

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

Tuesday 14 June 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), Bryan Naylor (Age UK) and Debbie Domb (Disabilities Campaigner)

**Other Councillors:** Sue Fennimore, Sharon Holder and Sue Macmillan

**Officers:** Sue Spiller, Head of Community Investment (LBHF), Daphne Aikens, Chief Executive Officer, Hammersmith and Fulham FoodBank, Mick Fisher, Head of Public Affairs, Imperial College Healthcare NHS Trust, Dr William Oldfield, Deputy Medical Director, Imperial College Healthcare NHS Trust.

## **72. SUE PERRIN - CONDOLENCES AND MINUTES SILENCE**

“The Chair, Councillor Rory Vaughan, informed Members of the Committee that following a short period of illness, Sue Perrin, Committee Coordinator for this Committee had sadly passed away yesterday evening. Councillor Vaughan said that Sue had supported the work of this Committee for many years, her loyalty, diligence and efficiency was invaluable, as was her support to him in his role as Chair. Councillors Joe Carlebach, Natalia Perez, Hannah Barlow, and Andrew Brown fully endorsed the comments of the Chair, noting this was not an easy committee to clerk and that Sue had handled this with great strength. Sue had been held in high regard for her

commitment in serving this Council and the Committee sent their condolences to family, friends and colleagues. There followed a minutes silence for the passing of Sue Perrin”.

**73. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 18 April 2016 were approved as an accurate record and signed by the Chair Councillor Rory Vaughan.

**74. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cooptee Bryan Naylor.

**75. DECLARATION OF INTEREST**

Councillor Joe Carlebach declared an interest in Item 6, as a Trustee of Hammersmith & Fulham Citizens Advice Bureau, Item 7, as a Trustee Arthritis Research UK, which owns a property on the for Charing Cross site.

**76. COMMITTEE MEMBERSHIP 2016/17, APPOINTMENT OF VICE CHAIR AND TERMS OF REFERENCE**

The Chair, Councillor Rory Vaughan informed members that he understood the previous concerns of members regarding the appointment of vice-chairs and invited nominations. Councillor Hannah Barlow was nominated by the Chair, seconded by Councillor Natalia Perez:

**RESOLVED THAT**

Councillor Hannah Barlow be appointed Vice-Chair of the Committee for the municipal year 2016/17

**77. APPOINTMENT OF CO-OPTED MEMBERS**

**RESOLVED THAT:**

The following co-opted members be re-appointed for the municipal year 2016/17:

Debbie Domb, Disabilities Campaigner  
Patrick McVeigh, Action on disability  
Bryan Naylor, Age UK

**78. ADDRESSING FOOD POVERTY IN HAMMERSMITH & FULHAM**

The Chair welcomed Sue Spiller, Head of Community Investment and Daphne Aikens, Chief Executive Officer of Hammersmith & Fulham FoodBank (HFFB). The Committee had looked at food poverty in the borough on two previous occasions and welcomed the opportunity to receive a update following the opening of the new site at Bloemfontein Road. Sue Spiller reported that whilst it was sadly, a much needed resource the site,

named The Hub@75, was operational. Daphine Aikens explained that it was working fantastically well and heartfelt, positive feedback had been received. There were plans to provide additional funding to extend the service and operate a summer club throughout the long school holiday, making provision for children on free school meals.

Daphine Aiken informed members that the increased funding (from LBHF and The Trussell Trust, until March 2018) to the Hammersmith and Fulham Citizens Advice Bureau (CAB) provided for a second full time advice worker. Work undertaken by them was invaluable, supporting 165 individuals in the past 9 months and securing additional benefits income for them. In addition, three advice sessions provided by Hammersmith & Fulham Law Centre had been held at The Hub@75 and these would hopefully continue once a new housing advice lawyer was in post.

Commenting on the Rose Vouchers scheme, it was explained that HFFB would like to develop this further. The scheme additionally benefits the local market and ensures that eligible families are able to use the vouchers as cash in exchange for fruit and vegetables with the aim of ensuring a healthy start for young families. Daphine Aikens expressed her disappointment that few of the larger supermarkets were proactive about food disposal and recognised that there was considerable work to be done. FareShare initiated a Tesco pilot scheme which would be reported back on, unused food was collected and disposed of by local charities using FoodCloud.

Councillor Joe Carlebach commented that Wholefoods Market, Kensington be contacted as he was aware that they donate. Daphine Aikens continued, commenting that in June 2010 the aim of HFFB was to alleviate poverty in Hammersmith & Fulham, providing emergency supplies for people in the area. The three sites were fully funded, operating 6 days per week. All referrals were given food of nutritional value, hygiene products, clothing, pots, pans and kitchen utensils. Bulk items, such as beans and pasta were shared out and redistributed with other charities.

