

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

Wednesday 4 March 2020

PRESENT

Committee members: Councillors Lucy Richardson (Chair), Mercy Umeh and Amanda Lloyd-Harris

Co-opted members: Jim Grealy - H&F Save Our NHS (H&F Save Our NHS), Roy Margolis and Jen Nightingale

Other Councillors: Ben Coleman and Patricia Quigley

Officers: Jo Baty, Assistant Director, Mental Health, Learning Disability and Provided Services, Adult Social Care; James Benson, Chief Operating Officer, CLCH; Dr James Cavanagh, Chair of H&F CCG; Janet Cree, Managing Director, H&F CCG; Helen Green, High Needs Block Consultant, SEND Linda Jackson, Deputy Director Operations, Strategic Commissioning and Partnerships, Adult Social Care; Mark Jarvis, Head of Governance, H&F, CCG; Dr Nicola Lang, Consultant in Public Health Medicine & Acting Director of Public Health; and Kamal Motalib, Interim Head of Economic Development.

43. MINUTES OF THE PREVIOUS MEETING

Item 1a - Minutes

The minutes of the previous meeting dated 27 January 2020 were agreed as an accurate record.

Item 1b – Update on health actions and Covid 19

Dr Nicola Lang provided a brief overview of the national picture and the Council's response to Covid 19 working with local health partners. Almost 17,000 tests had been carried out, with 85 confirmed cases, an increase from 34 previously confirmed. Most of these were individuals who had travelled from recognised countries or at-risk category countries. Dr Lang reported that Dr Paul Cosford (Director for Health Protection and Medical Director for

Public Health England) had predicted that transmission of the virus was highly likely to increase, and the Chief Medical Officer had also reported similarly. There was currently no vaccination or treatment to prevent infection. When cases were identified swab samples would be taken from the nose and throat and tested by Public Health England PHE). Patients with Covid 19 were then isolated and provided with supportive treatment in special isolation units, in hospital. Extensive contact tracing would then follow, undertaken by PHE. Dr Lang reported that this was the “containment phase”, where cases were identified, contained, and to identify the individuals who that person has been in contact with. The next phase was known as the “delay phase” where mitigating measures were applied to slow the spread of the virus.

The Committee were referred to the recently published government plan to address the increase in the number of confirmed cases. Linda Jackson outlined some of the ways in which the Council had worked closely with PHE and local NHS colleagues. Briefing meetings with health colleagues chaired by Councillor Ben Coleman (Cabinet Member for Health and Social Care) had received a good response and colleagues were working well together. Health and social care colleagues were well prepared and had well-established plans in place to respond. Work was also underway to establish the Borough’s resilience forum which, in addition to representatives from health and social care, also included representatives from the police, fire brigade, and local colleges.

Council internal messaging had reinforced health and preventative measures already in place. A training event for over a hundred frontline staff had been well received and this would be extended to schools. The Council had contacted large, local businesses and employers such as Westfield and contingency planning had begun to address a potential 20% reduction in workforce. Much of this was already in place but the key message was to ensure a measured, calm response to the possible pandemic. The Council was reinforcing the NHS message to contact 111 (by telephone or online, and links to NHS websites were on the Council website) for further advice and information, and to not visit GP surgeries or A&E. All staff emails now had the message “catch it, bin it, kill it”.

Parsons Green (outstanding action)

The CCG to provide a written update, together with a timetable for actions Councillor Coleman reported that he had recently written to the CCG seeking confirmation regarding plans to continue activities at the Centre.

44. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bora Kwon and Jonathan Caleb-Landy (attended remotely by telephone); and Co-optee Victoria Brignell.

45. DECLARATION OF INTEREST

None.

46. SPECIALIST PALLIATIVE CARE SERVICES UPDATE

The Chair welcomed Janet Cree, James Benson and colleagues to the meeting. Councillor Richardson briefly explained the background and that the issue had been considered by members at previous meetings. The Committee had provided the CCG with questions in advance of the meeting with aim of achieving critical insight and Councillor Richardson thanked CCG colleagues for written responses submitted prior to the meeting (questions and answers attached as Appendix 1).

Janet Cree explained that CCGs commissioners had agreed to undertake further engagement work. Consideration of the Involvement Document by the Committee was regarded by the CCG as part of that process. The engagement period was expected to last six weeks until 13 March 2020 and subsequent to this the CCG governing body was expected to receive a report on the outcome of the engagement indicating next steps. It was confirmed that any recommended substantive service changes would generate the appropriate level of engagement and / or consultation. Any proposed timeframes for consultation was to be shared with the Committee for comment.

