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

Minutes

Monday 12 September 2016

PRESENT

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

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

Other Councillors: Sue Fennimore, Vivienne Lukey.

Officers: Vanessa Andreae, Vice-chair, NW London CCG, Liz Bruce, Executive Director, Adult Social Care, Janet Cree, Managing Director, NW London CCG and Jane Wheeler, Deputy Director, Mental Health Strategy and Transformation Team, NW London CCG and Lucy Rumbellow, Primary Care Lead – Immunisations, NHS England.

83. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 14th June 2016 were agreed as a correct record.

84. APOLOGIES FOR ABSENCE

None.

85. DECLARATION OF INTEREST

Councillor Andrew Brown declared an interest as Managing Director of Santevis Limited.

86. NW LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

This item was withdrawn.

87. CHILDHOOD IMMUNISATION - PERFORMANCE UPDATE AND PRIORITIES FOR 2016-17

Councillor Rory Vaughan welcomed joint presenters, Vanessa Andreae, Vice Chair of the H&F CCG and Lucy Rumbellow, Commisioning Lead – Immunisations, NHS England. Vanessa Andreae explained that the membership of Immunisation Network Group was drawn from a number of local organisations and agencies including the local authority and H&F CCG, amongst others. Councillors Lukey and Holder had attended events organised by the Group and updates on the service provided were available.

Lucy Rumbellow outlined briefly the programme which during 2015/16 offered flu immunisation for children of two and three years age, and also, school years 1 and 2. A review of flu rates amongst primary school children had resulted in targeted practices in two or more cohorts, based on the view that a target of 40% would help ensure prevention, providing immunity for older members of the family by limiting transmission and thereby reducing rates in older people, concurrently. Practices would make up to three attempts to contact parents and ensure that appointments are kept. Practices were encouraged to develop action plans following national guidance.

Vanessa Andreae explained that approval for a pharmacy pilot project was due to be signed off, with the aim of administering vaccines to a 1000 children, aged 3-5 years, in Hammersmith & Fulham. Feedback from a children's centres pilot project conducted in 2015 indicated ad hoc take up of vaccines from local pharmacies. The CCG were exploring service led agreements with pharmacies and identifying training needs, although the timing of when this could be delivered needed further consideration. They had initially identified pharmacies in convenient localities such as shopping centres and high streets.

Councillor Vaughan touched on the fact that pharmacies had not previously been permitted to administer the vaccine to children and Vanessa Anderae clarified that this was more an issue relating to the porcine gelatine content of the vaccine as opposed to actual administration. They were also consulting and working closely with community champions and faith leaders to address this.

Looking at the data from the Child Informatics Service (CHIS) reported to NHS England, Vanessa Andreae explained they were building in procedures to ensure that they could extract data indicating where a carer has been

contacted three times, as this was also useful in developing a targeted approach.

Janet Cree, Managing Director, H&F CCG expanded further and, parents residing on the bounderies of two boroughs, have had the benefit of living in one and obtaining services in another. In terms of skewing data, Lucy Rumbellow confirmed that they looked at the resident population in the borough and that this was an issue that they were aware of, particularly in London. This was one of the reasons why GPs were asked to record data on babies registered with the practice and updates records accordingly.

Councillor Joe Carlebach highlighted the problem of capturing data, particularly from those obtaining treatment from private practice or “ghost patients”. Vanessa Andreae acknowledged this was a complicated issue and that it was not possible to identify that particular information. What was helpful to understand was that regardless of which borough, the data obtained through the NHS was captured and collated in the same way by practices. Drawing on her own nurse practitioner experience, Vanessa Andreae acknowledged that her practice also saw patients registered in neighbouring RBKC. She continued, explaining that one of the actions which arose out of the previous discussions was the intention to write to schools and include requests for a child’s immunisations record, as part of the application process on entering or registering for school.

In the detailed discussion which followed this suggestion, Members of the Committee were broadly supportive of the idea of capturing such data at the start of the admissions process but acknowledged that the implementation, structure and delivery of this would need to be carefully developed. Councillor Lukey, suggested that officers from Children’s Services were invited to attend future meetings of the Committee, in order to respond to policy questions that fall within service remit.

ACTION: Children’s Serivces / H&F CCG

Councillor Carlebach queried a possible conflict of guidance offered by GPs and schools, and the advice to keep children at home following infectious illness. Some schools asked that parents provided a medical certificate from a GP following three days illness. Vanessa Andreae clarified that it was now possible to self certify for up to five days and that school policies varied on this. She also commented that if a child was off school for three days, they should see a GP. It was noted that most surgeries offered a triage service with a phone consultation, assessing need over the phone, for example, febrile or not, and would be seen depending on the outcome of the assessment. Discussing the wording about the need for a medical note, as posted the LBHF website, it was acknowledged that this open to interpretation and could be further clarified. Liz Bruce, Executive Director , Adult Social Care, commented that this had been raised previously with Children’s Service and the Director of Public Health and concurred that greater clarity should be sought.

