



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

Agenda

Wednesday 4 November 2015

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

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

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

Agenda

4 November 2015

<u>Item</u>		<u>Pages</u>
1.	MINUTES OF THE PREVIOUS MEETING	1 - 13
	(a) 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 14 September 2015.	
	(b) To note the outstanding actions.	
2.	APOLOGIES FOR ABSENCE	
3.	DECLARATION OF INTEREST	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
4.	FLU ACTION PLAN 2015/1016: UPDATE	14 - 22
	<p>This report provides details of the work that has been undertaken by NHS England, Public Health and Hammersmith & Fulham CCG, both jointly and independently, to increase vaccine uptake. In addition, future</p>	

action plans are described.

- 5. CENTRAL LONDON COMMUNITY HEALTHCARE RESPONSE TO THE CARE QUALITY COMMISSION INSPECTION REPORT** 23 - 50

This report presents the Central London Community Healthcare CQC rating and associated action plans.
- 6. WEST LONDON MENTAL HEALTH TRUST RESPONSE TO CARE QUALITY COMMISSION INSPECTION REPORT** 51 - 54

This report presents the West London Mental Health Trust CQC rating and associated action plans (separate document).
- 7. PUBLIC HEALTH UPDATE - FINANCE, COMMUNITY CHAMPIONS AND ORAL HEALTH** 55 - 62

This report provides an update to the overview report presented to PAC in January 2015 and provides further detail on the areas of interest noted at that meeting.
- 8. WORK PROGRAMME** 63 - 64

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

2 December 2015
2 February 2016
14 March 2016
18 April 2016

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

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.

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.

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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APPENDIX 1

Recommendation and Action Tracking

The schedule below sets out progress in respect of those substantive recommendations and actions arising from the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minute No.	Item	Action/recommendation	Lead Responsibility Progress/Outcome	Status
6.	Preparing for Adulthood: A Report About Young People Aged 14-25 Years with Disabilities	<p>(i) The stage of the consultation to be clarified.</p> <p>(ii) Information requested, as detailed in the minutes.</p> <p>(iii) Clarification of comments allegedly made by Andrew Christie 'however, we cannot change the fact that, once young people turn 18, they must transition to Adult Services.'</p>	<p>Information circulated.</p> <p>Response from Mr Christie reported to July PAC.</p>	<p>Complete/to be followed up by task Group.</p> <p>Complete</p>
17.	Primary Care Briefing: GP Networks Plan 2015-2016 and Out of Hospital Services	<p>(i) A timetable for rolling out the model across boroughs to be provided.</p> <p>(ii) A written response to be provided in respect of a mental health assessment, and the requirement to visit a GP beforehand.</p>	Information from H&F CCG circulated.	Complete
23.	West London Mental Health Trust	Details of the West London Collaborative event to be circulated.	Information circulated.	Complete

24.	Customer Satisfaction	A written response to be provided in respect of the number of complaints upheld and the improvements made.	Selina Douglas	
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Agenda Item 4

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p style="text-align: center;">4 November 2015</p>	 <p>h&f hammersmith & fulham</p>
Update on the 2015/2016 Flu Action Plan: Local Authority Public Health, NHS England and Hammersmith and Fulham CCG	
Report of the Divisional Director	
Open Report	
Classification - For Scrutiny Review & Comment	
Key Decision: No	
Wards Affected: All	
Accountable Executive Director: Liz Bruce	
Report Authors: Sarah Wallace, Three Boroughs Public Health Registrar; Sophie Ruiz, Senior Network Coordinator Hammersmith and Fulham CCG; Cecile Henderson NHS England, Public Health Commissioning Manager (Immunisations, London)	Contact Details: Tel: 02076411256 E-mail: swallace@westminster.gov.uk

1. EXECUTIVE SUMMARY

- 1.1. NHS England, local authority public health, and Hammersmith and Fulham CCG have been working together to ensure a coordinated strategy for the flu campaign in Hammersmith and Fulham for Winter 2015/2016. A Hammersmith and Fulham immunisations system leadership workshop has been convened with these organisations; this leadership forum will meet throughout the flu season to provide a forum for joint working and challenge of existing arrangements.
- 1.2. This paper provides details of the work that has been undertaken by the three organisations, both jointly and independently, to increase vaccine uptake. Future action plans are also described. Monitoring of flu vaccination uptake will be undertaken by NHS England with assistance in specific areas from the CCG and public health. Monthly GP and NHS trust data will be available from the 16th November.

- 1.3. Unfortunately there is currently a national supply issue with children's nasal vaccines. This may lead to initially low uptake figures nationally for children's flu vaccine. NHS England is working with Central and North West London NHS Trust to ensure that the schools vaccination programme is still delivered as smoothly as possible.

2. INTRODUCTION AND BACKGROUND

- 2.1. Flu is a highly transmissible virus which for most people is an unpleasant illness. However for people who are vulnerable, such as the over 65s, those with long-term medical conditions, young babies and pregnant women, flu can lead to serious complications including bronchitis and pneumonia. A flu vaccine is available which reduces the risk of acquiring and of transmitting flu; it is provided free for certain eligible groups.
- 2.2. The flu vaccine is recommended for over 65 year olds, 6 months to 65 year olds with underlying medical conditions, pregnant women, carers, frontline health and social care workers, 2-4 year olds, and for the first time this year is offered to all school children in years 1 and 2. Adults receive an injected vaccine while most children receive a nasal spray (Fluenz).
- 2.3. Most people who are eligible for the flu vaccine will receive it at their GP surgery, however the adults flu vaccination is also available in some community pharmacies. Children in school years 1 and 2 will be offered it at school; the provider for school vaccination services in Hammersmith and Fulham is Central and North West London NHS Trust (CNWL).
- 2.4. The responsibility of flu vaccination services, monitoring, delivery and performance monitoring is complex.

Public Health England plans the national approach, the procurement and distribution of the vaccines, oversees supply and reserves, purchases all vaccines for children, evaluates vaccine programmes and plans the national communication campaign.

NHS England has responsibility for routine commissioning of the vaccination programme through the local area teams and for monitoring GP flu vaccination programmes and ensuring that these programmes meet the needs of the local population.

Local government public health provides independent scrutiny and challenge of NHS England, PHE and providers. It also works with other organisations to ensure that local vaccination strategies and policies address inequalities, promotes vaccination among frontline social care workers and encourages external providers to also offer vaccination for staff where appropriate.

CCGs provide quality assurance and improvement of vaccine services, which extends to GP services.

- 2.5. Hammersmith and Fulham had poor uptake of the flu vaccination last year; it had the lowest uptake of all the London boroughs for individuals 65 year of age and over, at risk individuals under 65 year of age and pregnant women.
- 2.6. Local authority public health, NHS England and the Hammersmith and Fulham CCG presented their action plans to the PAC on Monday 14th of September. The reports focussed on planned action by these organisations and how we are working together to increase uptake of flu vaccines in Hammersmith and Fulham. This report is to update the PAC on progress of this action plan.

3. IMMUNISATION SYSTEMS LEADERSHIP WORKSHOP

- 3.1 A multi-agency LBHF systems leadership workshop on flu vaccinations was convened on 16th September 2015, and chaired by Liz Bruce, Executive Director of Adult Social Care and Health. The group included representatives from local authority public health, NHS England, Hammersmith and Fulham CCG and local authority children's services.
- 3.2 The workshop identified a number of potential reasons for poor uptake of the flu vaccination and options where we could work together to address these factors.
- 3.3 Outcomes of the workshop included:
 - Aim to improve data sharing between NHS England and the Local Authority and CCG, particularly around poorly performing GP practices.
 - A possible pilot of children's vaccinations in Hammersmith and Fulham children's centres.
 - The importance of ensuring that have a robust communications strategy with their eligible patients, and patients who are not seen face-to-face receive several offers before classed as 'declined'.
- 3.4 The workshop will meet throughout the flu season; twice in November, once in December and once in January.

