

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

Thursday 20 October 2016

PRESENT

Committee members: Councillors 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: Sue Fennimore and Vivienne Lukey

Officers: Cynthia Folarin, Deputy Director of Public Health, RBKC
Colin Brodie, Public Health Knowledge Manager, Angela Caulder, CAMHS Joint Commissioning Manager, NW London CCG, Fiona Murray, Transformation Project Manager, NW London CCG, Lesley Watts, Chief Executive, Iain Beveridge, Consultant Physician & Gastroenterologist / Associate Medical Director, Chelsea and Westminster NHS Foundation Trust, and, West Middlesex University Trust

91. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 12th September 2016 were agreed as a correct record.

92. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Hannah Barlow, Sharon Holder and Sue Macmillan and Co-optee Debbie Domb.

93. DECLARATION OF INTEREST

Councillor Andrew Brown declared an interest in Items 5 and 6, as Managing Director of Santevis Limited, and provided healthcare consultancy advice to

Leidos Health UK. Councillor Joe Carlebach declared an interest in Items 5 and 6, as an Ambassador for Mind, that his wife was a trustee for Mind and that his niece was employed by Mencap.

94. ANNUAL PUBLIC HEALTH REPORT 2015-16

The Chair welcomed Cynthia Folarin, Deputy Director of Public Health, RBKC and Colin Brodie, Public Health Knowledge Manager, who jointly presented the Annual Public Health Report, 2015-16, from the Director of Public Health covering the three boroughs. The report, "Sitting is the new Smoking" was a statutory requirement and focused on three key messages: physical activity is good for mental health; any physical activity was better than none; and everybody active, everyday. The report focussed on the importance of physical activity, to those segments of the population that are physically inactive. The report particularly contributed to improving the health and well-being of the local population and highlights health inequalities.

Bryan Naylor, Co-optee, expressed concern about the repetitive nature of the report and that it only addressed one part of the overall subject. He referred briefly to the loss of funding for a variety of activities within the borough, several of which were recommended in the report. Colin Brodie responded that the intention had been to produce a document with a short, focussed message that would be easily accessible by the public, to highlight the dangers of physical inactivity. Councillor Vivienne Lukey added that the Director of Public Health had selected this as the theme for the report and was in addition to other, more detailed public health reports focusing on LBHF, which she suggested be circulated to members. It was accepted that the aim of the report was to provide a brief, clear message but Mr Naylor also asserted that the report failed to convey its intended message with sufficient depth.

Councillor Natalia Perez referred to the increasingly sedentary lifestyle resulting from the amount of time spent using smart technology. Referring to the activities highlighted in the report such as cycling, walking and swimming she enquired if any of the recommendations had been informed by the provision of subsidised services at a local level, observing that privately-run gyms were expensive. Colin Brodie affirmed that the recommendations demonstrated a case for longer term investment in activities to save on the possible cost of future healthcare needs. Opportunities for health benefits resulting from low cost physical activities such as gardening and housework could form part of a daily routine, as set out in the get going campaign, signposting no cost and low cost activities. Councillor Lukey added that the Council was in the process of refreshing its sports and leisure strategy, in addition to a physical exercise strategy.

Councillor Lukey also referred to a free event in Normand Park being organised in partnership with Queens Park Rangers Football Club. It was acknowledged that whilst there might exist an association between the use of smart technology and less physical activity, the evidence to refute this required further analysis. Colin Brodie continued, observing that activities requiring physical exertion were being filtered out of our daily lives, by for

example, multiple car ownership or not walking to school. It was acknowledged that it was difficult to obtain local empirical evidence to support this link, which was only available at a national level.

Patrick McVeigh, Co-optee, welcomed the report and briefly referenced his personal experiences and subsequent cardiovascular rehabilitation treatment. He suggested that more could be done to raise awareness of the way in which blood pressure indicated changes in health and that better education would be helpful in identifying possible ill-health earlier. He referred to page 78 of the report, indicator 30, Under 75 mortality rate: cardiovascular, and, indicator 9, Obese children (Y6), both of which were higher than RBKC and WCC. He enquired if it was possible to initiate a programme to capture data about levels of physical activity in schools and suggested that this could be used to engage with children about what it means to be healthy.