Councillor Vaughan asked whether parents were expected to report flu absences to the school or to the GP practice and it was understood that it was acceptable for a child who had been sick for 3 days to the GP. It was observed that it was not a case of using up valuable appointment time to simply obtain a flu diagnosis, for the benefit of proving an authorised school absence. Councillor Vaughan commented that parents were expected to evidence and report absences in some cases, implying again a grey area, given the option of self-certification. Councillor Vaughan took the view that there should be greater clarity so that parents clearly understood what they were expected to do.

ACTION: Childrens's Services

Patrick McVeigh referred to page 99 of the report and the 40-60% target for immunisation rates amongst 2, 3 and 4 year olds. Lucy Rumbellow explained that there was evidence to show that the target was sufficient to reduce the spread of infectious diseases. Each new roll out for younger children would add another year group each year. Two, three and four year olds would be picked up by GP's, and the cut-off point would be where the child's 5th birthday fell after 31 August.

Councillor Hannah Barlow referred to the top five and bottom five performing GP practices, what common factors identified them and what the mechanisms were for sharing learnings amongst the better performing practices. Vanessa Andreae confirmed that the top five performers were also larger practices, located in affluent areas. The bottom five were single partner practitioners, serving a less affluent demographic. The lower performing practices were co-operating with the CCG to explore ways in which target rates can be achieved, without resorting to more formal methods to facilitate improvement. Operating on the basis of centralised hubs, practices that did not have a dedicated nurse practitioner were able to book immunisation appointments accordingly. Although lower performing practices would be accountable if rates showed no sign of improvement, Members acknowledged that parents too, had a responsibility to follow up appointments.

Councillor Natalia Perez enquired about Meningococcal B vaccine for under two's and the Meningitis ACWY vaccine for university students, particularly, the wider availability of the vaccine. Dr Mike Robinson, Director of Public Health, explained that the Department of Health co-ordinated the introduction of new vaccines. Meningococcal B was introduced as a new vaccine for babies born on or after 15 July 2015, and its restricted expansion included certain age groups. Data spikes in young children and young adults indicated that a targeted approach was warranted but that it was not cost effective to vaccinate everyone.

Vanessa Andreae explained that it was important to stress the wider community benefits of the vaccination programme as it contributed to the overall reduction of this strain of meningitis. It was also explained that GP's cannot charge for administering vaccinations available on the NHS, from their own practice without breaching their terms of service. Most parents would not be able to cover the cost of paying for vaccinations and it was further explained that Department of Health guidance stated that single vaccines

would not be available on the NHS, due to their lack of efficacy when administered individually. It was accepted that parents would be anxious but in light of the current working being undertaken, the outlook was much improved compared to the previous year. It was noted that parents who were thinking about private vaccinations or vaccinating abroad should ascertain the origin and quality of the vaccines being administered.

Councillor Brown queried whether the data received was a reliable indicator of immunisation rates, highlighting the difference between practice figures and figures from NHS England. Dr Robinson took the view that the figures were a true representation and it was noted that data could be slightly skewed, given that they precluded vaccines administered in private practice or abroad. Councillor Vaughan queried some of the data which had declined significantly over a three year period (MMR – 24 months 80.8% to 73.4%). Lucy Rumbellow speculated that there were local issues around GP System One TTP data in in different practices. She outlined the complex process undertaken to extract and cleanse the data by the Child Health Informatics Service (CHIS), which was then submitted to NHS England for analysis. Data for Quarter 1 2016/17 was yet to be published and it was noted that there was a recognised concern that London cover data is lower than the data that is reported. It was also recognised that there were discrepancies between the system models, for which there was no available solution therefore they should be looking at both.

ACTION: H&F CCG / NHS England

Councillor Carlebach responded that it would be helpful to look at data from other boroughs, referring to the high number of private, paediatric GPs in RBKC and drawing comparisons with for example, Ealing. Vanessa Andreae confirmed that there was a high number of private practices in RBKC so the data was not available, noting that in parts of Europe such as Italy, vaccination was mandatory. It was recognised that that there was no pan London schedule to monitor if these figures improved. Outer and inner London figures were mixed together, with the outer London boroughs tending to record higher rates of immunisations. They were optimistic but clear about the significant amount of work required to meet target rates.