4. ACTION COMPLETED

Joint Working

- 4.1 Hammersmith and Fulham CCG and NHS England are working together to try and capture the reasons for patients declining the flu vaccinations.
- 4.2 The CCG and the local authority have aligned communications strategies. Outputs have included a letter from Cllr Lukey and Dr Spicer, Vice Chair of the CCG calling frontline healthcare workers to have their vaccinations. A

borough newsletter article, 'H&F backs health workers as they get flu vaccinations Friday 25 September 2015' was published in the LBHF newsletter.

- 4.3 NHS England and Hammersmith and Fulham CCG are working together to ensure a robust call and recall system with 3 offers required for eligible patients.
- 4.4 A meeting with public health, children's services and the CNWL school immunisation commissioner was arranged to identify how the local authority could with improving uptake of flu vaccinations in schools. Particularly discussed were the schools who have not engaged with CNWL to identify a date for the school vaccination team to visit the school. Possible locations for the planned school 'catch-up clinics' (for those children who missed CNWL's visit to the school) were identified. NHS England commissioners are currently investigating whether school level uptake data can be shared with the local authority.

NHS England

- 4.5 An email was sent out by NHSE on 3rd August 2015 to enable GP practices to prepare for the flu season well in advance; it included the Public Health England information on eligible populations, setting up flags/pop ups to alert clinicians; a count-down list of all actions to be done by the practice to prepare for the season and a form with best practice actions for flu programmes. Progress on the suggested actions will be evaluated at the end of the campaign period through returns of the form to the CCG.
- 4.6 An NHS England commissioner attended the Three-Borough Systems resilience group (SRG) meeting. The presentation included reviewing the results for Hammersmith & Fulham, presenting the strategic priorities for 2015/16, discussing commissioning arrangements, the communication strategy and resources.

Main outputs:

- Reaffirmation of the importance of the flu campaign and increased engagement with the SRG.
 - Clarification of commissioning arrangements.
 - Sharing best practice through discussions of what the top boroughs for flu coverage (Tower Hamlets and Newham) do differently.
- 4.7 The merged Chelsea and Westminster and West Middlesex have agreed in principle to take up the maternity service level agreement (SLA). Therefore pregnant women will be able to receive influenza and pertussis vaccinations from their midwifery service in addition to them being available from their GP. NHS England are currently arranging a joint meeting NHSE/CCG (Flu

Lead for Hammersmith & Fulham)/possibly PHE to discuss the Maternity SLA with Imperial. The expected outcomes are improved accessibility and choice for patients and increased uptake of both these important vaccinations to protect pregnant women and their babies.

- 4.8 CLCH deliver District Nursing (DN) services to Hammersmith & Fulham and they have agreed to NHS England's housebound patient SLA in principle. Prior to this taking effect Hammersmith and Fulham CCG have agreed a process with CLCH District Nursing team to ensure that all housebound patients irrespective of whether they are on the district nursing caseload or not. CLCH has confirmed that all their DN staff have been trained to deliver flu immunisations and how to record this information using SystemOne. Practices have started to liaise with the DN teams who are receiving referrals from practices.
- 4.9 An open access SLA for GPs has been created which will enable GPs to vaccinate unregistered patients. This will be particularly useful for GPs who serve homeless communities and hostels. This open access SLA has been provided to the three practice provider hubs that offer extended access during the week and at the weekend, which all LBHF residents can access.
- 4.10 24 community pharmacies in LBHF are offering the flu vaccination. NHS England has obtained assurance that information on vaccinated individuals will be reliably fed back to their GP in a timely manner via SONAR, so this activity is recorded in the datasets reported by the practice.
- 4.11 NHS England has obtained written assurance from all NHS trusts in the borough that they will follow best practice in vaccinating their frontline staff.
- 4.12 NHS England have also communicated clarification on both the definition of frontline health and social care workers (FHCW) and commissioning arrangements. NHS England (London Region) offers free flu vaccines to all FHCW who are directly employed by NHS or by an NHS provider. NHS England (London Region) cannot offer flu vaccinations to care home worker as they not employed by NHS or NHS provider. However, these employers may arrange for a London community pharmacy to give the private patient group direction (PGD) flu vaccine at NHS tariff.

CCG

- 4.13 Hammersmith and Fulham CCG have formally launched their flu campaign, and flu vaccinations are a high priority for the CCG. At the GP members meeting, the CCG Chair Dr Tim Spicer emphasised clinicians' responsibilities to ensure that they and their staff are immunised, as well as giving a reminder that practices should be focusing on maximising uptake as much as possible (particularly for the 2 – 4 year age group). He also personally wrote to each of our provider organisations emphasising the priority and actions expected for the next few months. These messages were reinforced by an immunisation event at the Governing Body Meeting

on 22nd September when governing body members and Cllr Lukey received their own flu immunisations.

- 4.14 The CCG has a flu lead who serves as the point of contact for practices as well as NHSE and LBHF for all matters pertaining to flu. The flu lead will send regular flu bulletins to all GP Practices. The practice level flu performance data will be shared with all practices on an ongoing basis via email and at practice /network meetings to encourage increased immunisation. The lead has offered to work with NHSE in relation to undertaking joint visits/ communications to underperforming practices.
- 4.15 Practices nurses in Hammersmith and Fulham have received education sessions on the flu vaccination from the North West London Health Protection Team / Public Health NHS England.
- 4.16 Extended Access GP hubs commenced services on the 26th September; they offer extended hours GP and practice nurse appointments and are open to any patient registered in the borough. There are 3 hubs available in Hammersmith and Fulham (North, Central and South localities). Therefore flu vaccinations are available to LBHF residents at evenings and weekends. These practices have committed to specific having specific flu clinics on a monthly basis (31st October, 28th November 2015, 19th December in the first instance), which can be prebooked via their registered practice up to two weeks in advance. The CCG is working with practices to encourage use of text messages to patients to promote the service.
- 4.17 The CCG has contacted the local children's centres to inform them about the flu vaccinations at practice hubs, as well to ascertain the numbers of 2-4 year olds that attend the centres to establish whether there should be consideration given to support immunisation at specific centres that a number of children attend.
- 4.18 The CCG has commissioned posters to target at each group which are being distributed. There are also posters that have been developed to advertise the specific flu sessions hosted at the extended access hubs. Specific posters have been created with the details of these sessions stressing the importance of child immunisation which will be distributed to children's centres in the borough. These have been available for distribution from the week commencing 19th October 2015.
- 4.19 The CCG is also using regular twitter feeds and the website to promote the necessity of flu immunisation as well as promoting the flu immunisation sessions that are available at each of the extended access hubs. The CCG is working with practices to ensure that their reception screens / display screens also advertise these messages.
- 4.20 The CCG is currently developing a survey monkey functionality on practices' clinical systems so that practices are able to record the reasons why patients are declining flu immunisations. This should provide the CCG, LBHF and NHSE with rich information that can be used to develop a comprehensive public health campaign in the future.

4.21 The CCG has also identified and has been working with key community and voluntary sector groups such as Carers Network, Age Concern and the community champions, to distribute flu materials through their various communications channels including events that the CCG will attend to promote the campaign.

Local Authority Public Health

4.22 Letters from the Deputy Director of Public Health (Health Protection) and the director of the relevant local authority directorate have been circulated to acute hospitals (Imperial and Chelsea and Westminster), health visitors, school nurses, children's centres, nurseries, midwives, voluntary sector organisations, advice and advocacy services and community champions. These letters give information on the flu jab and ask for help to promote the flu vaccine to the relevant service users.

4.23 A letter from the Deputy Director of Public Health and Director of Adult Social Care and Health was circulated to the adult social care team. It raises awareness that the vaccine is recommended for frontline health and social care workers and also asked workers to promote it among their clients.

4.24 Articles promoting the flu vaccination were placed in the Hammersmith and Fulham e-newsletter, schools bulletin, early years bulletin, carers trust newsletter and the proactive care homes pilot newsletter.

4.25 Social Media is being used by the LBHF communications department to promote flu vaccinations, including twitter, facebook, and information has been placed on the LBHF website.

4.26 Community champions have been given a letter about the flu vaccine and further information, and it is one of their designated public health campaign outputs.

4.27 Leaflets, posters and information around the flu jab have been distributed to all hub children's centres in Hammersmith and Fulham. Information about the flu vaccination has also been sent to all children's centre managers.

