

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

Monday 2 July 2018

## **PRESENT**

**Committee members:** Councillors Lucy Richardson (Chair), Jonathan Caleb-Landy, Bora Kwon and Amanda Lloyd-Harris

**Co-opted members:** Victoria Brignell (Action On Disability), Jim Grealy (Save Our Hospitals) and Bryan Naylor (Age UK)

**Other Councillors:** Ben Coleman, Patricia Quigley

**Officers:** Olivia Clymer, Chief Executive, Healthwatch; Martin Calleja, Head of Health Partnerships; Olivia Clymer, Chief Executive Officer, Healthwatch; Mick Fisher, Head of Public Affairs, Imperial; Labab Lubab, Partnership Strategy Manager, Housing; Shona Maxwell, Medical Directors Office, Imperial; Julien Redhead, Medical Director, Imperial; and Phillip Sharpe, Assistant Director of Adult Social Care.

## **188. APPOINTMENT OF A VICE CHAIR FOR 2018-19 AND COMMITTEE TERMS OF REFERENCE**

The Chair, Councillor Lucy Richardson invited nominations for the appointment of Vice-Chair. Councillors Bora Kwon and Amanda Lloyd-Harris each nominated themselves and an agreement was reached by a majority vote of 2 to 1.

### **RESOLVED:**

That Councillor Bora Kwon be appointed Vice-Chair of the Committee for the municipal year 2018/19.

## **189. APPOINTMENT OF CO-OPTTEES**

### **RESOLVED**

That the following co-opted members be re-appointed for the municipal year 2018/19:

Victoria Brignell, Action on Disability  
Debbie Domb, Hammersmith and Fulham Coalition Against Cuts  
Jim Grealy, Save Our Hospitals  
Bryan Naylor, Age UK

**190. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Fiona Smith and co-optee Debbie Domb.

**191. DECLARATION OF INTEREST**

Councillor Amanda Lloyd-Harris declared an interest as a Trustee of Lyon Almshouse. Co-optee Bryan Naylor declared an interest as a Trustee Director of Hammersmith & Fulham Age UK.

**192. MINUTES OF THE PREVIOUS MEETING**

**RESOLVED**

The minutes of the previous meeting held on 13 March 2018 were agreed as an accurate record.

**193. HEALTHWATCH**

Councillor Richardson welcomed Olivia Clymer who presented a brief, verbal update. Outlining the remit of Healthwatch, which was publicly funded and covered the Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham. Current areas of focus included young people and what they wanted from healthcare; local engagement with young people from age of 16-25 and the lack of robust information for them, challenging the assumption that young people prefer to access everything online with increased levels of digitisation. An Interim report was anticipated by November 2018.

**RESOLVED**

That the verbal report be noted.

**194. IMPERIAL COLLEGE TRUST'S DRAFT QUALITY ACCOUNT 2017/18**

Shona Maxwell, Professor Julien Redhead and Mick Fisher were welcomed to the meeting. Councillor Richardson briefly explained that the Committee had unfortunately missed the opportunity to scrutinise the Draft Quality Accounts for 2017/18 due to the timetable imposed by the Care Quality Commission and because of local borough elections purdah.

Professor Redhead acknowledged that areas for improvement had been identified. The Trust was currently placed in the top five nationally with strong performance on cancer, achieving the 60-day standard. However, they had continued to struggle with Accident and Emergency (A&E). The Trust aimed to continue engagement with residents and key priorities had been channelled into the draft strategy. Key performance indicators were to be monitored through the Trusts own governance structure.

Mr Naylor asked how Imperial were specifically addressing the concerns of older people who must navigate complex silos and site pathways. Professor Redhead responded that this was a local and national concern and that they were working to improve things like signage around the Trust's sites.

Councillors Caleb-Landy and Kwon highlighted concerns about the Trusts plans for Charing Cross and the uncertainty around these. There was no mention of the future of Charing Cross in the Trusts Annual Report but there was a reference to further investment for site improvements. Professor Redhead confirmed that there were no plans to close the Charing Cross for the foreseeable future and that the Trust would continue to invest in the site, including A&E. Councillor Kwon pointed out that the end of the current comprehensive spending review 2021 was only three years away and that the promise of investment did not offer reassurance given that there were no plans beyond this. Professor Redhead confirmed that the Trust continued to work with the CCG to provide the best plans for patients and the future configuration of services.

Recruitment and retention of nurses across the NHS workforce was highlighted as a concern by Councillor Lloyd-Harris. The Trust recognised that nursing was in crisis and welcomed any suggestions that might address this.

