settings of Care Development and Delivery.

Mr McVeigh queried how WLMHT compared with other parts of London/the country in respect of bed capacity and whether foundation trust status would improve or worsen the situation. Ms Rushton responded that all mental health trusts were seriously struggling, with the exception of East London NHS Foundation Trust.

Ms Rushton did not consider foundation trust status as so important in improving quality of services as the Care Quality Commission (CQC) inspections and Quality Improvement Plans which were very important in embedding good quality at service delivery levels.

Ms Rushton stated that it was her personal view that the freedoms from foundation trust status were not so different, although it would be easier to convert revenue into capital.

Councillor Perez Shepherd queried the different clinical pathways and ways of referral. Ms Rushton responded by giving psychosis as an example. People cared for by the recovery team were often not clear about the interventions being received and what help could be provided at a centre of care. WLMHT was working to develop generic responses and to upskill the workforce in potential interventions. Clearer goals and outcomes would put people more in control of interventions and facilitated measurement of outcomes.

In respect of referrals, people could self refer, although more complex cases tended to be through GPs or sometimes social care.

Councillor Lukey commented that the report did not address a number of issues which would have been of particular interest to the Committee such as what was happening in Hammersmith & Fulham; WLMHT's relationship with the CCG and Adult Social Care, and specifically the recovery houses; and what worked well and the challenges.

Ms Rushton responded that WLMHT had a good long standing relationship with Adult Social Care in Hammersmith & Fulham and that the relationship with the CCGs had significantly improved over recent months and CCGs were now much more focused on mental health.

A business case was being developed to close in-patient beds and replace with three recovery centres, one in each borough. Currently this did not work financially and there were no suitable buildings. WLMHT was working with the CCGs to resolve the issues.

Ms Mangan referred to Urgent Assessment and Care and the work being overseen by Beverly MacDonald, H&F CCG Clinical Lead for Mental Health. New investment had been agreed and was being taken forward for Hammersmith & Fulham. It was expected that there would be a notable difference in the response to Accident & Emergency patients, which was a particular problem. WLMHT would work in different ways to engage GPs and align primary care services to networks.

Ms Rushton noted key challenges in respect of in-patient service delivery, particularly Section 316 admissions (compulsory detention under the Mental Health Act), including: substandard sites; poor environment; staff understanding of the use of restrictive practices; and the case load of the community teams. Management would remodel work to care for people within specific times and with specific goals, and then transfer back to primary care.

Mrs Baillie noted that Adult Social Care was trying to set up a three way session with WLMHT, primary care and the local authorities in respect of changing practices/models of care and was keen to re-establish regular local planning meetings. The new pathways would be focused across the three local services and it was important to have local staff to develop relationships.

Councillor Barlow queried the impact of financial pressures on decisions. Ms Rushton responded that WLMHT was currently in financial balance, but the income for local services funded by the three CCGs was £3million less than expenditure. These services were currently subsidised by other parts of the service, namely Broadmoor which was funded by NHS England, but this money would be required to repay the loan. Work with the new models of care would be financially difficult and CCG funding would be required to make it sustainable.

Councillor Barlow queried how WLMHT would communicate to service users how they would overcome the challenges. Ms Rushton referred to the co-production work with service users. The West London Collaborative had held a number of events for service users and staff. There had been some good

feedback from service users and WLMHT had aligned this with their service development plans.

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Mr Naylor referred to loneliness and isolation in the older community, possibly leading to depression and exacerbation of other conditions, and queried what was being done to combat this to prevent increased demand upon services. Mrs Baillie responded that prevention and advice were integral. The current development advocated lower level interventions at an early stage and working with local partners and the third sector, including Age UK.

Mr Naylor stated that the third sector reported very rarely being approached by anyone from mental health or social care to address issues except when it came to funding. Mrs Douglas responded that consultation with the voluntary sector had started the previous week with Sobus, development of the commissioning strategy with more local providers.