4.28 Posters and leaflets have been distributed to LBHF libraries.

4.29 Flu promotion letters were distributed to residents at the Silver Sunday events for over 65s.

4.30 A flu presentation was given to Hammersmith and Fulham health visitors and school nurses forum. This particularly focussed on information about flu and the flu vaccine, and myths about the vaccine that these professionals may encounter. Further information has since been distributed to the teams.

- 4.31 Imperial NHS Trust have agreed combine flu messages aimed at patients with their staff flu vaccination campaign. This includes displaying national flu campaign posters and flu material on digital TV screens aimed at eligible groups of patients.

5. ACTION PLANNED

Joint Working

- 5.1 A meeting is planned between public health, early years children's services, NHS England and CNWL regarding a possible pilot of flu vaccinations in selected LBHF children's centres. This meeting was previously scheduled but cancelled due to uncertainty around supply of children's flu vaccines (see Section 6).
- 5.2 Further discussion is ongoing with Imperial NHS trust regarding the maternity SLA. The CCG flu lead is supporting this discussion.

CCG

- 5.3 12-15 A2 flu posters will be placed in LBHF locations.
- 5.4 Till receipts in 99p and Argos stores will carry flu vaccination promotional messages from October and November
- 5.5 Flu vaccinations will be raised as a topic at the contract meetings with the secondary care providers.

Local Authority Public Health

- 5.6 A flu press release is currently being written.
- 5.7 Letters with posters and leaflets (including leaflets for those with learning disabilities, where appropriate) will be sent to day centres and care homes.
- 5.8 Posters and leaflets will be sent to Hammersmith and Fulham nurseries.
- 5.9 Some community champion winter wellness events will feature flu vaccination promotion. A public health representative will attend the planning meeting of the winter event of the White City Community Champions to discuss how flu vaccinations can be promoted there.

6. PROBLEMS ENCOUNTERED

- 6.1 There has been a national supply issue with the children's nasal spray flu vaccine (Fluenz). The programme is still going ahead with the offer of child flu vaccination to all children in years 1 and 2. NHSE is limiting the effect of the supply issue by advising that some clinics originally planned for November may have to be postponed to later in the season. There is also a cap on vaccine stock ordering, restricting providers to only order enough for two weeks' vaccination at any one time. NHSE (London) is working closely with the National Team, PHE and the CNWL to ensure timely communication and adequate decision-making to maximise coverage. However this may mean that vaccine uptake in children is initially low.
- 6.2 Public Health England delayed their national flu campaign from an original launch date of 5th October to 'mid-October'.


7. MONITORING AND PERFORMANCE MANAGEMENT

- 7.1 Weekly GP Data (sentinel data only) is available, but the first monthly report of GP data will be available on 16th November. Monthly monitoring of trusts FHCW vaccination and weekly monitoring of school flu vaccination programme uptake will also be available.
- 7.2 NHS England have agreed to share limited data as they receive it from CNWL on a weekly basis, to enable joint working with Hammersmith and Fulham public health and children's services to maximise coverage and reduce inequalities for the child flu programme. The data that will be shared with the local authority will include the names of the school visited, numbers of children to be vaccinated, numbers of refusals and numbers of children vaccinated.
- 7.3 Performance management: Monthly teleconference with CCGs Monthly flu teleconferences between NHS England and CCG flu leads have been convened to review the uptake, give latest information and exchange best practice ideas.

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.	Nil		

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH, ADULT SOCIAL CARE & SOCIAL INCLUSION POLICY & ACCOUNTABILITY</p> <p style="text-align: center;">4 NOVEMBER 2015</p>	
<p>CLCH response to the CQC inspection findings following a comprehensive inspection between 7 and 10 April 2015</p>	
<p>Report of: Central London Community Healthcare NHS Trust</p>	
<p>Open Report</p>	
<p>Classification - For Policy & Accountability Review & Comment</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Louise Ashley, Chief Nurse & Director of Quality Governance</p>	
<p>Report Author: Professor Charlie Sheldon Director of Patient Safety / Deputy Chief Nurse</p>	<p>Contact Details: E-mail: Charlie.sheldon@clch.nhs.uk</p>

1. EXECUTIVE SUMMARY

1.1 This paper presents the CLCH CQC rating and associated action plans.

2. RECOMMENDATIONS

2.1. To note the report and seek clarification if required.

3. REASONS FOR DECISION

NA

4. INTRODUCTION AND BACKGROUND

4.1. To provide information on the CQC comprehensive assessment of Central London Community Health Care NHS Trust and subsequent action plan submitted by the Trust to the CQC.

4.2. The Trust was rated **Good**.

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Community health services for adults	Good	Good	Good	Good	Good	Good
Community health services for children, younger people and families	Requires Improvement	Good	Good	Good	Good	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
End of life care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community dental services	Good	Good	Good	Good	Good	Good
Urgent Care centres	Good	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

5. PROPOSAL AND ISSUES

5.1 Overall, as a Trust, we found the inspection process exciting and informative

5.2 Staff welcomed the opportunity to showcase their services

5.3 We have welcomed the reports and the positive and constructive way in which they were presented

5.4 We are pleased with our overall rating of 'Good' and feel it accurately reflects the standard of our services

5.5 CQC findings

Good and Outstanding Practice to be replicated across the Trust

- The **tissue viability** service had developed innovative practice and had taken part in international research and the development of NICE guidance
- The **nutrition and dietetics** service provided excellent, patient centred care based on leading and setting standards in dietetics and nutrition including NICE guidance development and facilities for patients. The service participated in international research and publication

In adult services:

- The service responded proactively to reported incidences of pressure ulcers through training, communication and distribution of resource packs to residential home staff
- Multi-disciplinary, patient centred care was evident and involved a range of specialist staff involved in joint visits to the patient. External partners included GPs, housing and social services, police, the prison service and mental health
- The turnaround work undertaken on **Jade Ward** was noted to have effected significant improvements in delivery of care

Areas for Improvement

- End of Life Care services were caring and responsive although required improvement to safe, effective and well-led domains
- Children's services were caring, effective, responsive and well-led although required improvement in the safe domain
- Recruitment and retention of staff across a number of areas

5.6 Next steps

- Action plans implemented by the local operations teams. Progress is reported to the CQC Compliance group, monthly, which internally feeds into Quality Committee and Board, and externally into the Clinical Quality Groups, chaired by the commissioners
- Work closely with commissioners and TDA if external support/influence is needed
- Request review of end of life care changes
- Continue internal Quality Inspection Team visits to ensure continue compliance and improvement as we aspire towards a rating of outstanding.
- External peer review of End of Life care

6. OPTIONS AND ANALYSIS OF OPTIONS

NA

7. CONSULTATION

NA

8. EQUALITY IMPLICATIONS

NA

9. LEGAL IMPLICATIONS

NA

10. FINANCIAL AND RESOURCES IMPLICATIONS

NA

11. IMPLICATIONS FOR BUSINESS

NA

12. RISK MANAGEMENT

NA

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

NA

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

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1.	None		

LIST OF APPENDICES:

Appendix #1 - CQC Action Plans (x 10)

Regulation	N/A				
Regulated Activity	N/A				
Requirement	N/A				
Local Description	Review recruitment and retention of staff in health visiting and school nursing				
Action(s)	M01	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/10/15
Individual tasks required to complete action				Task Deadline	Action to date
a)	Reinstate the 0-19 recruitment group and develop a robust action plan			31/08/15	Multi-disciplinary group re-established, Detailed action plan developed focussing on recruitment and retention in health visiting and school nursing. Meets monthly.
b)	Review/update the children's section of the website			31/10/15	Review completed of CHD pages on the intranet. Policy, procedures and practice standards all up to date. New structure live on the intranet. Will be reviewed by Division every 6 months.
Action Status	IN PROGRESS				

Note:

In the *Summary of findings* section¹, under *Areas for improvement*, there are a number of points listed as '*Action the provider MUST take to improve*'. This workplan was created in line with the first point: '*Review recruitment and retention of staff in health visiting and school nursing*'. There is not a corresponding requirement notice².