Colin Brodie responded that data was not routinely collected from schools and that latest available data was from 2009/10. He understood that there was currently work being undertaken as part of the Healthy Schools Partnership and explained that they had planned to meet with sports and leisure colleagues to explore how the key messages could be embedded within existing campaigns. He added that the slightly poorer performance figures may be due to several factors but could warrant further exploration.

Councillor Joe Carlebach acknowledged that physical activity improved mental health but commented on the life expectancy of people with physical and learning disabilities and asked how this could be addressed and enquired about the lack of reference to mental health champions. Colin Brodie referenced a list at the back of the report giving useful contact links. He acknowledged that in trying to keep the document short, the positive message about physical activity and good mental health had not come through. Whilst it did much to raise the profile generally, it could go further. To illustrate, they were aware of the health inequalities affecting black and ethnic minorities or people with long term health issues, and the link to deprived areas.

Councillor Brown commented that he appreciated frustrations inherent in trying to make small changes in public behaviour, to effect bigger changes, referencing the Mayor's bike scheme which he hoped to see further extended across London boroughs. He also expressed the view Public Health needed to be more revolutionary and that Public Health was about affecting changes in behaviour. Councillor Fennimore informed the meeting that Councillor Lukey had recently attended a second meeting of the Disability Commission, and anticipated that they would cover several of the issues raised by Members, which could be reported back to the Committee.

Councillor Vaughan welcomed the report and commented that whilst it had focussed well on one issue, it would have benefitted from having more local and recent data, particularly the data around schools, although acknowledging the difficulties in obtaining the latter. He went on to say that the report succeeded in being a readable and accessible, public document and supported the short, focussed approach taken. In response to a final question, Colin Brodie explained that there were several local events and

activities being undertaken across the borough, broadly supporting the key messages in the report. He commented that they did not want to duplicate local campaigns that were also conduits for promoting health messages and welcomed further input as to how such messages might be promoted.

Councillor Vaughan concluded by enquiring how the Council could assist Public Health in obtaining the data required and what work was required. Councillor Fennimore observed that positive impacts on health resulting in, for example, lower levels of heart disease, would not result in immediate changes but would have long term impact.

RESOLVED

1. That the planned work on the sports and leisure strategy, in addition to physical activity, be considered by Health, Adult Social Care and Social Inclusion Policy and Accountability Committee and included in the Work Programme; and
2. That the report be noted.

95. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST - ACQUISITION OF WEST MIDDLESEX UNIVERSITY NHS TRUST: POST-ACQUISITION REVIEW

Councillor Vaughan welcomed Lesley Watts, Chief Executive, and, Iain Beveridge, Consultant Physician & Gastroenterologist / Associate Medical Director from Chelsea and Westminster Foundation NHS Trust (CWFT) and West Middlesex University Trust (WMUT). The presentation provided an update, one year after CWFT acquired WMUT, bringing together two acute hospitals, providing care for between 850,000 and 1 million people, with approximately 1000 beds, combined. With the aim of delivering specialist care to a wider demographic, Lesley Watts explained that they were engaging closely with CCG colleagues to better understand how care could be better integrated. Part of this involved building the right culture, embedding shared values across both sites. Both hospitals retained distinct identities, with healthy competition driving good practice. Staff were highly committed to the integration and commended strong performance to clear governance and leadership. Lesley Watts reported that targets in A&E wait times, RTT (referral to treatment) and cancer and access outpatient waiting targets, had all been met, with A&E being the best performing unit in London. Another positive was lower than expected mortality rates in both hospitals, against the "required improvement" CQC assessment on both sites, prior to the merger. There were continuing challenges, such as the patient experience and staff engagement rates which were expected to decline given the change and integration of the past year, and achieving the £3 million surplus required to release sustainability and transformation plan funding, for which they were on target.