With reference to the HFFB annual report, there had been a 22% increase in the past year in the number of people being fed in the past two years. Qualifying some of the data, Daphine Aikens indicated that where low income was the reason for the referral, figures were slightly skewed as it was submitted directly by HFFB branches. The referral arose because the individual had insufficient benefits to survive. The list of Major Voucher Partners was where they saw most of the vouchers being issued and they are vital for identifying need as frontline care providers. In response to a question from Councillor Andrew Brown, Daphine Aikens explained the process, where an individual would approach the CAB and their most pressing need identified, ie, food poverty, and a food voucher issued. The person is welcomed warmly at HFFB and leave with sufficient food covering immediate need. Most are local residents, but some of those who are not, have children who go to school in the borough.

Daphine Aikens outlined additional areas of support undertaken, including training courses on meal planning, with those planned for September and

October already fully booked. Many individuals self-refer such as young people leaving care and other vulnerable groups. The Hub@75 site, being new has gradually established itself. Weekly coffee mornings, use of PC, job searches, CV advice, clothing requests and health and classes are some of the areas of support offered, with a view to extending these to IT classes in the future. Daphne Aikens added that they were also working with Mitie as part of the local employability scheme.

Councillor Hannah Barlow commended the work of the organisation and enquired about the referral process and how this worked. Councillor Barlow observed that whilst the service was invaluable, if in the long term, the goal was to eliminate it, closer analysis as to why benefit delays were incurred, was necessary. Sue Spiller clarified that the delay in benefits from the Department for Works and Pensions (DWP) arose where a review or the overturning of a decision took months. This was a national issue and partly due to the impact of Universal Credit. She confirmed that it was difficult to get an accurate picture of the causes of food poverty and that CAB advice had been quite helpful in terms of establishing the high cost of housing rent locally. Benefits themselves were not always the issue, rather the slow resolution of issues resulting in delayed payment and as such, difficult to unpick. Councillor Barlow commented that a 7 week delay was considerable and caused great impact on vulnerable people.

In a response to a query by Debbie Domb, Disability Campaigner, Daphne Aikens confirmed that disabled groups were not currently able to join the fuel bank scheme. Sue Spiller added that the CAB, together with national fuel organisations were currently offering this ahead of the winter season. She continued, that funding through local authorities would further mitigate against fuel poverty targeting at risk groups. It was noted that the scheme was currently limited to families with children. Sue Spiller acknowledged this was a concern and stated that once the scheme was established, work would be done to augment it, with options to closely examine the criteria for eligibility in further detail.

Daphne Aikens responded to a comment by Councillor Sue Fennimore, highlighting concerns about the work of job centres in the context of suspending benefits such as Job Seekers Allowance (JSA). She confirmed that she had visited the job centre, which was able to issue vouchers and that the partnership working arrangement with this and other organisations such as the law centre worked well.

Co-optee, Patrick McVeigh, Action on Disability, congratulated them on an excellent report that was both easy to read and understand. He commented on the harshness of the benefit review process where benefits were suspended and then paid in arrears once a decision is reached. Daphne Aikens explained that they dealt with about 90 enquires per week, largely from women and children, and who may visit the site on more than one occasion during a period of benefit sanction extending over 6 weeks or longer.

Councillor Carlebach expressed concern over the lack engagement by hospitals who were absent from the list of voucher partners and encouraged the organisation to approach them, suggesting that it would be useful to establish a central contact point with the local NHS trusts, rather than approaching individual departments, which could be time consuming. Daphine Aikens acknowledged this and a supplementary point from Councillor Carlebach, explaining that they were limited to small scale operations and would find it difficult to manage bulk items from large, local food manufacturers due to storage limitations.

Councillor Perez congratulated Daphine Aikens on the fantastic work being undertaken. In response to a number of points, Daphine Aikens explained that the food parcels were issued on the basis of identified need, establishing the circumstances of each individual, to illustrate access to power, means to cook with and mobility. Demand for the service was increasing and referrals were sometimes received outside partner agencies. Emphasising the level of need, the individual's access to facilities would be established through discussion and a parcel prepared that they would be happy to take home, to illustrate, "kettle boxes". People gained a sense of worth and a degree of control or choice. They were asked for their preference and this was empowering. Daphine Aiken explained that volunteers were trained to be able to provide information, support individuals and be a resource in terms of what they were able to provide.

