

Health, Inclusion and Social Care Policy and Accountability Committee Minutes

Monday 17 June 2019

PRESENT

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

Co-opted members: Victoria Brignell (Action On Disability) and Jim Grealy (Save Our Hospitals), Jen Nightingale and Keith Mallinson (Healthwatch).

Other Councillors: Ben Coleman

Officers: Lisa Redfern, Strategic Director of Social Care and Anita Parkin, Director of Public Health

9. APPOINTMENT OF VICE-CHAIR FOR 2019-20 AND COMMITTEE TERMS OF REFERENCE

Councillor Bora Kwon proposed herself as Vice-Chair, Councillor Mercy Umeh seconded the nomination:

RESOLVED

That Councillor Bora Kwon be elected as Vice-Chair for 2019-20.

10. APPOINTMENT OF CO-OPTEEES

That the following co-optees be appointed for 2019-20:

Victoria Brignell - Action on Disability (Action On Disability), Jim Grealy - H&F Save Our NHS (Save Our Hospitals) and Jen Nightingale
Jen Nightingale
Keith Mallinson (Healthwatch)

11. APOLOGIES FOR ABSENCE

Apologies for absence were received from Keith Mallinson.

12. DECLARATION OF INTEREST

None.

13. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the open minutes of the meeting held on 24 April 2019 were agreed.

14. UPDATE FROM THE STRATEGIC DIRECTOR OF SOCIAL CARE

The Strategic Director for Social Care provided a verbal update.

Scene setting, Vision, Achievements and Challenges

ASC provided services for 3,100 people with 234 staff, and Lisa Redfern outlined how the H&F vision was to support residents who were vulnerable to be enabled to live independently. Co-production of services offered real choice and control over residents' own lives.

Quality

The Care Quality Commission (CQC) rated two H&F provided services as "outstanding": The Community Independence Service, (CIS), and the Riverside short breaks service. Lisa Redfern explained that they were very proud of these achievements as this meant that they were offering high quality services to H&F's residents. Ofsted and CQC had rated H&F SEND services as very good.

ASC was committed to improving quality of care, working more with primary care to prevent hospital admissions. The special disabilities service (Transitions) with the transfer to adult services commencing from 14 years and upwards was rated as "good".

Home Care

ASC continued to work very closely with all three main agencies and robustly manage and monitor provision. Quality was variable.

Performance

ASC performance on delayed discharges both for acute and non-acute service is very good. We address any quality issues through our quality assurance work and forums, including the Safeguarding Adults Board.

Budget

ASC achieved a balanced budget again for 2018/19, however, the social care budget continued to face significant challenges.

Sovereign Borough Progress

All social care services have been fully disaggregated We have two services, the hospital discharge and emergency duty services which continue to be shared.

The Borough's Safeguarding Adults Board was launched in September 2018 and was well attended by all relevant agencies and appeared to be working very well.

A weekly Footcare service/clinic was established. The cost for toenail cutting was heavily subsidised at £16.00, rather than £60.00. The option of a home visit was also being considered with a possible charge of £32.

The new direct payments service had been co-produced, and the new service was about to be launched.

Councillor Richardson thanked the Strategic Director for her overview and its emphasis on community provision and asked why the NHS did not engage more in similar provision. Councillor Coleman briefly provided context to the establishment of the footcare clinic, how following consultation the CCG had limited the provision of podiatry services to only those who had acute or severe medical conditions. Feetfirst had contacted the Council and this had been supported by the Strategic Director and the Mayor. Councillor Coleman felt that this was something that the CCG should have been able to pursue in partnership with the Council.

Footcare was important as it helped to prevent serious trips and falls and helped those who were too embarrassed about being unable to cut their own toenails. Councillor Kwon suggested that the availability of the service be highlighted to local diabetes charities and community groups as good footcare could help prevent amputations. Good footcare was essential, not just about grooming or appearance, but was much broader than this. Councillor Kwon also suggested that it might be possible to identify those who were not eligible for NHS podiatry services and it was noted that those with diabetes remained eligible.

Jim Grealy commented that the CCG needed to be reminded that health services were for residents and that how their provision impacted on residents. He asked if data could be provided by Feetfirst and hoped that this area of work could spark a conversation with people if they were already in receipt of hospital care. Good footcare was preventative medicine which could potentially save money and improve health and wellbeing.

Victoria Brignell enquired about annual surveys and whether the data and results were published. Lisa Redfern confirmed that these were undertaken each year and that the most recent results would be analysed with the results published soon.

ACTION: Strategic Director to provide this when it became available

Victoria Brignell asked about the proportion of people in receipt of direct payments. Lisa Redfern confirmed that approximately 500 people in residential and nursing care received direct payments.

In the context of homecare, Jen Nightingale asked if there was a correlation between pay and the quality of staff. All carers received a London Living Wage (LLW) however, Lisa Redfern explained that this was only one aspect as had been indicated by recent CQC and ADASS (Association of Directors of Social Services). It was important to recruit carers with the right attitude, who were caring and compassionate.

Councillor Lloyd-Harris reported that she had received complaints from residents about the poor quality of the home care that they had received and asked at what stage did the Council intervene. Lisa Redfern responded that the Council had significantly improved home care monitoring over the past year and that this was also being closely monitored through Councillor Coleman's weekly member briefing meetings.

Councillor Caleb-Landy suggested that it might be possible to identify pinch points through cross-departmental working where residents who have experienced anti-social behaviour or environment concerns could be further supported. He asked if there were plans to have further engagement and dialogue with residents. Lisa Redfern explained that there were several cross-cutting, strategic and operational service boards. Lisa Redfern outlined how the Public Services Reform agenda was to challenge siloed thinking and advocated new ways of working. Formal boards such as the Safeguarding Adults Executive Board, and, the learning disability and mental health executive boards had also been established.

