London Borough of Hammersmith & Fulham

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

Minutes

Tuesday 2 February 2016

PRESENT

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

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

Other Councillors: Councillors Vivienne Lukey (Cabinet Member for Health and Adult Social Care) and Max Schmid (Cabinet Member for Finance)

Imperial College Healthcare Trust: Tim Orchard (Clinical Divisional Director for Medicine), Nicola Grinstead (Director of Operational Performance), and Kevin Jarrold (Chief Information Officer)

Officers: Hitesh Jolapara (Strategic Director of Financial Corporate Services), Rachel Wigley (Director of Finance and Resources, Adult Social Care and Health), Andrew Lord (Head of Finance), Stella Baillie (Director of Integrated Care), and Mike Robinson (Director of Public Health)

45. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sue Fennimore and Debbie Domb.

Apologies for lateness were received from Councillor Andrew Brown.

46. DECLARATION OF INTEREST

Councillor Joe Carlebach declared a non-pecuniary interest as Vice Chair and Non-Executive Director of The Royal National Orthopaedic Hospital Trust.

47. IMPERIAL COLLEGE HEALTHCARE NHS TRUST: A&E PERFORMANCE, MEETING WINTER DEMANDS, AND PATIENT DISCHARGE DELAYS

The Chair welcomed representatives from Imperial College Healthcare Trust; Tim Orchard (Clinical Divisional Director for Medicine), Nicola Grinstead (Director of Operational Performance), and Kevin Jarrold (Chief Information Officer).

The Cerner Programme

Kevin Jarrold informed members that the Cerner system represented a move to a fully digital system, meaning that patient information would be available in real-time wherever it was needed. Implementation of the Cerner programme was currently in progress across the Trust; the digitisation of patient records and work to enable electronic prescription and administration of medications was due to be completed by March 2016. The Trust were also looking at replacing paper out-patient processes with digital systems.

Members asked if the system would be accessible for members of the public who did not have access to the internet or internet-connected devices. Kevin Jarrold responded that members of the public would still be able to choose their preferred methods of communication. The new systems would allow communications to be tailored to the individual.

Members asked if the new system allowed the Trust to track people through their hospital journey. Kevin Jarrold responded that the patient administration system did track patients through their hospital journey and, with the improved data gathered, allowed better management of recourses (i.e. fewer 'bed blockers').

Members asked what forms of communication the new system facilitated. Kevin Jarrold responded that the Trust's main form of communication was currently physical letters with a follow-up text message reminder. In future they anticipated that more people would chose email as their main form of communication.

Members asked if consideration was taken of people with vision disabilities and alternate forms of communications like voicemail would be used. Kevin Jarrold responded that the new system had been implemented at Western Eye and they were developing appropriate communication systems to address specialist services. Nicola Grinstead noted that the Trust had begun engagement events for both staff and patients (the first was held at Western Eye) to better understand their needs and ideas for the system.

Members asked that all impairments were considered, as well as language and literacy problems, when considering how the Trust communicated with patients.

Members asked for more detail on how patient information would be shared with referral services and how the Trust was managing patient's privacy considerations. Kevin Jarrold responded that the system would capture

consent for how the information to be shared. The patient would have granular control over which parts of their record can be shared, so mental health information could be made private while sexual health information could be made shareable with other organisations. They anticipated a future where the record could be shared across country, but the focus for now was on local patients.

Members asked if GPs would have access to system. Kevin Jarrold responded that at the moment only the clinical document library was shared with GPs. Currently Hospitals used very different IT systems to GPs and dealt with far more complex data so it was not all relevant to their work. The ambition was that a consultant working at a GP's office could update a patient's record and it would be viewable in a hospital the next day.

Members asked for more information about the integration of this system into the wider healthcare landscape at a future meeting.

Members asked if there were any data quality issues with the new system and what strategies had been put in place to mitigate them. Kevin Jarrold responded that there were always data quality issues with new systems but the Trust had taken a proactive approach to supporting users and providing training. Rather than doing 'classroom' style training, 250 floorwalkers (mainly recent IT graduates) had been hired to carry out intensive live-environment training with doctors, nurses, and support staff. The trust believed this approach helped drive adoption across the organisation.

Members asked what adoption levels were across the Trust. Kevin Jarrold responded that adoption by patient administration was at one hundred percent (as it was a mandatory part of the process), adoption from nurses and therapists was also at around one hundred percent, but adoption by doctors was lower.

Members asked what the system meant for staff on the frontline. Kevin Jarrold responded that it meant when a nurse is interacting with a patient they would record data electronically rather than on paper. Medical equipment was linked to the system and results would be fed in to the system directly reducing human error. Prescribing medication would also be handled completely electronically. Ultimately all of the information gathered would be made available to patients.

Members asked if the system would be available in different languages. Kevin Jarrold responded that there were a number of technological solutions available to assist users. It was possible for the system to translate to a number of languages but this needed further testing. Members said they would welcome engagement on this issue.