Mark Jarvis outlined the engagement process undertaken to date which had utilised existing networks. Approximately 160 local people and groups had participated in workshops and further events were planned before the end of the consultation period outlining the scenarios set out in the Involvement Document. The intention had been to undertake focused engagement with smaller, local groups and to engage hard to reach groups with protected characteristics. Details of the engagement work had been circulated across the affected boroughs, members of parliament and councillors utilising multiple media channels.

The questions were divided into four key areas of discussion (attached as Appendix 1). Each section was reviewed, and the following points were raised in response by the Committee:

1. Operational / management

Q1a - James Benson confirmed that the current staffing arrangements for the community service was in line with the Trust's safer staffing requirements with a level of consultant leadership provided as appropriate.

Q1c - Keith Mallinson sought clarification about the NHS intention to purchase 'bed days' from providers and how did the CCG ensure that a palliative care consultant was able to supervise staff in other locations. Janet Cree responded that services had always been commissioned from several hospices in addition to Pembridge (Trinity and St Johns) predominantly used for Hammersmith & Fulham residents and so this already formed part of the routine contract arrangement. Palliative care consultants were in post at these sites. James Benson added that at the point the inpatient unit was suspended other providers were allocated

junior doctors for further support to maintain a level of stability across the area.

Q1b – Councillor Richardson commented that the response to Q1b implied that the facilities at the Pembridge inpatient unit were under-utilised. Janet Cree responded that this was not the case and that point she had made was that the increasing number of units means that a full complement of staff was required per unit. Given that there was capacity across the service being commissioned from the providers, including Pembridge. James Benson clarified that an inpatient hospice required three registered professionals on site in order to be able to operate at any time. This was to ensure that registered medications such as controlled drugs could be administered to a patient with the requisite authorisation. Magnifying this staffing model across numerous sites was necessary regardless of the available capacity.

Q1f - Councillor Lloyd-Harris referred to the 48% take up of service mentioned at previous meetings. She enquired if this had been a consideration in the formation of the four scenarios or was there any expectation of additional services being required in response to greater need. Janet Cree confirmed that the aspiration was to increase the access from 48% to a higher percentage.

Janet Cree outlined the need for care provision to be consistently offered and planned. The CCG was aware that a small number of patients who might benefit were using the 'My Care My Way' service access model in West London. However, the interoperability of this an issue and the London Ambulance Service did not have access. While this was improving as the CCG worked on a London wide programme, they wanted to ensure that pathways correctly and contemporaneously recorded patient statistics and treatment. It was confirmed that the 48% statistic was based on a survey carried out by Marie Curie (cancer care charity). Feedback from residents had been that it was not enough to aspire to have 75% of people accessing the service and that 100% would be a better goal. Janet Cree reiterated that the current engagement process reflected the design phase. A solution to the issue was being developed and this would then be brought back to the local authorities as one of the stakeholders that the CCG was engaging with.

In response to a query from Jen Nightingale regarding the awareness of patient pathways, James Benson clarified that pathways were easier to navigate if the patient was already known to the hospice. The process was co-ordinated by palliative care nurses and it was not possible to envisage how this might be improved in future. Dr Cavanagh added that a lot of palliative care provision was made that would not be regarded as specialist. As a clinician, he favoured a co-ordinated hub model which would ensure speedy access and bolster existing teams. One of the key aims of the referral process recognised that it was possible to facilitate greater choice allowing people remain in their own homes for as long as possible.

Merril Hammer (HAFSON) queried what specialist palliative care provision was commissioned by H&F CCG, noting that H&F commissioned three beds but it was clear that there were services that were not commissioned. Janet Cree responded that this not included the engagement document but was covered in the evidence document. Commissioned services included inpatient beds and day services demand led in varying proportions from different providers. The hospice at home model was not commissioned but an outreach services were commissioned from St Johns or Trinity. Janet Cree acknowledged that members of the public might struggle to understand the provisions, but different contracting arrangements were in place such as the block contract for Pembridge which allowed providers to forward plan. There was a balance to achieve between consistent utilisation and building in flexibility to meet demand using spot purchases where needed.

Q1g – Janet Cree clarified that further conversations with providers would be needed but the largest resource increase would be in capacity and specialist nurses and care staff in the home but that this would be envisaged in any new model.