¹ p11, Central London Community Healthcare NHS Trust Quality Report (http://www.cqc.org.uk/sites/default/files/new_reports/AAAD0587.pdf)

² '*Requirement notices*', p33-34, Central London Community Healthcare NHS Trust Quality Report (http://www.cqc.org.uk/sites/default/files/new_reports/AAAD0587.pdf)

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated activity	Treatment of disease, disorder or injury					
Requirement	Guidance regarding nutrition and hydration for patients at the end of life must be available to staff caring for them.					
Local Description	As per requirement description					
Action(s)	M02	Owner(s)	Hilary Shanahan, James Benson, Ian Jones, Associate Directors of Quality	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Make MUST score more visible within Crosscare			30/10/15	The configuration changes required to upload to Crosscare has been raised at Crosscare Working Group. Named lead in IM&T identified and work is on 'priority list' for development.	OPEN
b)	Provide training to all staff within the Pembridge Unit (including agency)			31/08/15	All staff at Pembridge including agency staff have received training on nutrition and hydration.	COMPLETED
c)	Review and Implement Trust wide guidance regarding nutrition and hydration for patients at the end of life			30/11/15	Currently being reviewed with aim for approval at End of life steering group	OPEN
d)	Provide training to all staff Trust wide involved in the provision of end of life care			30/11/15	End of Life care education standards developed and training programme being developed for trust wide implementation. This includes nutrition and hydration.	OPEN

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated activity	Treatment of disease, disorder or injury					
Requirement	Guidance regarding nutrition and hydration for patients at the end of life must be available to staff caring for them.					
Local Description	As per requirement description					
Action(s)	M02	Owner(s)	Hilary Shanahan, James Benson, Ian Jones, Associate Directors of Quality	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
e)	Audit compliance of practice related to nutrition and hydration in line with guidance			31/03/16	Audit planned for March 2016.	OPEN
Action Status	IN PROGRESS					

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Risk assessments must be completed on all patients in line with trust policy.					
Local Description	As per requirement description					
Action(s)	M03	Owner(s)	Hilary Shanahan, James Benson, Ian Jones, Associate Directors of Quality, Professional Leads	Action Deadline 31/03/16		
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Provide training to all staff in the Pembridge Unit (including agency) around requirements for completing Nutrition risk assessments		10/07/15	All staff at Pembridge including agency staff have received training.	COMPLETED	
b)	Provide training to all staff in the Pembridge Unit (including agency) around requirements for completing Falls risk assessments		10/07/15	All staff at Pembridge including agency staff have received training.	COMPLETED	
c)	Revise Admissions checklist and place in more prominent position in Crosscare		30/11/15	Ward Manager has revised the admissions checklist. The configuration changes required to upload to Crosscare raised at Crosscare Working Group. Named lead in IM&T identified and work is on 'priority list' for development.	OPEN	
d)	Implement monitoring system for Admissions checklists in Pembridge Unit to ensure compliance [action embedded as business as usual]		10/07/15	Admissions checklist in place on Pembridge unit. Monitored by Clinical lead.	COMPLETED	
e)	Ensure the above are addressed and monitored at Crosscare Working Group [action embedded as business as usual]		10/07/15	Cross care working group in place. Risk assessments discussed.	COMPLETED	
f)	Audit risk assessment completion rates within the Pembridge Unit against Trust policy		17/07/15	Audit tool developed. Audit to be completed by 15 th November. Delay due	OPEN	

			to initial aim to audit electronic records which have not yet been configured.	
g)	Review Pressure Ulcer Policy with regards to MUST screening and develop local guidance for End of Life care services	17/07/15	All staff at Pembridge are aware and adhere to the Pressure Ulcer Policy including MUST screening. Local guidance has been developed regarding application in a palliative care setting and implemented.	COMPLETED
h)	Trust wide: Provide all Clinical staff involved in the provision of End of Life care with training around requirements for risk assessments including nutrition, falls and pressure ulcers	30/11/15	End of Life care education standards developed and training programme being developed for trust wide implementation – this includes risk assessments.	OPEN
i)	Audit Trust wide risk assessment completion rates against Trust policy (falls, nutrition and pressure ulcers)	31/03/16	Audit planned for March 2016	OPEN
Action Status	IN PROGRESS			

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that the patient record system used within the Pembridge Palliative Care Unit must be reviewed to ensure that all staff are able to participate in recording patient assessments and care plans in a way that meets safety requirements.					
Local Description	As per requirement description					
Action(s)	M04	Owner(s)	Hilary Shanahan, James Benson, Ian Jones, Rosie Waskett	Action Deadline	30/11/15	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Provide training to all staff within the Pembridge Unit (including agency) around requirements for completing assessments			10/07/15	All staff at Pembridge including agency staff have received training.	COMPLETED
b)	Provide training to all staff within the Pembridge Unit (including agency) around requirements for completing care plans			10/07/15	All staff at Pembridge including agency staff have received training.	COMPLETED
c)	Configure Crosscare to ensure display of care plans and assessments is clearer and more intuitive			30/10/15	The configuration changes required to upload to Crosscare has been raised at Crosscare Working Group. Have named lead, IM&T identified and the IM&T work is on 'priority list' / agreed as priority for development	OPEN
d)	Develop Standard Operating Procedure for all staff using Crosscare (including competency assessment and sign-off)			16/10/15	SOP and training for all staff (including agency) in place.	COMPLETED
e)	Monitor updates at Crosscare Working Group [action embedded as business as usual]			31/08/15	Cross care working group in place. Care plans and assessments discussed.	COMPLETED
f)	Update operating system on laptops to ensure patient record system can be accessed efficiently			31/07/15	Laptops on ward have been reconfigured and working.	COMPLETED

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that the patient record system used within the Pembridge Palliative Care Unit must be reviewed to ensure that all staff are able to participate in recording patient assessments and care plans in a way that meets safety requirements.					
Local Description	As per requirement description					
Action(s)	M04	Owner(s)	Hilary Shanahan, James Benson, Ian Jones, Rosie Waskett	Action Deadline	30/11/15	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
g)	Trust wide: Review System One to ensure templates for assessment and care planning are fit for purpose, clear and intuitive and develop Standard Operating Procedure for all staff			30/11/15		OPEN
h)	Provide training to all Trust wide staff involved in the provision of End of Life care around requirements for completing assessments and care plans.			30/11/15	End of Life care education standards developed and training programme being developed for trust wide implementation – this includes assessment and care planning.	OPEN
Action Status	IN PROGRESS					

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	The trust must develop a timely implementation plan for the development of an end of life care plan/guidance to ensure consistency of care.					
Local Description	As per requirement description					
Action(s)	M05	Owner(s)	Hilary Shanahan, James Benson, Ian Jones, Associate Directors of Quality	Action Deadline	29/01/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Configure Crosscare to ensure display of care plans is clearer and more intuitive			30/10/15	Layout / design of preferred screens for Crosscare developed. The configuration changes required to upload to Crosscare raised at Crosscare Working Group. named lead in IM&T identified and the IM&T work is on 'priority list' / agreed as priority for development.	OPEN
b)	Develop Standard Operating Procedure for all staff using Crosscare (including competency assessment and sign-off)			16/10/15	SOP and training for all staff (including agency) in place.	COMPLETED
c)	Monitor updates at Crosscare Working Group [action embedded as business as usual]			10/07/15	Weekly cross care group in place.	COMPLETED
d)	Update operating system on laptops to ensure patient record system can be accessed efficiently			30/07/15	Laptops on ward have been reconfigured and working.	COMPLETED
e)	Trust wide: Review System One to ensure templates for care planning are fit for purpose, clear and intuitive and develop Standard Operating Procedure for all staff			30/11/15	Care plans reviewed and being updated.	OPEN

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	The trust must develop a timely implementation plan for the development of an end of life care plan/guidance to ensure consistency of care.					
Local Description	As per requirement description					
Action(s)	M05	Owner(s)	Hilary Shanahan, James Benson, Ian Jones, Associate Directors of Quality	Action Deadline	29/01/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
f)	Review and update the Trust end of life care guidance in line with best practice and disseminate to all staff involved in the provision of end of life care			30/11/15	End of Life Care Strategy in place and on Trust internet. New governance structure being implemented in November 2015 with Divisional Leads to support Trust wide engagement with End of Life care.	OPEN
g)	End of Life Care competencies will be developed - Document is out for comment and will be approved at the End of Life Care Steering Group.			30/10/15	End of Life care education standards/competencies developed and approved	COMPLETED
h)	A Trust wide End of Life Care training and development programme will be developed which reflects the competencies for all staff.			29/01/16	Trust wide training programme in line with the new education standards/competencies.	OPEN
Action Status	IN PROGRESS					