Members asked if there had been any internal or independent audits of the new system. Kevin Jarrold responded that there had been a series of both internal and external audits to evaluate progress of the new system. The data quality indicators also allowed the Trust to 'take the pulse' of the system. A

formal evaluation of the system would be undertaken and could be shared with members when completed.

Members asked if there had been feedback from patients on the new style of communications. Kevin Jarrold responded that the Trust had worked closely with patient representative groups and had two patient representatives on the governing body of the records programme. They were also setting up a patient user group.

Winter Pressures

Nicola Grinstead informed members that the Trust was measured by its ability to ensure at least 95 percent of patients are seen within four hours. The report showed performance was down when compared with last year and remained under the national standard. There had been an increase in the acuity of patients attending A&E departments at both St. Mary's and Charing Cross hospitals and higher overall numbers at Charing Cross reduced capacity across the Trust. The Trust had anticipated that the position would worsen during winter so they took a number of mitigating precautions, including opening more beds, increasing hours of ambulatory care service, and introducing a seven day discharge service that was matched by social care colleagues. Over the longer term there was an action plan in place to better target resources and bring the figures back to 95 percent.

Members, referring to the delayed transfers of care chart on page 36 of the report, asked what percentage came from H&F. Nicola Grinstead responded that H&F patient numbers were relatively small when compared with the national picture due to strong links between services in the borough.

Members, noting the increase of thirteen percent at Charing Cross, asked if the Trust expected a rise in the future and if so what they were doing to ensure safety standards going forward. Tim Orchard responded that the Trust did have concerns and noted they were working with commissioners to allow patients to get the care they needed in a community setting.

Members asked if failing to meet the four hour waiting time target had impacted patient outcomes. Nicola Grinstead responded that outcomes had not been affected but the Trust were focused on meeting the target.

Members, noting Chelsea and Westminster's impressive performance, asked the Trust if they were learning lessons from other Trusts. Tim Orchard responded that Chelsea had a large medical assessment unit whereas St Mary's was very constrained. The Trust's bed occupancy is regularly at capacity. Recently Charing Cross opened twenty additional beds but they were quickly filled.

Members asked if inappropriate attendances to A&E were a significant issue. Tim Orchard responded that there was no such thing as an inappropriate attendance, just an inappropriate assessment. If urgent primary care was properly co-located with emergency care these issues would be mitigated.

Members asked how delayed transfers of care could be reduced. Nicola Grinstead responded that rapid assessment was key to improving transition. The Trust was looking at having a single point of decision making across multiple boroughs. Tim Orchard noted the need for greater coordination between health and adult social care. Cllr Vivienne Lukey reinforced the strength of the current partnership between health and adult social care and noted the significant improvements that had been made over the past year, particularly the community independence service (CIS).

Members asked what factors had driven the increase in admission numbers across London last winter. Nicola Grinstead responded that they did speak with other hospitals across London but the level of variation was significant; there were no consistent factors that could be planned for.

Members asked if there had been increases in homeless admissions. Nicola Grinstead responded that homeless admissions were on par with the previous year and there was a specialist team to manage homeless patients. Tim Orchard noted that they had seen an increase in patients with concurrent mental health problems.

Members noted that hospital staff were now carrying out care assessments and asked how they were validated. Nicola Grinstead responded that there were a number of checks including a dedicated assessor and partnership meetings to ensure the process was continually monitored and improved.
Members asked for assurances about performance at Western Eye following concerns raised by Bryan Naylor.

Members, noting their support for the recommendations in Michael Mansfield QC's Independent Healthcare Commission for North West London report, asked if recent performance and capacity issues had made the Trust re-evaluate their plans. Nicola Grinstead responded that the Trust was formulating an official response to the report which would be the subject of the March meeting of the Committee. They would be considering emerging views on the future of emergency care across London.

The Chair expressed regret that Imperial was still not meeting its targets and noted that it reinforced the Committee's opposition to the 'Shaping a Healthier Future' proposals and the downgrading of A&E at Charring Cross hospital. Despite this opposition, the Committee understood the challenges faced by the Trust, particularly transfers out of hospitals where CIS was recognised as a model for others to follow. The Committee noted its appreciation for the good work being done to fix these issues.

RESOLVED

1. The Committee requested the implementation timetable for the shared patient record programme, feedback from the system audits and patient representatives, and feedback on progress from the Sowerby Commission.

2. The Committee requested an analysis of why admissions increased over the winter months and what was responsible for the general uplift across London.

3. The Committee requested more information on performance at Western Eye.

48. ADULT SOCIAL CARE PROPOSALS

Corporate Budget Presentation

Hitesh Jolapara, Strategic Director of Financial Corporate Services, presented the corporate budget position for 2016/17.

Members asked for more information on the devolution of business rates and what it would mean for H&F. Cllr Max Schmid, Cabinet Member for Finance responded that they were waiting for the detail of the proposals from Central Government.