Councillor Sue Fennimore, Cabinet Member for Social Inclusion acknowledged comments that the data around childhood vaccination indicated an increased impact on educational attainment and stated that she would welcome joint initiatives to ensure that communities will benefit. H&F CCG welcomed the offer of support to help improve performance and suggested that information could be included in council literature to raise flu awareness, highlighting the need to expand this across all forms of council communication. Vanessa Andreae suggested a change to school policy to include a request to provide dates and information about immunisations on registering for school or an admissions form. This was not normally requested on local authority adminssion forms but there was a need for a robust front door policy when children commenced school. Whilst it was acknowledged that some countries operated mandatory MMR immunisation, this was not likely to be endorsed as feasible in the UK. It was important for

parents to retain freedom of choice and a corresponding responsibility to ensure they were well informed.

Councillor Vaughan referred to the four pilot sessions held in two local schools in 2015. It was acknowledged that whilst the pilot was effective, there were financial and resource implications that needed to be considered. Although the model of consent was harder to achieve in different age groups, the process administering vaccines in schools must be made more robust.

Councillor Vaughan enquired if the specific learnings acquired from the pilots had been taken forward. Vanessa Andreae stated that there was a sharing of best practice arising from the pilots. The Pan London Steering Board was an excellent forum for discussion and helped to avoid 'reinventing the wheel'. She reported that LBHF was one of four boroughs that were well regarded and that there was a lot of interest in the collaborative work currently being undertaken. Communication of the message about the importance of vaccinating was a challenge and it was explained that the schools programme had been given to a newly appointed provider. This meant that there was no historic information to compare with year on year. Vanessa Andrea suggested that headteachers could be included to help facilitate the programme. There were year on year increases in rates of flu immunisation and this in turn, had resulted in a corresponding effect on younger siblings. Children were vectors in terms of their capacity to transmit infections, particularly to young, vulnerable or elderly family members.

Councillor Vaughan reiterated an earlier point, enquiring what might be a suggested approach, mandating schools to capture data at the point of admission, sharing the information with the Department of Health or Education. Liz Bruce outlined the whole system approach taken in Children's Service and expressed support for the concept. She suggested that some pilot work be undertaken to explore the possibilities further. Responding to the question of how LBHF could best support this work, Vanessa Andreae outlined how the collecting of information and communicating the message to parents that this information was important contained on a form or application was an excellent starting point.

Acknowledging that whilst parents were aware of need for immunisations, it was noted that many parents forget or are unorganised about appointments, so strategic incentives or prompts at certain milestones, which ensure that the conversation with a parent about the message has taken place, could be effective. During the discussion which followed, the logistics of implementing a mechanism for collecting immunisation data at a single point of admission highlighted issues around the design of the form, local authority schools (it was noted that private schools already request this information), transfer dates and how parents sourced the details. It was agreed that this could be explored further by the Children's and Education, Policy and Accountability Committee (CEPAC).

ACTION: HASCSIPAC

Continuing the discussion about what the Council could do to support this work, the Committee discussed the eligibility criteria for NHS flu

immunisation. It was noted that those who were fit, healthy or on low income are not eligible for free flu vaccinations. The eligibility criterion was linked to long term chronic illness, being homeless or carers. GP's had discretion to offer the vaccine to anyone else that might benefit and the practice will absorb the cost. Dr Mike Robinson commented that the policy was data based and the list of the eligibility criteria was regularly reviewed.

Councillor Fennimore, whilst broadly supportive of the idea, expressed doubts about collecting the data at a single point of admission and how this would work in practice, given the requirement for a single, pan London admissions form, which operated between September and March. She speculated that it could be included in the information given to parents about the admissions process. In theory, it was possible for parents to provide the information when, for example, they register their interest in a particular school. This was an identifiable "nudge point" but Councillor Fennimore was keen to ensure that any further discussions include officers from Children's Services, particularly to avoid adding further to existing bureaucracy.

Bryan Naylor expressed broad support for the report findings, which he felt had been well presented. He welcomed an approach which advocated the wider community benefit for older people, to encourage better take up of the vaccination by parents.

Councillor Vaughan indicated that he was very encouraged by the collaborative work being undertaken and welcomed the fact that shared learning was a significant factor in the improved rates. He reiterated that the Committee broadly supported the idea of exploring with schools, data collection at a single point of admission and anticipated that officers would take this forward, in addition to referring the suggestion to CEPAC. A further report was planned for May 2016, with a possible update in either January or February.