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	The use of pain assessments must be continued to be reviewed to ensure these are being used effectively to assess and manage patients' pain.					
Local Description	As per requirement description					
Action(s)	M06	Owner(s)	Hilary Shanahan, James Benson, Associate Directors of Quality, Cathy Saraby	Action Deadline	03/08/15	
Individual tasks required to complete action				Task Deadline	Action to Date	Task Status
a)	Implement quarterly audit/monitoring system for Pain assessments to ensure compliance [action embedded as business as usual with quarterly review]			31/07/15	System in place for quarterly pain assessment audits within Pembridge. These will be shared at the End of Life steering group.	COMPLETED
b)	Provide training to all staff (including agency) around requirements for completing pain assessments			31/07/15	All staff at Pembridge including agency staff have received training.	COMPLETED
Action Status	COMPLETED					

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	The trust's resuscitation policy must be updated for staff in line with national guidance regarding mental capacity and DNACPR decisions.					
Local Description	As per requirement description					
Action(s)	M07	Owner(s)	Jo Medhurst, Angela Nottage	Action Deadline	30/10/15	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Review and update policy against national guidance IN PROGRESS			30/09/15	Policy reviewed and updated to reflect national guidance. Approved by Medical director, Chair, resuscitation committee.	COMPLETE
b)	Review and update guidance on staff Intranet IN PROGRESS			30/09/15	Revised policy updated on to Trust intranet	COMPLETE
c)	Review and update guidance within Emergency Response Handbook IN PROGRESS			30/09/15	Guidance within Emergency response Handbook has been updated and re-issued to on-call staff	COMPLETE
d)	Present updated policy to Resuscitation Group			01/10/15	Ongoing consultation with resuscitation group for comment and approval. Signed off by chair	COMPLETE
e)	Submit updated policy to Policy Ratification Group			30/10/15	Approved by the chair of the resuscitation group but will go to PRG in November	COMPLETE
f)	Alert all staff to new policy			30/10/15	Communication sent to all managers to share with their local teams with updated policy	COMPLETE
g)	Undertake audit of staff understanding and compliance of the revised Resuscitation Policy			31/03/16	Audit planned for March 2016	OPEN
Action Status	IN PROGRESS					

Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.					
Local Description	As per requirement description (above)					
Action(s)	M08	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Collaboration between different departments, with dedicated leads			31/08/15	Recruitment and Retention Working Group includes representatives from Health Visiting, School Nursing, HR and OD, Quality & Learning, Comms. Action plan has clear leads for each action.	COMPLETED
b)	Identify clear leads for both HV and SN recruitment from Team Leaders			31/08/15	See above.	COMPLETED
c)	Review and update current adverts			30/09/15	Job adverts have been refreshed and re-advertised.	COMPLETED
d)	Review of the recruitment pathway, including interview process			30/09/15	Interview process sub task & finish group met and completed review. This work highlighted process issues outside the control of CHD division which has been linked to the Trust-wide review currently taking place, led by Capita.	COMPLETED
e)	Review of salary offered to newly qualified staff			31/08/15	All newly qualified Health Visitors were entered onto the pay scale	COMPLETED

Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.					
Local Description	As per requirement description (above)					
Action(s)	M08	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
					recognising relevant previous experience, rather than entering at the bottom of a Band 6.	
f)	Ensure exit interviews are offered and that staff are given a choice about who they meet			31/08/15	Message from ADQ circulated to CBU Managers for onward cascade to team leads to ensure staff understood the options available for exit interviews.	COMPLETED
g)	Representation at job fairs/set up open days/Listening Events			30/11/15	Variety of attendances by senior representatives from CHD at Job Fairs, and University open days. Series of listening events planned for November.	OPEN
h)	Workforce analysis			30/11/15	Since the inspection, the HR Business Partner has developed and implemented a system which tracks vacancies and recruitment progress within health visiting and school nursing. This is updated on a monthly basis which is shared with the	COMPLETED

Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.					
Local Description	As per requirement description (above)					
Action(s)	M08	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
					recruitment and retention working group members. This is in addition to the regular workforce report presented at each divisional board meeting and divisional performance review meeting.	
i)	Analysis of specific staff survey results/create action plan			30/09/15	Results of the survey were shared with the CBU Managers and following discussion at Divisional Management Team an action plan was developed in partnership with HR and OD colleagues. Progress on the action plan is monitored at the Divisional Management team meeting.	COMPLETED
j)	Review and re-launch of clinical supervision			30/09/15	Review has been completed and the information on the intranet has been updated. Clinical Supervision has been added to the Trust-wide revalidation action log, as a result training dates have been offered,	COMPLETED

Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.					
Local Description	As per requirement description (above)					
Action(s)	M08	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
					commencing October 2015 through to July 2016, all clinical staff within CHD have been encouraged to attend. CHD CBU Managers have been actively reviewing staff involvement in clinical supervision in line with the Trust policy.	
k)	Senior team to prioritise attendance at staff gatherings, i.e. professional forum. [Process in place for ensuring recurring attendance]			31/08/15	Since the inspection greater emphasis has been placed on attendance by senior staff at staff meetings and visits to clinical areas. Following discussion it was agreed to monitor this at the Divisional Management Team meetings at least quarterly.	COMPLETED
l)	Explore "grow your own" staff			30/11/15	Initial discussions have taken place within the sub group for the Band 5 development programme for school nurses. This work is being progressed as part of action 'S' below	COMPLETED

Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.					
Local Description	As per requirement description (above)					
Action(s)	M08	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
m)	Support CLGH students as they qualify to secure posts [action reoccurs annually for new cohort]			31/08/15	Work continues to support students in training which includes support with their application and interview process in the second half of their training.	COMPLETED
n)	Ensure all training places are filled for each cohort [action reoccurs annually for new cohort – next cohort 31/01/16]			31/08/15	Each of the Specialist Community Practice Teachers have allocated students for the current academic year.	COMPLETED
o)	Review and refresh the local induction pack for new starters			30/11/15	Review of the existing induction pack is underway and is being updated to reflect local changes and national institute of health visiting guidance. Will be completed by the end of November.	OPEN
p)	Review and refresh Alternative Practice process			30/09/15	Alternative practice procedure agreed at Education Forum and cascaded across the Health Visiting service.	COMPLETED
q)	Monitor Statutory and Mandatory training compliance [action reoccurs via review at monthly divisional board meetings]			31/08/15	This continues to be monitored through the Divisional Board	COMPLETED

Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.					
Local Description	As per requirement description (above)					
Action(s)	M08	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/03/16	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
					Meetings.	
r)	Revise existing competency frameworks			31/12/15	This work is underway, initially concentrating on Band 5 school nursing and immunisation for Health Visitor and School Nursing.	OPEN
s)	Design and deliver a Band 5 development programme			31/03/16	A working group has been established and development needs identified. Priority will be given to developing a Band 5 induction pack and competency assessments.	OPEN
t)	Use divisional communications channels to discuss good practice and celebrate achievements e.g. Bi-monthly Team Talk Newsletter/ Professional Forums [recurring action implemented as business as usual]			31/08/15	Staff achievements and good practice continue to be communicated to all staff within CHD through existing channels including Today@CLCH, Team Talk and the Intranet as well as team meetings.	COMPLETED
u)	Provide access to Continuous Professional Development opportunities (via 0-19 forums, SN development week, L&D course catalogue) [recurring action implemented as business as usual]			31/08/15	CPD opportunities continue to be communicated to all staff within CHD through existing channels including	COMPLETED