Merrill Hammer (Save Our Hospitals) raised concerns about the way in which the NHS consulted, particularly about consultation on changes to A&E. Professor Redhead explained that this was a cost issue and under review. There were difficulties in redeveloping a site and wider input would be welcomed.

Following a discussion around Delayed Transfer of Care (DTOC), Professor Redhead recognised that there were delays in moving on care and social service referrals, particularly with patients over 7 and 21 days stay. Although this had compared well nationally, a third of patients remained hospitalised for longer than required, and who did not necessarily need to be there.

Councillor Coleman asked about Charing Cross, the Trusts consideration of SaHF (Shaping a Healthier Future) and the CCG's views on plans to downgrade Charing Cross. Professor Redhead said that while the substance of SaHF was referenced, it was the CCG that was largely responsible for its implementation.

Councillor Coleman referenced page 112 of the Agenda and the Quality Report and staff satisfaction, and the how the Trust addressed staff reports

about poor behaviour and performance. Ms Maxwell explained that the Trust had introduced measures to improve the management of performance and encourage greater openness to report incidents. There were staff ward and departmental meetings, standards agendas to ensure staff were on message and consideration about the culture of the working environment. Safeguarding training was offered to staff (adults and children) and the Trust was actively listening to staff. Significant work had been undertaken that could now be translated into tangible outcomes.

Jim Grealy referenced page 102 of the Agenda, waiting list improvement programme, and asked what key factors might impact on a patient's wait time and cause this to exceed 52 weeks. Professor Redhead said that the impact of emergency cases affected routine patient care and delayed elective procedures. Additional factors included the use of patient data sharing and accuracy of information. The issue was not about the number of beds.

Patient discharge and readmission impacted on patients between the hospital and the introduction of a medical and social packages in the community. Lisa Redfern observed that there was little mention of social care. Professor Redhead explained that they were working closely with the CCG and colleagues in social care to ensure that care packages were in place, but that there could be miscommunications about the start dates for care packages. There were also certain ambulatory discharges that were included in the figures provided.

Councillor Coleman commented that there was a joint responsibility between the Council, CCG and the Community Independence Service. He observed that there was often a lack of information and insufficient co-ordination. The Trust was under great pressure to discharge early and there was a significant concern that this would adversely affect vulnerable people. Professor Redhead said that cost was not a factor in decisions to discharge and that a fine balance was maintained in the allocation of resources.

## **RESOLVED**

That the report be noted.

### **195. OLDER PEOPLE'S HOUSING STRATEGY 2017-2022**

Labab Lubab presented the Older People's Housing strategy 2017-2022, jointly produced and published (March 2018) by Housing and Adult Social Care, which aimed to enable older people to live independently. There were four main objectives which included utilising current housing stock, raising awareness regarding available help and to address gaps in communication. A primary objective was to develop a steady supply of high quality housing through strategic Council planning that was suitable for a range of housing needs. The aim was to support older people to maintain independence, a commitment in the Administrations previous manifesto. It was noted that this had previously been considered by the Environment, Regeneration, Housing and the Arts Policy an Accountability Committee (ERHAPAC). Councillor Richardson also confirmed that a joint thematic meeting with members from

this and ERHAPAC on the impact of housing on health and social need was planned for later in the year.

During the discussion which followed, the limitations of Council housing stock within the borough was recognised, particularly those that were inaccessible. Mr Lubab explained that much of these were in blocks and so presented a physical barrier to those using wheelchairs. A comprehensive and detailed assessment was required to update current lists. The allocation of sheltered housing was also a concern, where stock initially earmarked for older people was allocated to other groups, changing the nature of the community.

Mr Naylor asked about frail care units, which were lacking in the Borough. Mr Lubab explained that frail care units offered 24-hour, extra onsite care. There were many homes that could provide day to day care but when older people needed specialist care, they were frequently hospitalised despite not needing clinical care, with an increasing number placed outside the Borough. Councillor Coleman confirmed that the White City development would include 80 extra care units (paragraph 3.12 of the report). It was also clarified that the Council was pioneering more creative options to meet the needs of people with learning disabilities such as home share, facilitating generational partnerships, matching those with low level care needs in exchange for accommodation.

Given the that the Borough had the 4<sup>th</sup> highest proportion of older people living in the borough with long term health condition, Mr Grealy asked whether the interface between social care, mental health and housing had been discussed with the CCG. Mr Lubab confirmed that the Council had begun to address these issues at a local level with the CCG and were working with local teams to monitor social isolation and loneliness.