Self-referrals without vouchers could be checked if previously referred, however, need has to be identifiable and we encourage people to apply. However, those in desperate need will not be turned away empty handed. Issues relating to Universal Credit had made it harder to be proactive, clients were likely to visit more frequently. Some resort to stealing food, debts are further accrued and their situation deteriorates rapidly.

In response to supportive comments from Councillor Sharon Holder, Lead Member for Hospitals and Healthcare, Daphine Aitkens explained that their services were broadly advertised locally utilising free resources such as the LBHF website (also promoted from within the Council) and social media. Local businesses donate either food, cash or support. Additional collection points were being planned but this was balanced against the logistics of dealing with the storage and distribution of 3-4 tons of donated food per week. Replying to Councillor Brown, Daphine Aikens said that issues such as mental health benefit system concerns should be identified early on so that matters do not escalate. Sue Spiller clarified that early prevention through childrens centres was preferable but this was difficult where people were not in touch with or accessible by, service providers. It was noted that whilst many of the clients did not work, there were also those that did not fit the benefit profile, were in work but struggled. Such clients had a myriad of issues to deal with.

The Chair commended Daphine Aikens for the work of the organisation and enquired whether HFFB communicated more widely with other groups working in, for example, White City and if this could be further explored, together with working more closely with the Council on the issue of storage.

Sue Spiller confirmed that this would be helpful in terms of working with food partners, particularly with regard to initiatives such as the summer programme feeding children on free school meals.

**ACTION:** Sue Spiller

**79. DRAFT CLCH'S QUALITY ACCOUNT FOR 2015-16**

The Chair welcomed Katie Wilkins, Assistant Head of Quality (Interim), Central London Community Healthcare NHS Trust (CLCH). It was noted that whilst the deadline to respond to the consultation had passed, urgent comments could still be incorporated. Members expressed concern that the version of the document included in the agenda had been further amended.

In response to a question from Patrick McVeigh, Katie Wilkins confirmed that the reviews were conducted by a third party organisation that asked questions about the patients experience, CLCH was not involved in this process and tried to ensure that patients were aware that their comments will not affect the quality of the treatment they receive. Responding to a query from Councillor Andrew Brown, Katie Wilkins acknowledged that figures under Preventing Harm did not present a good picture and assured members that this was taken very seriously. Commenting on the figure for pressure ulcers (212 to 416), target to achieve 50% reduction, was a significant contributor to the overall increase. This had been addressed with a specific pressure ulcer app in order to train staff and improve awareness. Continuing the discussion around the reduction in medication incidents (from 73 to 36 year-end), it was understood that better training awareness was a problem area that had been addressed for example by improving labelling and packing of medicines. Katie Wilkins affirmed that publication of the figures clearly identified areas requiring improvement.

Councillor Hannah Barlow referred to the staff survey results and a quarter of staff (24%) experienced bullying. Katie Wilkins acknowledged that this was a large, national issue and that the Human Resources Team had conducted more in-depth analysis. Each recorded incident was reviewed and protocols established to ensure enhanced supervision and training for not just for an individual, but for that entire team. It was noted that Peter Coles had been recently been appointed Chief Executive (previously interim). Councillor Joe Carlebach commented on the lack of detail for children's health services and expressed concern as to the lack of reference to paediatrics.

**ACTION:** CLCH

Councillor Vivienne Lukey (Cabinet Member for Health and Adult Social Care) commented on learning from serious incidents and best practice derived from shared learning. Councillor Lukey noted that there was no mention of safeguarding incidents and asked the extent to which the organisation was outward facing and Kate Wilkins confirmed that it was. Sue Spiller clarified that protocols had developed around sharing good practice with health colleagues. In response to a comment from Councillor Sharon Holder, with

reference to the absence of Appendix 1, Complaints Annual Report, from the draft document, Katie Wilkins confirmed that the report would be attached in the final publication.

**ACTION: CLCH**

Councillor Natalia Perez identified that there were particular challenges inherent in obtaining accurate feedback and enquired how CLCH captured data from individuals with learning disabilities. Katie Wilkins confirmed that the organisation responsible for this was independent of CLCH and applied appropriate methods and tools to capture the data qualitatively. It was noted that many patients were reluctant to give negative feedback. Councillor Perez was keen to receive further details about the methods deployed for patient engagement to ensure an equitable representation of perspectives.