Ms Domb queried the meaning of co-production in this context. Ms Russell responded that service users were involved from the beginning in the design and delivery of services and referred to the West London Collaborative, which was organising an event in support of the Like Minded Mental Health and Wellbeing Strategy for North West London on Tuesday 22nd September at the Pimlico Academy.

Action:

Details of the West London Collaborative event to be circulated.

West London Mental Health Trust

Councillor Vaughan summarised the key points of the discussion.

The Committee noted that:

1. It was encouraging that relationships with other organisations, particularly the CCGs were improving.

2. There were issues in respect of Accident & Emergency and expansion to 24/7 cover and there was not sufficient urgent care in place.

3. There would not be a reduction in the number of in-patient beds; closed beds would be used to finance the recovery houses.

4. There were issues of loneliness and isolation, particularly amongst the elderly.

5. There were challenges and specifically financial pressures, but also improvements, which it was encouraging to hear.

RESOLVED THAT:

The Committee requested that a report be brought to a future meeting in respect of how mental health and social care were working together with the third sector to agree outcomes and how the strategy would fit with other out of hospital strategies over time.

24. IMMUNISATION UPTAKE

Councillor Vaughan stated that the Committee had requested an update on flu immunisations, which had been considered in depth the previous year. Members were keen to ensure that an action plan was in place for the current year and specifically for the age 2-4 and 65+ priority groups.

The Committee received a presentation on the Flu Action Plan, Winter 2015/2016 jointly from NHS England (NHS(E)), NHS Hammersmith & Fulham CCG and Three Boroughs Shared Services Public Health Department. The presentation set out roles and responsibilities; the individual action plans and joint working to monitor actions.

The NHS(E) action plan focused on three work streams: at risk cohort and children; over 65 cohort; and frontline healthcare workers.

The CCG Action Plan included: encouraging clinical leadership to maximise flu immunisation amongst front line staff, leading by example; training for all practice nurses; maximising GP extended hours hub to deliver immunisation clinics at evenings and weekends; and using the local authority communication channels.

Councillor Barlow noted that immunisation rates in Hammersmith & Fulham were below average and queried which borough had the highest rates. Dr Anya responded that Tower Hamlets had achieved high immunisation rates through investment in additional capacity to support GPs and to target hard to reach children.

Mr Van Wijgerden suggested that Tower Hamlets might currently have a declining uptake rate, because of a number of challenges in London, including different information systems. GP surgeries needed to be pro-active in calling and re-calling patients. Immunisation had become more complex because of the number of vaccinations and needed to be embedded in good quality care from pregnancy. Uptake rates in Hammersmith & Fulham had begun to improve.

Councillor Barlow queried engagement with schools. Dr Anya responded that a pack produced nationally for schools had been sent out with a letter from the Directors of Children's Services and Public Health and would be followed with posters and leaflets.

Ms Domb queried whether there would be an easy to read version and the provision of the vaccination for people unable to go out. Dr Anya responded that the national information had been produced in various formats and there would be an easy to read version. Mr Van Wijgerden responded that

provision of the vaccination would be included in the service level agreement with community and district nurses.

Councillor Lukey referred to the shingles vaccination and the poor performance in Hammersmith & Fulham. Mrs Andreae responded that GP practices would write and offer the vaccination to the eligible consort. They would also be offered the vaccination when attending for the flu vaccination.

Councillor Vaughan queried whether the vaccination for years one and two would be delivered in schools or by GPs and whether the vaccination for 2-4 year olds would be offered in children's centres and nurseries.

Mr Van Wijgerden responded that the vaccination would be offered at schools to all children including those in private schools, with parental consent. The vaccination would be offered out of school to children who were absent on the day. At least 50% uptake was expected and this would be monitored fortnightly by a national team.

Mrs Andreae responded that there were accountability and governance issues in respect of giving the vaccination in children's centres and nurseries. There would be no access to the children's records or translation services. Advice from the professional bodies was required.