RESOLVED

1. That a further report is considered in approximately May 2016, with an update to be scheduled for early 2017; and

2. That the report be noted.

88. <u>LIKE MINDED MODEL OF CARE FOR SERIOUS AND LONG TERM MENTAL HEALTH NEEDS</u>

Janet Cree, Managing Director, NW London CCG and Jane Wheeler, Deputy Director, Mental Health Strategy and Transformation Team, NW London CCG, presented the case for change, which used an evidenced based model for care. This had been produced following investigated planned change and the business case scheduled for later this autumn and it was envisaged that this would also include feedback from forums such as this one. Jane Wheeler continued that there was good practice evidenced across the boroughs and that this was an interesting period across the UK in mental health. Bringing this to the PAC meeting for the first time, Jane Wheeler explained that there

was a whole system strategy, which set out issues and challenges but they aimed to make change happen locally.

The single point of access, 24 hours a day, seven days a week, was to central to having this service, with referrals from LBHF, local agencies and the Police, although she advocated early interventions that would prempt the need for Police invovlement. There existed good services on which to build upon and the Mental Health Team Strategy (MHTS) local targets reflected national targets for 2020. With reference to the graphic on page 89 of the report, the single box provided a useful framework highlighting priorities. Focusing on eating disorders (workstream for April 2016), this was just one of a number of worksteams which had been previously endorsed.

The overall aim of achieving a holistic support system in place was to ensure continued improvement in the qaulity of care for those with Serious and Long Term Mental Health Needs (SLTMHN). It was explained that people were reviewed in different parts of our system. They should be identifiable on discharge and picked up by other parts of the service, as appropriate. Achieving integrated transformation across social care was necessary to achieve a holistic approach, to illustrate, they were trying to develop work with colleagues in housing. The impact on service users and carers in LBHF would be to simplify care journeys, making it easier to access services that eminate from a single point of contact.

In responding to a query about no beds being available and the alternative service options in that scenario, how this would really work in terms of service change and whether this was the right configuration to rapidly access services, Janet Cree outlined that the CCGs were pleased to engage closely with local services provided by organisations such as MIND and Mencap, which they viewed as critical friends. Councillior Brown congratluated them on the report, which he felt did much to challenge the stigma surrounding mental heatlh and to ensure that these were addressed with equal assurance as with physical issues.

Patrick McVeigh briefly outlined the case of an acute patient who was a manic depressive and had committed suicide. She had not been admitted as it was deemed acceptable to release her into the care of her 18 year old daughter. Enquiring about monitoring methods, in the borough, this had not been picked up until the detials of the case had come to light at the Coroner's Enquiry. Jane Wheeler explained that sharing data was possible but there were inherent difficulties in suicide prevention that made it very difficult to share data and use it as evidence. In this case, there would have been a time lapse in receiving the data from the Coroner's office. Dr Robinson added that although these numbers were relatively small, it did not preclude learning points being identified. Patrick McVeigh enquired what the specific number of cases were and it was agreed that the data from the Coronor's office could be shared. It was noted that as part of the service, deaths from suicide occuring in hospital would be subject to mortality reviews at the Clinical Quality Review Committee, and that this formed a small part of adult safeguarding. Jane Wheeler commented that there was more GP support availble in LBHF than other boroughs.

ACTION: H&F CCG

Bryan naylor commented that within an aging local population, it was hard to identify mental health needs before they became acute. There was a need to work more closely with services to address the fear that many older people had about illnesses such as Alzhiemers or demntia. He highlighted concerns about obtaining diagnosis and earlier intervention. Jane Wheeler acceptted that this aspect of social isolation needed to be addressed and would form part of the Sustainability and Transformation Plan (STP). This was not just an issue affecting older people but adults too. She explained that the NW London level there was a steering group meeting to address this. It was a forum of local community groups, working throughout the local community to support themselves, in addition to working with the local community. She cited Brent as a good example of this practice. Councillor Fennimore commented that this was an important aspect of mental health work and should form part of the work programme. The opportunity to meet with members of Age UK to disucss their concerns was acceptted.

ACTION: H&F CCG / Age UK

Janet Cree continued, adding that there was joint dementia review being undertaken, working across dementia services and recognised that there was an issue around post diagnostic support. She concurred that the focus had been on process and that there was a need to improve the diagnostics in terms of clinical pathways with a view to redesigning them. Reiterating concerns by some Age UK members, Bryan Naylor highlighted issues such as memory loss and forgeting words, as being early warning signs and that GPs did not have sufficient time or resources to allay fears. Vaness Andreae explained briefly the process be which GPs could draw initial conclusions by asking three questions: name and address, time on the clock, and to remember three words given to them at the start of the conversation. A referral was made if the answers were inadequate. She briefly made reference to the a suggestion that GP's could make slightly longer appointments allowing sufficient time to administer the diagnostic test. The possiblity of greater publicity and sharing the information on public forums was also raised.