Regulation	Regulation 18 HSCA (RA) Regulations 2014 Staffing				
Regulated Activity	Treatment of disease, disorder or injury				
Requirement	Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.				
Local Description	As per requirement description (above)				
Action(s)	M08	Owner(s)	Sheila Pearce; Michele Harrison	Action Deadline	31/03/16
Individual tasks required to complete action				Task Deadline	Action to date
					Today@CLCH, Team Talk and the Intranet as well as team meetings.
v)	Maintain preceptorship for newly qualified health visitors, including academic sessions from Kingston University (Not Kings College London as previously noted)			31/03/16	Learning & Development team will continue to contract the academic element of the Preceptorship programme. Action learning set is currently being reviewed.
w)	Monitoring of associated PREMS, Incidents and Complaints data at Divisional Quality & Governance Committee Meeting [action reoccurs monthly at meeting]			31/08/15	This continues to be monitored through the Divisional Quality & Governance Committee Meetings and Divisional Board Meetings.
x)	Consider how to maintain contact with alumni			30/11/15	This is being discussed in the recruitment and retention group.
Action Status	IN PROGRESS				

Regulation	N/A					
Regulated Activity	N/A					
Requirement	N/A					
Local Description	Review arrangements to support adequate staffing of all community nursing teams* to ensure patients are not placed at risk <i>[*following the Quality Summit this action was extended to incorporate trustwide staffing, with the exception of Children, Young People and Families which is covered by actions M01 and M08]</i>					
Action(s)	M09	Owner(s)	Louise Ashley, Holly Ashforth, Divisional Directors, Associate Directors of Quality, Human Resource Business Managers	Action Deadline	30/10/15	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Achieving excellence together work stream reviewing staffing levels in community teams			30/10/15		OPEN
b)	Community Nursing teams to escalate capacity shortfalls to appropriate CBU manager to seek additional appropriate staffing support (via bank/agency) [implemented as a business as usual task]			01/07/15		COMPLETED
c)	Trust wide implementation of e-rostering to enable visibility of real time staffing, establishments and efficiency of rotas [the Trustwide, phased implementation commenced in September 2015. The Community Nursing teams are currently piloting this new system].			PHASED		OPEN
d)	Review of Trust wide rostering policy which includes escalation guidance for staff when shortfalls identified.			30/10/15		OPEN
e)	Implementation of monthly Trust wide clinical recruitment forum (reporting to workforce committee) building on recruitment summits – terms of reference include improving the quality and effectiveness of clinical recruitment, monitoring vacancies and developing innovative			30/10/15		OPEN

Regulation	N/A					
Regulated Activity	N/A					
Requirement	N/A					
Local Description	Review arrangements to support adequate staffing of all community nursing teams* to ensure patients are not placed at risk [*following the Quality Summit this action was extended to incorporate trustwide staffing, with the exception of Children, Young People and Families which is covered by actions M01 and M08]					
Action(s)	M09	Owner(s)	Louise Ashley, Holly Ashforth, Divisional Directors, Associate Directors of Quality, Human Resource Business Managers	Action Deadline	30/10/15	
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
	approaches to reducing any gaps as required, developing a robust marketing strategy and developing clear career frameworks for specific staff groups					
f)	Implement Quality Action Teams (as outlined in the Trust Quality Strategy) where staffing concerns have been identified in order to ensure patients are not placed at risk [implemented as a business as usual task]			01/09/15		COMPLETED
Action Status	IN PROGRESS					

Note:

In the *Summary of findings* section¹, under *Areas for improvement*, there are a number of points listed as ‘Action the provider SHOULD take to improve’. The first point in this list is: ‘Review arrangements to support adequate staffing of all community nursing teams to ensure patients are not placed at risk’. This point is also referenced earlier in the document² as the second point in the bulleted list under ‘Importantly, the provider must:’

¹ p11, Central London Community Healthcare NHS Trust Quality Report (http://www.cqc.org.uk/sites/default/files/new_reports/AAAD0587.pdf)

² p6, Central London Community Healthcare NHS Trust Quality Report (http://www.cqc.org.uk/sites/default/files/new_reports/AAAD0587.pdf)


There is not a corresponding requirement notice³. This workplan was created as an amalgamation of the points above and the discussions held at the Trust's Quality Summit⁴.

³ *Requirement notices*, p33-34, Central London Community Healthcare NHS Trust Quality Report (http://www.cqc.org.uk/sites/default/files/new_reports/AAAD0587.pdf)

⁴ Held on 7 August 2015 at 64 Victoria Street, London, SW1E 6QP

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	There must be clear, consistent and coordinated leadership between the trust and the specialist palliative care service in terms of responsibilities regarding implementation of initiatives and reviews of areas such as the review of clinical guidelines, implementation of patient outcome measures and a replacement guide for the LCP.					
Local Description	As per requirement description					
Action(s)	M10	Owner(s)	Louise Ashley, Jo Medhurst, Holly Ashforth, Hilary Shanahan, James Benson	Action Deadline 30/11/15		
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
a)	Identify and Implement Trust wide governance structure for End of Life Care enabling clear lines of accountability within divisions and responsibilities for Trust wide and Divisional leads for End of Life Care		30.10.15	Governance structure developed and agreed at ELT. Expressions of interest for divisional leads sent and new governance structure being implemented.	COMPLETE	
b)	Undertake gap analysis review of the Trusts End of Life Care Strategy to ensure existing work streams and focus are appropriate and in line with best practice.		30.10.15	This is being undertaken on the 22.11.2015 with an extended membership of the End of Life care steering group	Will be completed 22.11.15	
c)	Identify and implement replacement guide for the Liverpool Care Pathway		31.07.15	The Pembridge are using care plans within crosscare based on the 5 priorities of care. The Trust is developing guidance for end of life care based on the 5 priorities of care as per national guidance	COMPLETED	
d)	Train staff in Preferred Priorities for Care		30.11.15	Pembridge has a rolling programme of education for all staff, including agency.	COMPLETED	

Regulation	Regulation 17 HSCA (RA) Regulations 2014 Good governance					
Regulated Activity	Treatment of disease, disorder or injury					
Requirement	There must be clear, consistent and coordinated leadership between the trust and the specialist palliative care service in terms of responsibilities regarding implementation of initiatives and reviews of areas such as the review of clinical guidelines, implementation of patient outcome measures and a replacement guide for the LCP.					
Local Description	As per requirement description					
Action(s)	M10	Owner(s)	Louise Ashley, Jo Medhurst, Holly Ashforth, Hilary Shanahan, James Benson	Action Deadline 30/11/15		
Individual tasks required to complete action				Task Deadline	Action to date	Task Status
e)	Arrange for advanced care planning documentation to be uploaded to SystemOne		30.11.15	This relates to the preferred priorities of care documentation and leaflet 9 from the National Council of Palliative Care. This will be uploaded to System 1.	OPEN	
f)	Undertake review of symptom control guides		30.11.15	Guides completed and going to Medicines Management group for sign off in November.	OPEN	
Action Status	IN PROGRESS					

<p align="center">London Borough of Hammersmith & Fulham</p> <p>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p align="center">4 November 2015</p>	
<p>TITLE OF REPORT: West London Mental Health NHS Trust CQC Quality Improvement Update</p>	
<p>Report of West London Mental Health Trust</p>	
<p>Open Report</p>	
<p>Classification - For Scrutiny Review & Comment</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Beverley Murphy, Director of Nursing and Patient Experience</p>	
<p>Report Author: Vanessa Ford, Director of Nursing Standards and Governance Ania Becla, CQC Business Support Manager</p>	<p>Contact Details: Vanessa.ford@wlmht.nhs.uk Ania.becla@wlmht.nhs.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. The Care Quality Commission (CQC) undertook an inspection of West London Mental Health Trust services week commencing 8th June 2015 as part of their comprehensive mental health inspection programme. Visits took place in and outside of office hours by a team of 75 inspectors.
- 1.2. Following the Quality Summit on 15th September 2015, the CQC published the trust's full inspection report, which rated West London Mental Health NHS Trust as 'requires improvement' with 12 regulatory requirements.
- 1.3. In response to the CQC's findings and recommendations, the trust developed a full quality improvement plan with the engagement of front line staff, senior clinicians and leaders, and the support of key stakeholders. Following agreement through local SMT structures and approval by the Board on 9th September 2015, the quality improvement plan was submitted to the CQC and key stake-holders on Friday 25th September 2015.