2. Local socio-economic factors and patient pathways

Q2a - Jim Grealy asked about travel concerns which he felt had been raised at the workshops but not fully addressed to date. Vulnerable people in deprived areas would struggle to visit family and loved ones in some hospices which were difficult to access by public transport. The time, distance and cost of travel was an issue for many and there was concern that the involvement document lacked information about how these concerns would be addressed. Janet Cree acknowledged the point and explained that they were examining all of the possible scenarios and that this would be considered if a definitive consultation was undertaken.

Jim Grealy referred to Sir Michael Marmot's review (Fair Society Healthy Lives, 2010) which looked at health inequalities, public health facilities, mental health and the decline in life expectancy in deprived communities. The social demographic profile of affected communities was not included in the prospective scenarios. In response, Janet Cree explained that there was no intention at this stage to close the Pembridge Hospice and that the day unit remained open. It was reiterated that the current plans were proposals. James Benson clarified that CLCH was required to collect data about patients and recognised the need to understand local diversity and need, and to engage and support people with protected characteristics.

3. Financial Transparency / Business Case / Contingency Planning

Q3a – Roy Margolis asked if there was a figure that could be provided for the percentage of those requiring hospice day care, and, whether scenario 4 nurse led care could be incorporated in scenario 3. Janet Cree reiterated that this was not a formal consultation and that more detail would be provided in the next phase. Scenario 3 reflected the fact that there was a recognised need for specialist palliative care but that there were different

levels of care within this and scenario 4 had been developed in response to this. James Benson clarified that the hospice movement was borne out of nurse led services and specialist services had developed over time. Some nurses were more experienced and knowledgeable than junior doctors but although a consultant was required to be on call, they did not need to be on site.

A member of the public sought clarification about the level of expertise and competency provided in nurse led care. Janet Cree said that this had been noted in the feedback received but that the details required further discussion.

Councillor Coleman observed that two of the scenarios sought to close Pembridge hospice and he asked if it was possible to do so under scenarios 3 and 4. Janet Cree explained that a full business case had not been prepared but would be considered in the next phase and that there were currently no planned savings against the budget for palliative care.

4. Consultation and Engagement

Clarity was sought regarding engagement with residents and the local authorities and how the decision to close Pembridge will be undertaken. Janet Cree responded that where there was a substantial variation in service then a formal consultation was required. During the discussion that followed the need to co-produce formal consultation was highlighted by Linda Jackson. A good example of this was the co-designed work undertaken with Healthwatch on urgent treatment centres.

Merril Hammer outlined concerns about difficulties in accessing information about the engagement on the CCG website, whether the period of the consultation would be extended given this, and the cancellation of a patient reference group event. Mark Jarvis gave assurances that the issue about website access would be checked. He clarified that they had taken an approach to deploy limited resources that focused on small scale, localised events and engage with individuals or groups that would not normally engage.

RESOLVED

That the Panel noted the report.

47. INCLUSIVE EMPLOYMENT UPDATE

Councillor Richardson welcomed Jo Baty, Helen Green and Kamal Motilib. Kamal Motilib provided a brief introduction which highlighted some of the key socio-economic issues facing residents such as the high number of low paid jobs and correspondingly fewer opportunities for work that attracted higher salaries. There was also an increased use of foodbanks and debt advice agencies. More robust analysis was needed but there were high numbers of people within the borough that were suffering from poor outcomes.

Helen Green expanded on the local offer details of which were provided on the Council's website and outlined the collaborative work undertaken with Parents Active regarding training and development for the workforce. Events such as the Youth takeover day, co-production and plans to recruit new posts within the service to look at post 16+ employment opportunities, pre-employment support and the journey to improve pathways and better integrate support services was all work in progress that would take careful and robust planning. Key to this was to develop a person-centred approach that facilitated better engagement with young people and young adults with disabilities. The lack of a more integrated approach in a challenging economy was a concern.

Jo Baty explained that the opportunity to work with colleagues in The Economy Department was welcomed particularly in terms of developing the currently weak employment brokerage function with employers. The challenge was to identify barriers and to understand what would benefit businesses. The Council had been facilitated supported internships for approximately 6 years focusing on the 16-25 age group partnering with local businesses such as Loreal, offering experience within the workplace with continued education on day release as appropriate. While there were gaps within industries such as construction there were placements within the NHS and there was an intention to broaden this. Through the West London Alliance and highlighting initiatives such as H&F Brilliant Business Awards, Jo Baty explained that they had worked across boroughs to improve access to work placements but a key part of this was ensuring sustainable employment.