Councillor Brown acknowledged that his perception of the merger had changed, and reflected that he was now convinced that this had been the right course of action, with a rare and successful evolution of the two hospitals, setting a highly positive example to other NHS organisations. In

response to a question as to what could be identified as a failing and what the Council could do to assist, Lesley Watts explained finances remained her biggest concern, together with trying to persuade the organisation that maintaining a surplus was a good strategy to encourage greater investment. She continued that staffing recruitment and the turnover of staff was another issue. WMUT was very much a local hospital, staffed and served well by its local community, with the average age of staff at WMUT being approximately 47, by contrast, there was a very young workforce at CWFT, where the average age was 27. Iain Beveridge confirmed that there was a real crisis in maintaining a medical workforce currently and that because of the changes in the previous year, they were behind the curve on recruitment and retention.

Patrick McVeigh sought assurance that following the EU referendum and the UK's decision to leave the EU, the views of the Trust would be communicated to NHS England. Lesley Watts responded that they had been asked to articulate information about current staff skill levels. As an aside, she reported that CWFT and WMUT had dealt robustly with both staff and patients, who had expressed negative or vitriolic comments about overseas NHS employees following "Brexit", and who had been, respectively, dismissed or removed from patient lists (without jeopardising treatment or care). It was intended that a clear message from the trusts signalled that such negative, ill-informed behaviour was not to be tolerated.

In response to a question from Councillor Carlebach, Lesley Watts explained that they had undertaken considerable work on both appraisals and mandatory training, which were both linked to incremental salary increases. This was built into the induction process and staff were encouraged to think about how appraisals will inform career development. It was acknowledged that workforce retention was an issue, with the turnover rate at 16.2% in London, with one outcome being increased reliance on bank or agency staff.

Councillor Carlebach highlighted a recent constituents experience, following treatment and hospitalisation after a stroke and queried the way in which responsibility for patient care during transfer was managed. Iain Beveridge explained that one of the advantages of the merger was the availability of a wider range of services. The health service was moving towards increasingly collaborative working, forging links with, for example, Imperial College Healthcare NHS Trust.

Councillor Carlebach asked if the Trust could expand on how it would work with the mental health trusts in terms of identifying patients. Iain Beveridge responded that they worked with two acute mental health trusts, in addition, there was an adolescent mental health ward at CWFT. Patients presenting with mental health concerns could be seen within the A&E unit.

Councillor Perez enquired about cuts to local health services, for long term HIV positive outpatients. Iain Beveridge explained that the service, which had been transferred from Charing Cross hospital to Hammersmith Broadway, had received good feedback but the decline in this specialist support service was largely due to reduced resources. Lesley Watts added during the past twenty years, there had been a change in clinical practices,

with more effective treatments, a better understanding of HIV and the greater resilience of patients living with this condition long term.

Bryan Naylor expressed concern about end of life care and the transfer of resources from hospital into the community if “bed blocking” was to be avoided. Lesley Watts responded that community based and GP resources were under pressure and that they were looking at undertaking ward rounds in residential nursing homes. She recognised the need to design and provide such services effectively. Iain Beveridge added that the Trust accepted criticism about the end of life care offered in a hospital setting, which presented challenges, and understood the need to improve palliative care. Referring to the Care Quality Commission recommendations on “Do Not Resuscitate” (DNR), Bryan Naylor highlighted additional concerns about the miscommunication and application of DNR protocols. Iain Beveridge explained that the Trust had well-rehearsed guidelines, developed by senior clinicians, together with families, recognising the inherent sensitivities and challenging circumstances that arise. Conversations around end of life were best undertaken at home and not in the sudden and clinical or acute setting of a ward or hospital.

Councillor Vaughan enquired about electronic patient record system and it was noted that Trust was working with Imperial College Healthcare NHS Trust to develop the new system, which was not yet in place. This was attributable to several factors including patient flow, financial and the introduction of a new system over an existing one. The joint working with Imperial had been a positive learning experience with lessons being learned.

