London Borough of Hammersmith & Fulham

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

Minutes

Tuesday 19 January 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: Stephen Cowan, Sue Fennimore, Sharon Holder and Vivienne Lukey

Officers: Peter Smith (Head of Policy and Strategy), Chris Neill (Director, Whole Systems), Helen Banham (Strategic Lead Professional Standards and Safeguarding) and Kayode Adewumi (Head of Governance and Scrutiny)

38. MINUTES OF THE PREVIOUS MEETING

(i) The minutes of the meeting held on 4 November 2015 were approved as an accurate record and signed by the Chair.

(ii) The outstanding actions were noted.

(iii) The Committee asked that their best wishes be passed to Sue Perrin who had taken ill.

39. APOLOGIES FOR ABSENCE

Apologies were received from Debbie Domb.

40. DECLARATION OF INTEREST

Councillor Joe Carlebach declared an interest in item 4 (Independent Healthcare Commission for North West London) as Vice Chair of the Royal National Orthopaedic Hospital Trust, Stanmore.

41. INDEPENDENT HEALTHCARE COMMISSION FOR NORTH WEST LONDON

Peter Smith summarised the background, process, key findings and recommendations of the Commission. The Shaping a Healthier Future (SaHF) programme was consulted on in 2012. Part of the business case was to reduce the number of major hospitals in North West London to 5 from 9. The Commission was launched in 2014 by 5 West London authorities in reaction to the closure of 2 accident and emergency departments. The Commission was chaired by Michael Mansfield QC with 2 other independent members. It operated like a Parliamentary Select Committee inquiry with an open call for written evidence followed by 4 public hearing sessions. The report was produced in December 2015, setting out the Commission's key findings and recommendations.

The key findings and recommendations were as follows:-

- Current and future healthcare needs

The data used by NHS for the public consultation in 2012 is now out of date. It did not take into account the significant increase in actual population and future projections across the region resulting from regeneration plans and economic development proposals for the area.

Recommendation – That the current business case should be made available immediately for proper public scrutiny.

- Finance and Economics

The projected cost of the programme has escalated from £112 million to over £1 billion. The return on this investment would be insufficient, based on the strength of the existing evidence. Evidence points to financial factors rather than patients' needs as playing a significant role in the SaHF programme's selection of major and local hospital designations.

Recommendation – That the National Audit Office should undertake a review of the value for money of the SaHF programme.

- Public Consultation

No additional engagement with the local public had been carried out since the public consultation exercise was conducted in 2012.

Recommendation – A fresh consultation on the latest version of the business case should be undertaken.

- A&E closures and other reconfiguration plans

The closure of Ealing Maternity department and the A&E services at Central Middlesex and Hammersmith Hospitals have had a huge impact on the provision of health services at Northwick Park Hospital leading to a deterioration of performance, particularly in relation to A&E waiting times.

Recommendation – The closures at Ealing and Central Middlesex should be reversed and no urgent care centre should be put in place without co-location of A&E provision.

- Out of hospital provision

Out of hospital provision is being developed in a piecemeal fashion and at a slow pace largely due to the lack of detailed plans.

Recommendation – That a substantial investment in GPs and out of hospital services is required within a sub-regional out of hospital strategy.

- Governance and Scrutiny

There is a lack of transparency in the governance arrangements for the SaHF programme resulting in unclear accountability for decision making across the programme.

Recommendation – That elected local authority representatives should be invited to attend SaHF programme Board meetings for greater accountability and transparency.

The Committee noted that ongoing follow up work was being undertaken. A letter had been sent to the Secretary of State for Health requesting a meeting to discuss the findings and recommendations.

Councillor Carlebach sought clarification on who owned the SaHF programme. It was reported that the Commission was unable to identify where the programme sat within the complex NHS governance structure as there was little clarity around the structure. He raised serious concerns regarding the level of care that could be provided to children referred to an urgent care centre which was not co-located with paediatric consultant provision. Officers noted that some GPs were refusing to refer children to Urgent Care Centres where there was no co-location with A&E provision. The evidence gathered by the Commission has shown that this has been the case at Hammersmith and Central Middlesex Hospitals. Councillor Carlebach suggested that officers should raise this point with the Royal College of Paediatricians.

Councillor Perez asked how the Neighbourhood Health Forum would engage with local residents. Councillor Holder said that although the Forums were not

related to the Commission's work they will look in detail and focus on health care provision in Hammersmith. Stakeholders will be invited to listen to what the residents have to say. The 4 forums have been set up for North and South Fulham, Shepherds Bush and Hammersmith. The meetings will run from January to March. Councillor Carlebach asked that MENCAP be invited to the Forum meetings.