2. RECOMMENDATIONS

- 2.1 This report is received at the request of the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee.
- 2.2 A need for Health and Social Care support with focus on local services transformation for mental health provision.

3. INTRODUCTION AND BACKGROUND

- 3.1. Within the quality improvement plan, the main actions fall into the following areas, with the overarching commitment of the trust to quality improvement methodologies and staff engagement:
 - ✓ Right People, Right Skills, Right Place.
 - ✓ “The New Broadmoor”.
 - ✓ Restrictive Practice.
 - ✓ Local Services Transformation.
 - ✓ West London Forensic Service Improvement.
 - ✓ Strengthen Governance e.g. monitoring ligature anchor point risks and learning from complaints.
- 3.2 All of the above fall into one of four categories:
 - Actions at a team level which require no investment and are within the team’s ability to complete.
 - Action requiring trust wide improvement with no required investment and are within the Trust’s ability to complete.
 - Actions requiring complex trust wide investment and/ or high level of staff input.
 - Actions requiring complex Trust investment and multi-agency support e.g. local services transformation, staffing level (Creating a flexible workforce).
- 3.3 Appendix 2 “CQC Quality Improvement Board Presentation” contains a summary presentation outlining all “must” and “should” do actions, alongside predicted dates for compliance with regulatory actions.
- 3.4 Appendix 3 provides a summary of the trust’s response to the CQC inspection.
- 3.5 Appendix 4 “CQC Quality Summit Presentation” and Appendix 5 outline the trust’s full response to the CQC’s findings, including actions which have already been taken as well as those that are on-going as part of the trust’s quality improvement plan.
- 3.5 Appendix
- 3.6 Appendix 6 “Transforming Local Services Newsletter” and Appendix 7 provides an update regarding the trust’s two year local services transformation programme.

4. LEGAL IMPLICATIONS

4.1. The CQC is a regulatory body and as such works within a legal framework for providers of mental health services. Any legal regulatory action would be taken up with West London mental Health trust rather than directly with any other key stakeholder. It is not anticipated that the CQC will proceed with any legal action.

5. FINANCIAL AND RESOURCES IMPLICATIONS

5.1. An initial analysis of the financial implications of the CQC inspection and the subsequent Quality Improvement Plan implementation is being completed.






6. RISK MANAGEMENT


6.1. The Board Assurance Framework (BAF) risk related to the CQC report is provided below:

Risk no.	Strat. aim	Risk description	Risk rating (LxI)	Justification	Board sub-committee	ED/risk owner	Month approved by TMT
7838	SA3 To become the provider of choice	Failure to implement the 12 regulatory requirements placed upon the Trust following the CIH inspection in June 2015, thus not improving the rating of inadequate for Adult Acute wards and PICU under the Safety domain and Forensic services under the Safety and Well Led domains, will impact on the Trusts reputation and delay the application for FT.	3x4	Risk of not improving the rating of inadequate under the safety and well led domains and implement the QIP.	Quality Committee	Beverley Murphy	Oct 2015

6.2 The quality and reputational risks are being considered.

7 List of Appendices:

<p>1. WLMHT Quality Improvement Action Plan – Trust wide v1.0 submitted 20150925 FINAL</p>	 <p>1. WLMHT Quality Improvement Action Plan</p>
<p>2. CQC Quality Improvement Board Presentation</p>	 <p>2. CQC QIP Slide v1 2 8 Sept 2015.ppsx</p>
<p>3. Improving Quality: Our response to the CQC inspection</p>	 <p>3. CQC improvement plan presentation - H</p>
<p>4. CQC Quality Summit Presentation</p>	 <p>4. CQC Quality Summit presentation .</p>
<p>5. WLMHT Improving our services - Response from the CQC inspection</p>	<p>https://vimeo.com/139453660</p>
<p>6. Transforming Local Services Newsletter</p>	 <p>6. WLMHT Transforming Local Services</p>
<p>7. Local Services Transformation: How West London Mental Health NHS Trust is planning to change services to make services more responsive to patient's needs and easier to access.</p>	<p>https://vimeo.com/136181442</p>

<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">4 November 2015</p>		
<p>TITLE OF REPORT Public Health Update – Finance, Community Champions and Oral Health</p>		
<p>Report of the Corporate Director</p>		
<p>Open Report</p>		
<p>Classification - For Information</p> <p>Key Decision: No</p>		
<p>Wards Affected: All</p>		
<p>Accountable Executive Director: Liz Bruce</p>		
<p>Report Author: Stuart Lines, Deputy Director of Public Health</p>		<p>Contact Details: Tel: 020 7641 4690 E-mail: slines@westminster.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. This report provides an update to the overview report presented to PAC in January 2015 and provides further detail on the areas of interest noted at that meeting.
- 1.2. Further detail is provided on the areas that were of particular interest to the PAC at the previous presentation:
 - **Finance** - a summary of current consultations regarding in-year cuts to the public health budget and future funding allocation levels;
 - **Community Champions** - a description of the commissioned services working in our communities to improve health and wellbeing;
 - **Child oral health** – an overview of children’s oral health and services in Hammersmith & Fulham.

2. RECOMMENDATIONS

- 2.1. The PAC is requested to review and comment on this further information on the public health service and the health challenges in the borough.

3. INTRODUCTION AND BACKGROUND

- 3.1. The January 2015 report provided a summary of the role, structure, budget and services commissioned by Public Health. It also described the three borough Public Health Strategy and its priorities:

There are six shared priorities:

- reducing smoking rates
- reducing levels of obesity in adults and children
- improving sexual health
- reducing substance misuse
- improving preventative health care
- improving mental well-being

The Hammersmith & Fulham priority is:

- reducing the health inequalities associated with childhood poverty

- 3.2. The PAC has also received a report on childhood flu at this time that provided a description of the roles and responsibilities of the different partners. This topic has been dealt with separately at subsequent PAC meetings and so is not addressed in this report.
- 3.3. The finance section describes the current public health budget for Hammersmith & Fulham and how this is used to fund a range of commissioned services that help meet the needs of our residents, that have a focus on prevention, and that help deliver our strategic priorities.
- 3.4. An important service area, and one that was noted at the previous PAC, is the work of public health workers in the community. These include Community Champions. Further detail of their work and impact is provided.
- 3.5. The update on child oral health is provided in response to the interest in the dental public health indicator described in the January report, which is part of the overall public health outcomes set of indicators.

4. ISSUES

- 4.1. The following provides a summary of the key topic areas for this report on finance, community champions and child oral health.

Finance

In-year cuts

- 4.2. In June the Chancellor announced a series of saving programmes across Government. As part of this the Department of Health (DH) was tasked with delivering national 'in-year' savings of £200m from the public health grant to local authorities. A decision on how this £200m will be shared

across local authorities will follow, after a full analysis of a consultation on the process which ended on 28 August 2015.

- 4.3. The consultation set out the preferred method of allocation from the DH, as a flat % cut across all authorities. In our response to the consultation we agreed with this method as it delivers the best outcome for Hammersmith and Fulham. A copy of our response is attached in appendix 1.
- 4.4. The flat rate proposed (6.2% across the whole grant for 2015/16) represents £1.42M to Hammersmith & Fulham, which we expect to be taken from the 4th quarter payment.
- 4.5. Public health leads are currently scenario planning for these financial changes.

Funding formula

- 4.6. The DH published a consultation on 8 October 2015, proposing to make changes to the way in which public health services are funded. The deadline for consultation responses is 6 November 2015.
- 4.7. The current method of allocating the national budget for public health is via a funding formula, which is largely based on historic factors. The proposal is to move to a 'fair shares' Target Budget which is based on several factors such as deprivation, mortality and population changes in a local authority area.
- 4.8. Currently, the Actual budget is in excess of the Target Budget, but over time these will become aligned. Under current arrangements, it would take 26 years for Hammersmith & Fulham to move to the Target budget, but the consultation seeks to change this to nine years.
- 4.9. The consultation does not cover the reduction in the national Public Health funding, but instead is concerned with the longer-term alignment of Target and Actual Budgets. In the short to medium term, it will have little effect on Hammersmith & Fulham.