Members asked if the use of developer contributions was sustainable. Hitesh Jolapara responded that he was confident about the current level allocations and they would be reviewed on an annual basis.

Members asked for a schedule of developer contributions and what they would be spent on.

ACTION: Hitesh Jolapara

Members asked how many staff would lose their jobs as a consequence of the budget proposals presented. Hitesh Jolapara responded that the Cabinet and Council reports would contain that information.

Adult Social Care Budget Presentation

Rachel Wigley, Director of Finance for Adult Social Care, presented the Adult Social Care budget proposals.

Members asked if the past year's reduction to the meals on wheels charge had affected take-up. Rachel Wigley responded that numbers had been fairly steady; 123 in the 2014 as compared with 129 in 2015.

Members noted that the structure of Careline charges meant those in private housing paid more even if they were 'cash poor'. Officers responded that the service was being reviewed and they would feedback member comments on the fee structure.

Members, noting that contracts were a large proportion of the overall budget, asked how procurement was working with providers to ensure the best deal. Rachel Wigley responded that commissioners were working across the whole portfolio and looking at packaging contracts for the market. The service was using a new strategy that placed a greater emphasis on quality and ensured

care pathways made sense. Members asked for a report on the new commissioning strategy once it was finalised.

ACTION: Rachel Wigley

Members asked about the risks of provider failure. Rachel Wigley responded that the Council did have a duty of market management under the Care Act but noted it was a very challenging environment.

Members asked for future projections for demographics and growth over the medium term. Officers responded that the service produced projections over ten years and could share this information with members.

The Chair thanked officers for their presentations and noted that the Committee welcomed their work on the budget proposals given the financial pressures faced by the local authorities. The Committee also welcomed the measures to maintain the independent living fund payments, the further reduction in meals on wheels charges, and the payment of the London living wage to carers.

RESOLVED

1. The Committee requested a report on the new provider procurement strategy once it had been finalised.

2. The Committee requested that officers reconsider the structure of Careline charges.

49. PUBLIC HEALTH BUDGET PROPOSALS

Rachel Wigley presented the budget proposals for public health.

Members noted that there was no mention of paediatric oral health in the budget. Mike Robinson, Director of Public Health, responded that this work was situated in the 0-5 service and was also being worked on by the school nurses team.

Members noted the excellent work carried out by the community health champions and asked why the associated budget was being reduced. Mike Robinson responded that the budget reduction was a saving on procurement and process, not a reduction in the champions themselves.

Members, noting a complaint about the sharp reduction in the sexual health service budget, asked how decisions were made. Mike Robinson responded that this was the first year of public health grant reductions but noted that there had been no cuts in frontline delivery.

Members asked if budget setting for adult social care and public health were considered together. Mike Robinson informed members that the current spend was based on historical analysis but the next phase was to do a zero-based review of expenditure. The vision for the services was for there to be a

seamless link between public health preventative activities and adult social care services.

Some members felt that there should be more spending on cardiovascular preventative measures rather than stop smoking campaigns.

The Chair informed members that they had reached the guillotine and proposed an extension of 30 minutes. The Committee agreed the extension.

The Chair thanked officers for their presentations and noted paediatric oral health and childhood obesity as topics for the Committee to return to at a later date. The Committee welcomed that there would be no frontline cuts and hoped that the lessons from the flu vaccination programme could be replicated across the Council, with Public Health taking a coordinating role.

RESOLVED
That the Committee considered the budget proposals.

50. WORK PROGRAMME

Members asked for an item on vaccinations to be added to the work programme.

RESOLVED
The Committee agreed the work programme for 2016/17.

51. DATES OF FUTURE MEETINGS

Future meetings of the Committee were scheduled for:

- Monday 14 March 2016
- Monday 18 April 2016

52. UPDATE ON THE CARE ACT PART 1

Stella Baillie, Director of Integrated Care, presented the report which provided an update on the impact of the Care Act 2014.

Members asked for more information on the new rights to an assessment and an advocate. Stella Baillie responded that now anyone who wanted an assessment was required to have one. Advocate use was still relatively rare but the Council had extended its advocacy contract.

The Chair asked for more information on the new provision that gave carers the same rights are carers. Stella Baillie responded that officers were working closely with GPs and other partners to identify carers, particularly focusing on those who provided twenty four hour care.

Members noted that many third sector organisations in this area were not aware of the support available to carers and suggested that the Council produced a carers guide to signpost to services. Stella Baillie noted that the Council provided this information on its website but would look into producing a 'top tips for carers' leaflet.

Cllr Sharon Holder noted that the patient reference group were putting together a list of all local third sector organisations and could share with officers.

ACTION: Cllr Holder

RESOLVED
That the Committee noted the report.

Meeting started: 7.00 pm
Meeting ended: 10.27 pm

Chair .....

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