**ACTION: CLCH**

With reference to dementia and diabetes, Katie Wilkins responded to a query from Councillor Brown. It was explained that the CQUIN payment framework did not spearhead funding and that there were some difficulties as this was tied to quality improvement targets. Councillor Vaughan noted the signals offered by the traffic lighting of figures and also points regarding funding of training. He recommended that more information be included in the report for 2017/18, particularly children's services and safeguarding. Further detail about pressure ulcers and medicine harm incidents should also include. He also be made further reference to the methods used to capture data through feedback and details on this and patient engagement were important for the Committee to view.

**ACTION: CLCH**

## **80. CLINICAL SERVICE IMPROVEMENTS - PROPOSED NEW PATHWAYS FOR ACUTE MEDICINE AND CHEST PAIN PATIENTS**

The Chair welcomed Mick Fisher, Head of Public Affairs and Dr William Oldfield, Deputy Medical Director, from Imperial College Healthcare NHS Trust. Dr Oldfield outlined plans to adjust acute medical and chest pain patient pathways. Currently, patients would be admitted and could wait several days before seeing a specialist doctor. With specialisms becoming increasingly hi-tech, the aim was to ensure that delays were reduced and that the patient accesses appropriate treatment more efficiently. To illustrate, following initial assessment a renal patient will be seen by a renal specialist, without the buffering through an acute medical assessment stage, maintaining the same level of intervention but without any delay. Dr Oldfield stressed that the number of beds will remain static. In Hammersmith Hospital, in the cardiology station there would be an additional 15 beds and 8 beds for renal and haematology patients, he confirmed there would no bed closures. Dr Oldfield commented that the hub and spoke model was already operational in terms of cardiology at Hammersmith Hospital. Councillor Joe Carlebach commented that it would be helpful to receive detailed information on bed numbers and allocation indicating the previous position and how this changed.

## **ACTION: ICH**

Debbie Domb, Disabilities Campaigner, enquired whether the length of time for treatment would be longer if she were to be admitted on a Saturday. Dr Oldfield confirmed that this was a 7 day a week, 24 hours a day service and would not impinge on the availability of the service. He reiterated that no beds would be lost. In response to a point raised by Councillor Hannah Barlow, Dr Oldfield replied that staff rotas would become more robust as a result of the changes, removing any delay to specialist treatment will also mean greater long term resilience for service delivery and patient care. Councillor Brown, enquired about stroke services and Dr Oldfield confirmed that this was already operating under this model, the difference being that London Ambulance Service (LAS) would transport an acute stroke patient directly to the nearest hyper acute stroke unit. This will continue to be the case for suspected heart attack patients conveyed by LAS to the heart assessment centre at Hammersmith Hospital whilst the new chest pain pathway establishes itself. Eventually, it was hoped LAS will also transport other cardiac-origin chest pain patients directly to the nearest specialist unit.

Responding to a query from Councillor Andrew Brown, Dr Oldfield confirmed that the 10% of patients were referred by GPs (outpatients), and approximately 10-15% were seen by emergency services. Developing this point further, Councillor Holder asked what would happen to a patient that presented themselves (without chest pain) to a hospital and Dr Oldfield explained that they would be transferred to the appropriate site. Councillor Holder requested an assurance that the consultation process would actively engage the public and how this would be managed.

Councillor Vaughan sought additional assurance that the consultation would be of sufficient length as well as fully engaging a range of patients that might be affected by the proposed changes. An inclusive consultation process would alleviate any concerns and clearly explain how the service works going forward. Confirming that the consultation had been launched on 13<sup>th</sup> June, comments would be sought from Healthwatch, staff, CCGs, cardiac and renal patient groups and external stakeholders up to 15<sup>th</sup> July before a decision was taken at the Trust Board public meeting at the end of the month.

Councillor Vaughan thanked the Trust for the presentation and recognised the rationale that, in terms of Cardiology, this was an extension of current practice so that those who are both at risk or are in the process of having heart attacks are going straight to the specialist site, potentially eliminating any delays. The Committee was supportive of the proposal going forward and plans to grow the service but would like to see the baseline figures in terms of how the number of beds might be configured at each site. In addition, it would also be useful to know Cardio mortality rates to produce comparative before and after data, during the change implementation period. Similarly, to see if the cost predictions from the changes materialise as anticipated. Councillor Vaughan asked that an update as to progress on the service changes be reported back by the end of 2016, early 2017.

## **81. WORK PROGRAMME**



The Committee noted the Work Programme for the remainder of the municipal year.

**82. DATES OF FUTURE MEETINGS**

The Chair, Councillor Rory Vaughan informed Members that a suitable replacement date was being sought to replace the meeting currently scheduled for July and that Members would be advised as soon as possible.

Meeting started: 7.00 pm  
Meeting ended: 9.40 pm

Chair .....

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