## **RESOLVED**

That the report be noted.

### **196. DRAFT DISABLED PEOPLE'S HOUSING STRATEGY**

A report on the draft Disabled People's Housing Strategy was presented by Mr Lubab, continuing the earlier discussion around housing needs in the context of health and social care. The Administration's manifesto commitment identified the need for accessible housing as identified in the Disabled People's Strategy, addressing the needs of disabled people in the Borough. Of the four key themes which linked with Disabled Peoples Commission (DPC) report, co-production was key. This commitment recognised the need to have a conversation and to jointly develop solutions for re-engagement. One of the initiatives was to look at equipment (aids and adaptations) and aim for this to be co-produced. There were inherent challenges to achieving this, to identify what services were out there and improve the information about them. This needed to be communicated through accessible channels, to better facilitate disabled people's access to those services.

LBHF was the largest landlord in the Borough and was working to ensure that staff were developed and trained to meet the need of residents with non-visible disabilities. They would work with the Disabled Facilities Group (DFG, chaired by Jane Wilmott) to better understand what housing stock was available and the specifics of any adaptations made on individual units categorised. This would enable the Council to clearly communicate with providers, with the aim of increasing suitable, accessible provision. The recently approved Emlyn Gardens Scheme included 8 units for people with learning disabilities. Challenging silo working was one of the biggest barriers to progressing this.

Councillor Caleb-Landy outlined his interest in mapping need, given that learning disabilities were hidden, and the critical role of having suitable housing during transitional stages, where people were most likely to fall into crises. Mr Lubab said that a preventative, long term plan was to work with families from an earlier point, accepting that there will be changes. They were working closely with Adult Social Care and the allocations team and that the Disabled People's Strategy strengthened this process. The newly formed Preparing for Adulthood (PfA) transitions service illustrated one way of breaking down barriers, challenging silo working. By contrast, it was noted that the equipment service (aids and adaptations) was unresponsive with residents not being listened to. Councillor Coleman confirmed that a resident's satisfaction survey on this would be undertaken and resident's views being consulted on at a later meeting of this Committee.

Victoria Brignell pointed out that there had been no further update to the accessible housing register since 2013 and asked when this would be undertaken. Mr Lubab responded that the Mayor of London had recommended varying target levels in different London boroughs and that this would now be a fundamental task for housing officers. The Mayor of London had recommended that a minimum of 10% (of developments over 10 units) must be accessible. To identify and categorise accessible housing, with lifts or step-free would become an integral part of a routine housing officer assessment.

In terms of wheelchair access accommodation, there was a commitment to increase disabled access homes by 800. Any development exceeding 10 units would be required to have 10% of its units as accessible. Westfield, for example, (currently in the first phase of development) would be required to have 10% of its units as wheelchair accessible. Another key concern (although not in the Borough) was adaptations being removed from adapted units following refurbishment, rather than the unit being suitably reallocated.

Mr Lubab confirmed that it would be possible to put details about dates and information about the update to the accessible housing register online. The challenges to progressing this were clear; housing officers would need to listen to people with disabilities to enable them to get the facilities needed. Early access would shape future service provision and this would have to be built up, with housing officers working closely with housing associations.

Julian Hillman (Chair of Trustees H&F Mencap) commented that the learning disabled will need to be helped and supported by carers and that this would a further consideration, given that this was one of the most disadvantaged groups in the borough. Mr Lubab responded that he would be happy to work with Mencap to crystallise and strengthen this point in the strategy.

Councillor Richardson commented that a Parents Active member had organised for her son to live with a carer using care package payments, Personal Independence Payments (PIP) and that this illustrated how well parents shared resources by grouping together. It was confirmed that the strategy would be a “living” document, and would evolve, subject to further review.

**RESOLVED**

That the report be noted.

**197. WORK PROGRAMME 2017-18**

It was clarified that the work programme would be developed and agreed in accordance with members priorities. A joint meeting with ERHAPAC was agreed, potentially for 4 December 2018, where there dates for both committees coincided. Budget scrutiny was noted for February 2019; and the draft quality accounts (CQC) would considered in March 2019.

**RESOLVED**

That the report be noted.

**198. DATES OF FUTURE MEETINGS FOR 2018/19**

The date of the next meeting of the Committee was noted as Wednesday, 18 September 2018.

Meeting started: 6pm  
Meeting ended: 8.30pm

Chair .....

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