Bryan Naylor noted that the Older People Rapid Access clinic set up at Charing Cross hospital had improved services to older people. He inquired whether there would be a roll out of this successful programme across other hospitals. He also asked that the Commission's report should reference older peoples services. Officers reported that the council was working with the NHS to ensure that good practices from Community Independence Service at Charing Cross hospital were captured and rolled out across more hospitals. The work will continue in the current year but the local authority cannot guarantee continued provision as the SaHF programme business case had not been published.

Councillor Barlow inquired about the response from the stakeholders to the Commission's work. Officers noted that there was extensive media coverage. The public's reaction was very encouraging. The local authorities are awaiting a response from the Secretary of State. Although the response from the NHS had been muted, a letter was written by the Chairs of the Ealing and Hounslow CCGs to local GPs informing them that the programme would go ahead irrespective of the commission's findings.

The Leader noted that neither an updated business case nor detailed answers had been received from the NHS on the SaHF programme. The NHS structure showed that there was no one voice speaking on behalf of the region. The Council requires a meeting with the Secretary of State to speak with one voice and obtain detailed answers to figure out the way forward. Until the NHS is able to provide such answers the programme should be halted.

Councillor Brown noted that there are a couple of things in the report which he agreed with but felt a more politically neutral person would have been better suited as Chair. He asked how certain was the Commission that Charing Cross hospital would lose its A&E department as there was no clear evidence that it would be classified as a Class 3 A&E or Urgent Care Centre. If the evidence of a downgrade came to light, he would stand with residents and campaign against a closure of the A&E provision.

The Leader noted that Michael Mansfield QC was not chosen because of his political affiliation. He was selected because he was a good chair, an exceptionally talented legal lawyer who had led many national inquiries. The crux of the matter regarding the provision of A&E services was the new service definition of classes 1, 2 and 3. Charing Cross Hospital had been classified as a class 3 A&E service which was equivalent to an Urgent Care Centre. Officers also highlighted that GPs and residents had raised the confusion about the classification of A&E services particularly what an Urgent Care Centre can deliver in ways of services and who should be referred

there. For the benefit of residents and all the users of Charing Cross hospital, we need an absolute clarification on the state of the A&E service at the hospital.

Councillor Brown was of the view that it made sense for the NHS to review its programmes and provisions while taking into account changes in the demographics. He supported future clarity from the NHS and scrutiny of their business case. He accepted that there should be no further closure of services without scrutiny of the business case.

It was reported that Dr Anne Rainsberry said at a meeting with the Commission in September that the final business case was due to be sent to the Treasury and Department of Health for approval in January. Councillor Carlebach suggested that officers should write to Dr Anne Rainsberry seeking the current state of the business case, the timeline for implementation and an update on the approval process.

Councillor Brown noted that the report did not talk about outcomes nor provide an alternative course of action. The Leader stated that the implementation cost of the SaHF programme had escalated to over £1 billion. It was not possible to put forward alternative proposals without the prerequisite information received from the NHS about the SaHF programme and its business case.

The Chair invited questions and comments from residents in the audience.

A resident expressed concern about the lack of information regarding the SaHF programme. She was of the view that there were some benefits of centralising some services in the right areas but there was no justification for downgrading Charing Cross hospital's A&E. She understood from the Imperial College Healthcare NHS Trust clinical strategy that they want Charing Cross to be a GP-led A&E service.

Furthermore, she referred to Dr Ajaib Sandhu's blog which highlighted the problems of reduced A&E capacity in the area causing increased waiting times. In 2015, 217 people had waited more than half an hour in an ambulance. The NHS cannot afford to take more capacity out of the services. She urged the committee to support the Mansfield report and speak as one voice against the closures.

Another resident welcomed the report. She noted that the number of overnight beds proposed by Imperial made it impossible for Charing Cross to support a class 1 or 2 A&E service. The CCG had made it quite clear that they planned to proceed with the SaHF programme. She was of the opinion that the business case would be published after it had been approved without further public consultation or scrutiny.

She asked would the 5 local authorities seek a judicial review of the decision if the SaHF was not halted. The Leader expressed his gratitude for the work of the Save Our Hospitals campaign. He noted that the council had written to the Secretary of State requesting a meeting with the 5 Leaders to review

where we are at and seek a halt to the closure programme. We do not want to preclude such discussions. But no one should doubt that the Leaders will not do everything to defend our hospitals and health services against closure.

Another resident expressed concern regarding the confusion around urgent care centres. She asked how a resident would be able to determine whether to attend an A&E or Urgent Care Centre. In noting her concerns, the Leader referred her to a video on the council's website where her question is addressed in interviews.