Councillor Caleb-Landy enquired about short breaks and was one of the first services to go but also one of the most important. Lisa Redfern responded that the Council continued to fund short breaks, breaks for carers, day services, direct payment for carers and a range of other options. Councillor Coleman commented that there had been a programme of ring-fenced funding for disabled children services. This had been removed by the Conservatives (in power at the time). Financial challenges had worsened but the Council still provided the service. There were also charities such as Family Fund that were able to offer support. Further information about this was provided at ASC Lunch and Learn sessions which members were invited to attend.

ACTION: Strategic Director to send information to Cllr Caleb-Landy; and to confirm for members details of Lunch and Learn sessions

Councillor Richardson commented on the physiotherapy consultation which had been scrutinised by the Health, Inclusion and Social Care Policy and Accountability Committee (HISPAC). The consultation had concluded, and Professor Tim Orchard and Imperial colleagues would consider the feedback provided by HISPAC. Members would receive a further update following Councillor Coleman's next meeting with Imperial. A paper on physiotherapy and hydrotherapy had been requested from the CCG for the Health and

Wellbeing Board (HWB). It was acknowledged that this may be a CCG funding or contracts issue and Councillor Caleb-Landy suggested that it would be helpful to obtain data about which physiotherapy services can be provided, with a view to further scoping this at HWB.

RESOLVED

That the update provided by the Strategic Director was noted.

15. UPDATE FROM HEALTHWATCH

RESOLVED

That the Committee noted the report from Healthwatch.

16. UPDATE FROM NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillor Richardson provided a brief update on the work of the JHOSC. The member boroughs included Brent, Harrow, Hounslow, RBKC, Westminster and H&F, with Richmond as observers. There had been collective and unanimous agreement that the JHOSC should continue and a work programme was agreed. There was expected to be an additional meeting in July to discuss proposals to unify local CCGs in alignment with Integrated Care Partnerships and this was being currently explored. H&F would be hosting the September meeting, the key themes for which would be scrutiny of CCG financial long-term planning and the impact of GP at Hand and the cost of digital services.

RESOLVED

That the Committee noted the update from NWL London JHOSC.

17. UPDATE FROM SAVE OUR HOSPITALS

Jim Grealy confirmed that Save Our Hospitals had recently been renamed "H&F Save our NHS". He outlined priorities for the coming year, the first being the proposed health budget cuts and the impact on the residents of H&F. A second priority was to look at GP at Hand. There was a need to recoup the cost of the service as the NHS continued to move increasingly towards digital services. It was important to address the natural injustice of this situation or the deficit would continue to accrue. The movement towards the merger of the eight North West London CCGs continued. This would affect eight boroughs, conducting approximately 40 CCG meetings per year. The merge would mean one CCG covering the needs of over two million people, with mixed income and diversity. It appeared illogical that one body could determine health needs and engage services for a wide geographical area. It was explained that HFSON would concentrate on working with residents and advocate the need for local democracy. Additional concerns included the low rate of immunisations in H&F.

Councillor Kwon referred to GP at Hand and observed that the digitisation of the NHS would become increasingly prominent as an issue, continuing privatisation by stealth. Historically, the NHS had a poor track record for this. It was important to recognise that Council lacked the necessary expertise in understanding the issue, particularly given current the rate of progress, which could not be allowed to continue without proper scrutiny. It was noted that one of the key criticisms of GP at Hand was that while they had the technical knowledge, they lacked a critical understanding of local need and diversity.

Jen Nightingale observed that the variation in information technology (IT) varied in different trusts and that it would be helpful if this could be unified, with an overarching technical policy or strategy that could be universally adopted. This would also be more financially efficient, given the large number IT companies that a varied range of services to different trusts. Jim Grealy concurred, that it would be helpful to consolidate buying power to strengthen purchasing power.

Jim Grealy commented on the recent CCG consultation which he felt had not considered the different was in which people now lived their lives and advocated the need for long term integrated care service planning.

Councillor Coleman commented that one of the biggest injustices had been that funding for GP at Hand had come from H&F CCG but this project had benefited those that live outside the Borough. Councillor Kwon agreed and felt that this was the tip of the iceberg, referring to the Aviva Application initiative. She queried whether the App was any good or if it offered value for money, noting that a Tech company had been paid for this development work by the NHS. Merrill Hammer (H&FSON) added that this was an issue that could not be resolved locally, and that NHS England would need to be challenged. One important concern was that digital services such as GP at Hand had not been properly tested and had been implemented too quickly, without regard to residents or GPs and ultimately, has undermined the NHS.

Councillor Richardson thanked Jim Grealy for his update. The work of H&FSON had recently been recognised with a community award at the Borough's civic honours ceremony and welcomed their continued commitment to the work of the PAC and their expertise.

RESOLVED

That the Committee noted the verbal report from H&FSON.

18. WORK PROGRAMME

The Committee noted the draft Work Programme and in addition discussed potential items on measles and immunisations, and cervical cancer. A planned item for July on primary care network had been moved to September. Councillor Caleb-Landy suggested an item on supported employment and to identify opportunities for the co-creation of services, with a view to forming a small working group. Councillor Kwon suggested as link to

GP at Hand, an exploration of digitisation of services and patient experience, with the potential inclusion of Imperial College.

19. DATES OF FUTURE MEETINGS

The date of the next meeting was noted as 11 September 2019.

20. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED

That members of the press and public are excluded.

21. EXEMPT MINUTES OF THE PREVIOUS MEETING

RESOLVED

The closed minutes of the meeting held on 24 April were agreed.

Meeting started: 7.00 pm

Meeting ended: 9.00 pm

Chair

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