Community Champions

- 4.10. The *Community Champions Programme* is delivered through the recruitment, training and capacity development of local residents and communities in the most deprived wards of the borough in order to:
 - recruit and train local residents as Community Champions to work with providers and commissioners,
 - gather insight through residents' feedback,
 - improve access to local health and wellbeing services, particularly through proactive community outreach, contact, information and signposting to local services,

- increase early intervention, health promotion and behaviour change, through local public health programmes that promote early intervention, peer education and self-management for people with long term conditions,
 - build social capital (building confidence, improving mental wellbeing, reducing isolation and promoting community cohesion) through community events,
 - extend the public health workforce through training people to pass messages on to their peers.
- 4.11. The Community Champions programmes are running in the following estates in Hammersmith & Fulham:
- Old Oak (Old Oak Housing Association, part of Family Mosaic)
 - Edward Woods (Urban Partnership Group)
 - Parkview Centre
- 4.12. The programme is for all residents in these areas. In addition to recruiting and training volunteers to run public health campaigns, events or ‘fun days’ are held for residents to come together for different activities and connect with local services, and training courses are run for residents in community settings to promote employability through training and voluntary experience. It also supports parent and family networks and connections between neighbours.
- 4.13. There is evidence that an asset based approach develops more community capacity and individual resilience, leading to improved wellbeing and community connectedness. It also contributes to developing local resilience and moving away from dependence on statutory services.
- 4.14. An evaluation of the programme found that community champions had improved understanding and activities around mental health, physical activity and healthy eating in 90% of respondents, and had referred 177 people to stop smoking services, engaged with 3000 residents to improve local services, and that 16 out of 18 champions went on to full or part time employment.
- 4.15. Outcomes and costs
For each project the targets are:
- 15 volunteer Champions trained and engaged in activities each year
 - 4 Community events a year
 - 3 Community newsletters a year
 - 3 public health campaigns a year
- All projects have met these targets. The cost for each project is £60,000.

Child oral health

- 4.16. Tooth decay is an important local public health issue but that is largely preventable. It is generally caused by high consumption of sugary food

and drink, lack of exposure to fluoride and poor oral hygiene. The latest child dental epidemiology survey (2011/12) found that 28.4% of 5 year olds in Hammersmith and Fulham had at least one decayed, missing or filled tooth (DMFT). The average number of DMFT among 5 year olds in Hammersmith and Fulham is 1.15.

- 4.17. Dental problems such as tooth decay cause pain and can impact on children's appearance, socialisation, sleep and concentration, and children may require time off school for appointments. A number of children end up in hospital having decayed teeth extracted or filled under general anaesthetic. Dental caries are the main cause of hospital admissions for children aged 1-18 years and are responsible for 24% of admissions in 5-9 year olds in Hammersmith and Fulham.
- 4.18. Councils have a responsibility for dental public health services, which primarily relates to providing information and advice on oral health and commissioning community oral health programmes, particularly for at risk or vulnerable groups. Local dental services (primary, secondary and community) are commissioned by NHS England. This includes an Oral Health Promotion Team, employed at Central London Community Healthcare (CLCH) NHS Trust. The Public Health team works closely with the Oral Health Promotion Team to deliver oral health improvement programmes locally and commissions work to improve oral health and prevent disease over and above what is provided as part of the dental services commissioned by NHS England.
- 4.19. Interventions provided include:
- *Brushing for Life*
Distribution of age-appropriate toothbrush and toothpaste packs, evidence-based oral health messages by Health Visiting Teams at 8/9 month and 2 ½ year child development reviews.
 - *Keep Smiling*
An oral health improvement programme for 3-7 year olds delivered in local primary schools. It consists of the application of fluoride varnish, toothbrushing sessions, delivery of evidence-based oral health messages and signposting to dental practices. During 2014/15 this programme was delivered in 5 schools in Hammersmith and Fulham and during 2015/16 this will programme is being delivered in 5 additional schools. The development of resource packs to support the delivery of oral health messages in children centres, nurseries, libraries and schools.
- 4.20. These two services form part of a wider programme of child oral health improvement work locally, which includes:
- Training of health professionals, school staff, Health Visitors, nursery settings, Early Help, children's centre staff and Community Champions in delivering consistent oral health messages.
 - Integrating oral health within wider programmes, including school nurse reviews; the healthy weight service, healthy schools and healthy early years.

- Working with teenagers in secondary schools to reduce dental decay.

APPENDIX 1: RESPONSE TO DH CONSULTATION ON IN YEAR CUTS

As part of wider Government action on deficit reduction, the Department of Health (DH) has been asked to deliver savings of £200 million in 2015/16 through reductions to the Public Health Grant to local authorities (LAs). This consultation sets out possible options on how the £200 million savings might be spread across LAs and asks three questions on how they can be delivered most fairly and effectively.

WESTMINSTER CITY COUNCIL, LONDON BOROUGH OF HAMMERSMITH & FULHAM AND THE ROYAL BOROUGH OF KENSINGTON & CHELSEA

All public health commissioned services are 'front line', and the majority are aimed at prevention, which serves to increase productivity and reduce future costs, both for social care and the NHS. As such this proposal will only cost more in the long run and is a false economy.

As a significant proportion of public health services are commissioned directly from the NHS, the claim that there will be no impact on the NHS is incorrect. There will be both short term (loss of income) and long term (increased costs) impact on the NHS.

Question 1:

Question 1:

Do you agree with DH's preferred option (C) for applying the £200 million saving across LAs? If not, which is your preferred option?

Please tick your preferred option or describe an alternative :

- A
- B
- C
- D

Yes, given the options our three councils agree that option C is the most appropriate method.

Option D: Additional information on local needs

Other comments:

Question 2: How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

- **We would encourage a quick, transparent and clear decision to give sufficient time to make any in-year changes.**
- **Our budget cuts will have to be financed by allocated spend for pipeline projects, therefore advanced notice is required should the 2016/17 grant also be changed as this will impact on future commissioning plans, programmes and projects.**
- **Give confidence on future funding to ensure we can plan properly for the delivery of our public health responsibilities. The two month delay in getting this consultation out has already caused a large amount of avoidable uncertainty.**

Question 3: How best can DH assess and understand the impact of the saving?

- **By gaining an understanding of the cuts required to achieve these savings and what services are affected.**
- **The DH also needs to assess the long term impact, savings now vs exponentially increased costs in future years (return on investment), including the production of an Equalities Impact Assessment and a Health Impact Assessment.**
- **Uncertainties over future grant levels and in year cuts impact on the ability to plan accordingly and impact on the ability to deliver this statutory service.**

Agenda Item 8

Health, Social Care and Social Inclusion Policy and Accountability Committee

Work Programme 2015/2016
3 June 2015
Preparing for Adulthood: A Report About Young People Aged 14-25 with Disabilities 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 Chelsea and Westminster Hospital NHSFT: Integration with West Middlesex Hospital
7 July 2015
Addressing Food Poverty in Hammersmith & Fulham Chelsea and Westminster Hospital NHSFT: Integration with West Middlesex Hospital Primary Care Briefing: GP Networks Network Plan 2015-2016 and Out of Hospital Services
14 September 2015
Customer Satisfaction Immunisation Uptake New Home Care Service West London Mental Health NHS Trust: Development of Services
4 November 2015
Immunisation Uptake: Update CQC Inspections: Central London Community Healthcare NHS Trust and West London Mental Health NHS Trust Public Health: introduction to community services and strategy and in year Public Health savings
2 December 2015
H&F CCG Performance Healthcare Commission Report GP Access Imperial College Healthcare NHS Trust: Outpatients PAS Update Safeguarding Adults: H&F Report
2 February 2016
2016 Medium Term Financial Strategy Commissioning Strategy: Providers
14 March 2016
18 April 2016
Meal Agenda

Future Meetings
Care Act Chelsea and Westminster Hospital NHS Foundation Trust: Integration with West Middlesex Hospital Community Independence Service Customer Journey: Update Digital Inclusion Strategy Equality and Diversity Programmes and Support for Vulnerable Groups H&F Foodbank Immunisation: Report from the HWB Task and Finish Group Integration of Healthcare, Social Care and Public Health Listening To and Supporting Carers Self-directed Support: Progress Update