In conclusion, the Chair noted that Michael Mansfield QC and the commissioners had undertaken a very thorough review gathering evidence from a very wide range of stakeholders. The report drew out the concerns of residents, elected representatives, clinicians and others about the state of the SaHF programme particularly that the original consultation was out of date, demographic changes had not been taken into account and no further information on the business case had been provided. He thanked the Commission for producing such an important piece of work.

The Committee

- welcomed the report and endorsed its recommendations
- would invite the NHS England to a meeting to respond to the findings of the Commission
- called on the NHS to publish a full business case with an Equalities Impact Assessment and other appropriate assessments and to subject it to full public consultation and transparency before approval by the Treasury.

42. SAFEGUARDING ADULTS EXECUTIVE BOARD: ANNUAL REPORT 2014/2015

Mike Howard, Independent Chair, presented that Safeguarding Adults Executive Board Annual Report 2014/15 to the Committee. He noted that the Board works to ensure the safety of those people within the borough who are deemed to be most at risk of harm through the actions of other people. The Care Act 2014 was passed in April 2015 requiring:-

- Local authorities to establish an Safeguarding Adults Board
- The Safeguarding Adults Board to present an annual report
- Requiring Safeguarding Adults Board to commission Safeguarding Adults Review
- Developing a strategy in consultation with the local community and residents, and with Healthwatch.

He drew the Committee's attention to a display board which showed some of its work in involving local people in safeguarding adults. The display board highlighted comments from a consultation event in November 2015.

Some of the Board's achievements included:-

- Undertaking Safeguarding Adult case reviews

- Producing a Safer Recruitment guide for organisations
- Safeguarding Adult guidelines for staff

Thresholds for responding to safeguarding concerns
Members inquired about the Board's work around:-

- Terrorism and grooming of vulnerable adults.
- Homelessness and vulnerability
- The impact of benefit changes and new service provision
- People with learning disabilities
- Issues of isolation and neglect abuse

Mr Howard stated that the Board had raised issues with the Department of Health on behalf of providers about the rigidity of the Prevent training. They have been able to relax the delivery of the training. The Board had built good links with NHS England with a representative of the organisation its board.

The Board is not a lobbying organisation. Its Safeguarding Adults Case Review Sub Committee shares the lessons learnt from case reviews and tracks changes and improvement to member agency systems and practice'. The Board will soon be looking at the impact of financial abuse and vulnerability.

It was noted that the Board works with the Adult Social Care business intelligence to look at what patterns of referral tell us. The care of people with Learning disabilities was being scrutinised through safeguarding. It was agreed that there was an increasing number of older people living alone who were not in contact with the statutory services facing the issues of isolation and neglect. The Board had not yet considered this topic but is planning to theme a future meeting on self-neglect and hoarding
Councillor Lukey noted that the Safeguarding Board was putting many safeguards in place to reduce harm. Financial abuse which is an issue many people have faced but are reluctant to report- due to the stigma attached, is on its work programme.

Councillor Perez asked how does the third sector get involved in this work particularly victims or people who have survived abuse and are more likely to approach community based services. Also does the referral system work. Mr Howard stated that there are 30 members on the Board with representatives from MIND and Peabody. The Board has a community engagement sub group which was better placed to discuss issues with residents. Councillor Fennimore noted that the Board is working closely with Violence against Women and Girls Board through the Standing Together project to ensure issues of domestic abuse and modern-day slavery are responded to or prevented.

The Committee asked for a breakdown of the statistics 2013/14 vs 2014/15 showing the pathway of safeguarding in the next report. It was noted that the London Ambulance Service figures showed that other agencies are getting more involved in safe guarding.

Mr Howard reported that since the publication of the report some funding had been secured from the London Fire Bridge and Metropolitan Police. The Local authorities had supplied the staffing resources. A serious case review was joint funded from the CCG and adult social care budgets.

Moving forward, the Board was working out a plan that would help the man on the street would understand what safeguarding is.

The Chair thanked Mr Howard and officers for a clear and concise report.

The Committee

- Welcomed the report and noted the work the Board had undertaken over the past year
- Acknowledged the difficult task they faced in safeguarding some of the most vulnerable members of the community
- Invited the Board back to a future the meeting to report on its work.

43. WORK PROGRAMME

Councillor Vaughan stated that the response to the Mansfield report should be taken at the March meeting. Officers should invite Imperial Hospital NHS Trust and the CCG to the meeting to respond to the report.

Councillor Fennimore suggested that the Digital Inclusion Strategy should be considered soon. While Councillor Barlow requested that the impact of devolution on local health services should be placed on the work programme.

44. DATES OF FUTURE MEETINGS

Meeting started: 7.00 pm
Meeting ended: 9.50 pm

Chair .....

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