Summarising the discussion, Councillor Vaughan thanked the presenters, noting that the electronic patient records system was work in progress and looked forward to receiving further updates. He welcomed the continuing partnership with Imperial and the fact that WMUT had maintained its own, strong identity and relative autonomy within the structure of the merger, whilst sharing best practice and services. Challenges around staff recruitment, retention and reliance on bank or agency staff were acknowledged, as was the robust approach to staff and patient attitudes, post Brexit. Councillor Vaughan welcomed the work around end of life care, (an item being considered in December) and the collaborative approach sought on palliative care.

RESOLVED

That the report be noted.

96. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH 'TRANSFORMATION PLAN' UPDATE

Councillor Vaughan welcomed Angela Caulder, Joint Commissioning Manager, and, Fiona Murray, Transformation Manager, North West London CCGs, who jointly presented the Children and Young People’s Mental Health (CAMHS) ‘Transformation Plan’ Update. The report brought together the findings of Councillor Alan D’earth’s Child and Adolescent Mental Health

Taskforce Report 2016 and the development of the CAMHS transformation plan. In 2015, the CCGs in collaboration with local authorities, agreed proposals to improve mental health services for young people, which included establishing a community eating disorder service for under 18s, and, to 'transform' local mental health services for young people in line with the recommendations made in 'Future In Mind'. Angela Caulder highlighted the following three achievements:

- The H&F schools pilot, a successful bid to become one of fifteen national sites. This linked ten schools together with CAMHS provision from the West London Mental Health Trust, with two hours per week in school (with a specially trained mental health lead in each school) and several young people seen in school, with a further four schools added to the programme, now extended to March 2017;
- The eating disorders service, established on 1st April 2016, in collaboration with Ealing and Hounslow CCGs, as a hub (Ealing) and spoke (LBHF) model. This was as self-referral service, with cases being seen within four weeks, and, a one week wait for urgent cases and linked to the CAMHS national specifications for eating disorders; and
- Out of hours' service, working with 8 CCGs across North West London, involving both Central and North West London Foundation Trust (CNWLFT) and the West London Mental Health Trust (WLMHT), which had received positive feedback, with the pilot being continued.

In terms of next steps, there were several actions required, including the further integration of CAMHS within existing mental health provision, and, for local authority supported, early intervention help in schools and within the wider local community. Fiona Murray explained that they were working towards developing seamless transition, alignment, and provision with other boroughs, highlighting the mental health referral route and ensuring that the provision is sustainable. In terms of co-production, it was explained that flexible approach was required and that they were working with Rethink, to develop a strategy for LBHF, WCC and RBKC. A children and young people conference was planned, to better understand what worked well and what could be improved, highlighting the use of apps and whether these were helpful.

Councillor Perez welcomed the report and commended the encouraging approach undertaken which was notably child-centred. She sought confirmation about how inpatient beds translated at local level. Angela Caulder explained that within H&F, children did not spend long in A&E. Those that did were offered a CAMHS professional and could be discharged without seeing a doctor. They were looking to increase the number of beds available in 2017/18 and it was noted that whilst there were sufficient beds in London, there was significant take up of them from patients outside London, creating further pressures. WLMHT and CNWL were working jointly on one-year pilot (from April 2017), a new model of care to establish community based, priority local beds for local children. This was in partnership with the Priory Group, who would provide the beds.

Councillor Carlebach also welcomed the report and asked if they had engaged with young people who had learning disabilities, or had approached organisations such as Mencap or the National Autistic Society for input in developing CAMHS services. It was explained that Mencap had contributed when they had attended one of the Anna Freud seminars, in September 2016. Whilst there had not been large numbers of young people with learning disabilities contributing to the development of CAMHS, several charities and organisations had contributed, together with parent champions.

Patrick McVeigh referred to page 24 of the report, and the admission to in-patient rate of 13.4% per 1000 of the and whether this could be viewed as positive or negative. Angela Caulder responded that this was not a question she could answer as the data was from NHS England, covering 2014/15 and could not be viewed as comprehensive. It was agreed that more current data would be sought for inclusion in the report being submitted to the Health and Wellbeing Board meeting the 14th November.