Focusing on the Council's past activities, Kamal Motilib observed that there had little departure from what was a generic local offer on retail opportunities. Groups that required more support had not been targeted and most opportunities had been accessed by those who lived outside the Borough. A more nuanced approach was required if the Council was to meet the needs of an increasingly diverse Borough. Kamal Motilib commended the growing work undertaken at Charing Cross Hospital as an inclusive employer. A Cabinet report was planned which outlined the Council's industrial strategy to ensure a more inclusive strategic approach.

A member of Parents Active observed that it was very difficult to navigate and engage with the Council and commented that this could be addressed. In addition to accessing opportunities it was also important to maintain support for vulnerable young people in a way that was sustainable. Helen Green concurred and responded that it was important to streamline the process, for example, undertaking disclosure and barring service (DBS) checks once.

Kamal Motilib added that interaction with employers was critical and was reflected in achieving positive outcomes. He explained that they were trying to increase special educational needs (SEN) access to workplace opportunities for priority groups (young people and adults). Two members of staff worked with potential employers and access to work placements in schools on brokering opportunities. Jo Baty commented that extending provision required refinement and the development of internal job coaches within the Council would support this. Helen Green highlighted plans to create

a hub and reiterated that sustaining people in placements was key, in addition to developing and signposting clear and easy to navigate pathways, linking Council staff with residents and offering co-ordinated support.

Councillor Coleman welcomed the report and sought clarification about the planned report to Cabinet. It was confirmed that the Council did not currently have capacity to provide sustained support for those on supported employment work placements and how this could be provided would be addressed within the report, supported by evidence-based data and analysis.

Members explored the issue and were keen to understand the current lack of provision, the challenges and obstacles for residents, and the need to understand what the definition of being in work meant to different groups and how this was perceived by employers. Councillor Lloyd-Harris observed that the Council had performed well in some areas but that this was inconsistent, querying the robustness of the data sets.

Jim Grealy enquired about the work undertaken with schools in terms of developing employability skills pre-16. Employers exhibited some bias and there was a culture of reluctance to employ vulnerable groups. He was keen to understand how this was being addressed, which groups were being helped and how were large, local employers being encouraged to work with schools. Kamal Motilib and Helen Green responded that the issue would need to be further explored with schools. There were some supported internships in the Borough, some of which were in schools so the opportunity of accessing the most suitable placement depended on the individual's area of interest.

A key priority was to ensure a compassionate Council workforce, and this was being tackled with internal training programs for frontline staff. Linda Jackson confirmed that a total review of departmental form and structure, including staff competency had been undertaken, addressing staff communication and interaction skills. Councillor Caleb-Landy welcomed the approach and observed that it had been a fundamental error in judgement by Government to decline to fund supported employment programs. He asked what other charities the Council was working with and Jo Baty confirmed that the Council had worked with organisations such as Mencap and MIND.

Sharing resources and developing networks was critical and Councillor Richardson sought further information about links to data sources on groups with, for example, disabilities such as the Downs Syndrome Society. Jo Baty that the Council's aim was to continue to develop links, to illustrate, one ambition was to become a dementia friendly Council.

Jen Nightingale highlighted her personal experience where she had struggled to engage with patients who required additional support, either through day services or supported employment placements. She asked officers to explain their pathway experience within the Borough. Jo Baty clarified that day services had always been traditionally organised and there were plans to review and update such provision. It was noted that opportunities for young people transitioning to adulthood were often limited, hence the importance of

day service provision. Reformation could see the service replicating colleges, accessible in the same way as generic college services, possibly utilising direct payment schemes for funding. These were opportunities that most groups took for granted and vulnerable groups should have similar provision and support in place.

BC commended Councillor Richardson's work on driving forward the supported employment agenda. The following actions were noted:

ACTIONS:

- Develop plans for an inclusive employment event, bringing together our residents to identify and understand what opportunities were available; and
- Data and analysis to be provided to indicate and understand the number of internships available locally.

RESOLVED

That the Panel noted the report.

48. WORK PROGRAMME

RESOLVED

That the Panel noted the report.

49. DATES OF FUTURE MEETINGS

The next meeting of the Committee was noted as 12 May 2020.

Meeting started: 7pm
Meeting ended: 9.50pm

Chair

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