Councillor Vaughan queried communication. Mrs Andreae responded that GP practices would mainly send texts inviting parents and their children to attend the practices. Dr Anya added that the presentation set out the Detailed Public Health Action Plan.

Councillor Vaughan suggested that there could be more catchy ways of communication to encourage parents to talk. Mrs Andreae agreed that parents talked but the flu vaccination was not perceived as saving lives. Practices were opportunistic in respect of vaccinations, for example when children were attending for other vaccinations. Generally, parents would not want the vaccination if their children were attending the surgery because they were not well. It was important to make the vaccination as available as possible.

Mr Van Wijgerden suggested that members could become role models by having the flu vaccination.

Councillor Vaughan queried whether, and if so how, data from pharmacies and schools, which had provided the vaccination was being included in the uptake figures. Mr Van Wijgerden responded that this information was electronically recorded and e-mails automatically sent to GPs. However, this information was then input manually. NHS England was looking for a more integrated system.

Councillor Vaughan queried responsibility for monitoring performance and specifically uptake by at risk groups. Mrs Andreae responded that the partners would work jointly to resolve any performance issues identified. Mr Van Wijgerden added that NHS(E), as commissioner of services, would step in if problems remained.

Mrs Andreae stated that clinically at risk patients were offered the vaccination at routine appointments.

Councillor Vaughan concluded that the Committee was encouraged by the fairly comprehensive plan and the joint work of the different parties responsible for delivering the flu vaccination.

RESOLVED THAT:

1. Members noted the challenge to become role models.

2. The Committee noted the planned actions to communicate the flu vaccination, particularly in schools and how this would lead to improvements in uptake rates against targets.

3. The Committee recommended that the provision of the vaccination in children's centres be explored, as a pilot.

4. The Committee noted the challenges in increasing uptake, particularly in respect of the increased number of vaccinations.

5. NHS England (E), the CCG and Public Health Department be invited to the next meeting to update on uptake of the flu vaccination.

Councillor Vaughan thanked NHS(E), the CCG and Public Health Department.

25. NEW HOME CARE SERVICES

The Committee received a report on the contract awards for new Home Care Services for people who met Adult Social Care eligibility criteria in Hammersmith & Fulham.

The Cabinet, at its meeting, on 7th September had accepted the recommendation that three Home Care Service Contracts should be awarded. Letters would be sent to the new providers on the following day, so it was not possible to disclose their names.

Mrs Douglas highlighted the key significant changes in the model of care:

- a requirement to pay the London Living Wage;
- working towards the provision of low level health tasks through the integration of care over the duration of the contract;
- investment in the workforce; and
- electronic monitoring to record care delivery, safeguard customers and enable accurate billing.

The new contracts would provide a comprehensive service to meet the increasingly complex needs of customers. They would be based on improved

outcomes for customers and there would be a new way of monitoring complaints. People were reluctant to complain and therefore a system was being piloted whereby people who had not wished to make a formal complaint were contacted to find out if the problem had been resolved.

Ms Murphy noted Healthwatch's involvement in the project group and in collecting evidence, and that the Home Care Services contracts were an example of good partnership work. Ms Connelly stated that the contracts reflected the requirements of service users such as choice of tasks, flexibility and reliability and continuity of carer.

Ms Murphy stated that the next steps would be to move into the implementation phase, to manage the change and ensure clear communications. The project group would meet with providers in November. There would be some independent monitoring of contracts, including home visits, with follow up by the Safeguarding Board if necessary.

Mr Naylor stated that home care services were concentrated on people who were already in touch with the Council, and there was a need to explain access to those who were new to the system. Mrs Douglas responded that an information and advice strategy would develop a system wide approach of self-service to determine eligibility for services. A joint strategy with Housing was being developed around sheltered accommodation. There would be a further piece of work with private landlords.