ACTION: CCG

Responding to the issue of transition raised by Patrick McVeigh, Angela Caulder concurred that this had been a long standing concern but offered assurances that the number of children that required transition support services at this age was relatively low. It was noted that the eligibility criteria for adult services was significantly lower. Whilst children with mental health needs that were transitioning would also usually have a comprehensive Local Offer in place, this would end at 18. Normally, there would not be a difficulty in transitioning unless an individual found it difficult to engage with the new, adult service. Angela Caulder informed them that they were currently piloting a tapered transitions model of care for 14-25 year olds with learning disabilities could elect to continue to be seen within the CAMHS service. The pilot would require a pooling of budgets and formed the basis of on-going dialogue amongst health, adult social care and children's services colleagues. Patrick McVeigh questioned whether this approach would succeed in addressing the challenges of transitioning. Fiona Murray acknowledged that whilst there was considerable work to be undertaken, her role was to identify the way in which the pilot was successful, how this could be replicated and the mechanisms by which it could be made to be effective and sustainable.

Councillor Brown welcomed the report but commented that he would have liked to have seen a greater focus on addressing factors such as drug abuse and how this impacted on young people's mental health. From his experience as a governor at the Bridge Academy, he had encountered several cases, where the misuse of drugs had been a significant factor affecting the mental health of a young person. In response, Councillor Fennimore informed the Committee that a meeting was planned with MIND the following week. It was recognised that whilst this had been a continuing problem for several years, MIND had advised her that recent figures had shown improvement, as result of the approach taken by the current administration, although there remained much work to be done. Councillor Fennimore explained that she was currently on the board of governors at the Bridge, and that there was a significant amount of work on going around

drugs misuse and the link to mental health. They were examining the work of the youth offending service in the context of mental health provision, encompassing restorative justice, to address concerns early on.

Bryan Naylor highlighted the issue of those parents who were less able to navigate the network of services and providers, or those who struggled to find the support necessary for them to best assist their children. He was concerned that the same experiences encountered personally for his extended family ten years previously, remained unchanged. The most significant factor was the support, knowledge and expertise of individual social workers. Angela Caulder responded that whilst she acknowledged the challenges inherent within the existing system, diagnosis of neuro-developmental disorders took up to one year to establish, and that waiting times within the borough were amongst the lowest in the country. She continued that there were many different support services available within LBHF, some of which were duplicated and she acknowledged that there was a lack of awareness about services. Information was available online, together with a resource pack which was provided to parents. It was recognised that there was a need for a greater integration of services and that the variety of appointments needed required greater co-ordination and consolidation, benefiting from a joined up approach with possibly co-located teams. The aim eventually would be to have a more integrated, child centric service.

Councillor Vaughan summarised the main points of the discussion which included the achievements of the transformation plan to date and the notable contribution of the Taskforce Group in producing their report, the stigma associated with mental health illness and the responsiveness of the local authority in ensuring the provision of CAMHS. Members agreed that they would like to continue to monitor the development of the CAMHS transformation plan and that it be added to the work programme.

RESOLVED

1. That the Committee continue to monitor the on-going work on developing sustainable Children and Mental Health Services and include this in their Work Programme for 2016/17; and
2. That the report be noted.

97. WORK PROGRAMME

Councillor Joe Carlebach requested that the Committee consider the Sheltered Housing Review report, recently considered by the Economic Regeneration Housing and the Arts Policy & Accountability Committee, at their meeting on 6th September 2016. It was agreed that a copy of the report be circulated to members for consideration, with a view to taking a decision at the next meeting of the Committee as to whether to include the item on the Agenda for the Committee.

Referring to Councillor Lukey's comment about planned work on the sports and leisure strategy, in addition to physical activity, Councillor Vaughan asked that that this be included in the Work Programme.

Councillor Brown requested that an item on increased number of cases of tuberculosis be added to the work programme, considering also a public health strategy for addressing this. An item on the Disability Commission was also agreed for inclusion.

RESOLVED

That the Work Programme be noted.

98. DATES OF FUTURE MEETINGS

The Committee noted that the date of the next meeting will be Wednesday, 2nd November 2016.

Meeting started: 7pm
Meeting ended: 10pm

Chair

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