ACTION: H&F CCG

Councillor Barlow made reference to the SLTMHN box diagram on page 90 of the report and enquired about the transition of childrens services into the new modal of care. Jane Wheeler confirmed that this was a long standing problem and part of the work undertaken in LBHF was with the Anna Freud National Centre for Children and Families. It was acknowledged that there were different points of transition. In terms of transition services such as out of hours provision of Children and Adolescent Mental Health services (CAMHs), it was noted that the 16/17 age group was skewed towards young women. They were looking at how emergency services were being accessed through urgent care pathways. Councillor Barlow commented on the correlation between age and health need, and the resulting impact. She enquired whether other services within the borough were sufficiently integrated in order to identify potential causes such as poor living

arrangements. Jane Wheeler confirmed that they had tried to engage jointly where children were transitioning with a view to sharing solutions.

Highlighing the integrated model of care, Councillor Barlow asked about how information in such cases could be shared, for example, where a patient presents at the GP practice. It was understood that sharing of information between primary and secondary care was a complicated area and that there were concerns about sharing patient information, although this had improved. Refrering to earlier comments about single point of access contact, GP access to patient records, the requirement to seek patient permission to share data, had to be respected.

Councillor Barlow enquired about the eating disorder workstream and what the criteria was. The requirement to work across boroughs, indicated a need to ensure that they demonstrated resilience to operate in this way, was acknowledged.

Enquiring about the single point of contact, Councillor Natalia Perez asked about improvements to the referral process, potential first contact and referral pathways in the volutnary sector, with organistions such as Mind and Mencap. In the case of individuals with low incomes or on benefits, there were inherent challenges in evidencing mental health need. Jane Wheeler explained that the number of Police referrals was high and not necessarily an ideal way of identifying need. This was illustrative of the current difficulties that they were seeing and that ideally, they would not want people to be identified through contact with the criminal justice process before accessing the services they needed. This also concerned the raising of awareness about how to improve access to services and the sharing of information. The single point of contact in terms of urgent care response within 4/12 hours of being seen, was a gateway to voluntary sector services. Access was not just through health services but through accessing benefits.

Councillor Perez enquired there the challenges to the new model of care would result in any cahnges to the number of beds required. It was confirmed that there were no plans to close beds although it was noted that some patients do refuse beds, prefering to access services from within the community. If this provision can be correctly configured then funding for beds could be diverted to community based solutions. Responding to Councillor Perez's point about the lack of availability of a local bed and the need to transfer out of the borough, it was explained such a transfer would be counterproductive, resulting in higher re-admission rates. The aim was to keep people healthy and out of beds and this required tight management on bed numbers. Liz Bruce confirmed that the borough did have to find beds outside of the borough, when necessary. The CAMHs service was highlighted as a good example where they were struggling to provide sufficient, long term specialist bed care.

Janet Cree continued that a few referrals were made by sheltered housing/ illustrating poor sharing of information between housing and social care. She gave an example where an elderly lady had repeatedly locked herself out of her sheltered housing accomodation and had been subsequently fined. It

was noted that there was a need to improve the existing configuration of services before adding new services, if the whole system was going to work in a conjoined and uniform way. Councillor Brown endorsed the need for a better interface between health and housing, citing the example of young addict who, following a transfer for treatment outside the borough, had returned to the area and had found it very difficult to be placed in local accomodation.

Vanessa Andreae concurred with the view that there was a correlation between living environment and mental health issues, and observed that there were increasing numbers of cases being presented with multiple, linked needs. She advocated that services be preventative rather than reactive.

Councillor Vaughan enquired about the process of consultation and engagement. It was confirmed that this had been presented across the boroughs by the collaboration of CCGs and would only go to formal consultation if there were an impact on the number of beds or significant service redesign. Noting the various actions that had arisen out of the discussion, Councillor Vaughan thanked the presenters for the report.

RESOLVED

That the report be noted.

89. WORK PROGRAMME

Councillor Vaughan briefly highlighted a number of items that were planned for the following two meetings taking place in October and November. These included an item on the public health report, adult safeguarding and the CAMHs report (received by CEPAC in June).

RESOLVED

That the work programme for the remainder of the municipal year 2016/17, be noted.

90. DATES OF FUTURE MEETINGS

The Committee noted that the date of the next meeting will be Thursday, 20th October 2016.

Meeting started: 7PM
Meeting ended: 10PM

Chair ....

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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.