Mr McVeigh referred to the procurement changes set out in paragraph 4.18, and queried how input would be measured. Mrs Douglas responded that a multi-disciplinary team had assessed the tenders and the requirements were twofold: to ensure home care plans were appropriate and to assure quality of services. In line with feedback from service users, services would move away from the time and task model and be more flexible.

Ms Domb considered that there had not been much communication since 2012, and that there had been a closed group which did not involve service users. Ms Murphy responded that engagement would begin again that month and Healthwatch would hold a public meeting. There had been a small group involved in the procurement, including the voluntary sector.

Mrs Douglas added that communications had had to be reduced during the procurement phase. The service specification had been developed in partnership and would now be taken forward by a smaller group. Service users would be involved throughout the process.

Ms Domb suggested that when telephoning service users, the first question should be whether the carer was in the room.

Councillor Perez Shepherd queried engagement with service users for whom English was not a first language. Mrs Douglas responded that the three contracts might not meet all service users' needs, particularly demographic needs. Adult Social Care would work with local organisations. In addition, the three contractors could sub-contract on agreed terms to smaller contractors, who had not been able to bid for the contract themselves.

Mr Naylor queried who would advocate for those people who did not meet the qualifying criteria, but were in need of care and safeguarding from abuse. Mrs Douglas responded that there had been no change for Hammersmith & Fulham in the eligibility criteria. People who did not qualify would still be helped to get appropriate care and were still part of the safeguarding provisions. In addition, a number of schemes were being considered, such as use of a spare room and would be included in the advice and information strategy. There was already an advocacy service. People would be encouraged to have an assessment, as provided for in the Care Act.

Councillor Vaughan queried the projected overspend arising from payment of the London Living Wage. Mrs Douglas responded that this would be a growth item, and Adult Social Care would be working with the CCG to increase low level prevention.

Councillor Vaughan summarised the key points.

RESOLVED THAT:

1. The developments, particularly the payment of the London Living Wage and the provision of work force training, which would provide benefits in recruitment and retention, were welcomed.

2. An update report on delivering the ideas and aspirations and specifically in respect of continuity of carers should be provided to a future meeting.

3. Officers were commended for the work done.

4. The new contracts would require a good level of monitoring and the Committee would continue to scrutinise to understand the development, in qualitative terms and in-depth.

5. The Committee recommended the development of a broader framework to include information on how to access the system.

26. CUSTOMER SATISFACTION

The Committee received a report on the current mechanisms to understand customer satisfaction and experience in Adult Social Care; a summary of some current findings from the annual service user survey and carers survey; and how the mechanisms for obtaining customer experience and satisfaction were being developed.

Ms Domb noted that Hammersmith & Fulham was second lowest in respect of quality of life and queried how this was being addressed. Mrs Douglas responded that the different indicators which had been included in this composite indicator would be analysed. Some indicators would be the

responsibility of other departments, for example, feeling safe. A number of actions identified through the Peer Review were being addressed.

Mr McVeigh suggested that as people were reluctant to complain, there should be a more independent investigation including follow up questions, and queried whether there would be a separate metric for home care in the customer satisfaction survey going forward. Mrs Douglas responded that home care would include information such as dealing with complaints in an appropriate way and qualitative information going forward. Some additional information would be included in the next report.

Mrs Douglas agreed to provide a written response to Councillor Barlow in respect of the number of complaints upheld and the improvements made.

Action: Selina Douglas

Councillor Vaughan stated that it would be useful for future reports to show the types of complaints, the lessons learnt and the actions taken to improve.

RESOLVED THAT:

The Committee noted the report and that performance in respect of the quality of life metric was not as good as other inner London boroughs. The Committee accepted that the bands were fairly narrow, but would still like to understand the reasons and the action being taken to improve.

The Committee recommended that a metric be included in respect of requests for another carer.

27. WORK PROGRAMME

RESOLVED THAT:

The work programme be noted.

28. DATES OF FUTURE MEETINGS

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

Meeting started: 7.00 pm
Meeting ended: 9.50 pm

Chair .....

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