London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Agenda

Wednesday 26 January 2022 at 6.30 pm
Online - Virtual Informal Meeting

MEMBERSHIP

Administration	**Opposition**
Councillor Lucy Richardson (Chair) Councillor Jonathan Caleb-Landy Councillor Bora Kwon Councillor Mercy Umeh	Councillor Amanda Lloyd-Harris
Co-optees	
Lucia Boddington Victoria Brignell - Action on Disability Jim Grealy - H&F Save Our NHS, H&F Save Our NHS Keith Mallinson Roy Margolis	

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Date Issued: 18 January 2022

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Agenda

26 January 2022

Item		Pages
1.	**MINUTES OF THE PREVIOUS MEETING**	4 - 15

(a) To note the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on 10 November 2021; and

(b) To note the outstanding actions.

2. APOLOGIES FOR ABSENCE

3. ROLL CALL AND DECLARATION OF INTEREST

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4. PUBLIC PARTICIPATION

This meeting is being held remotely. If you would like to ask a question about any of the items on the agenda, either remotely or in writing, please contact: bathsheba.mall@lbhf.gov.uk.

You can watch the meeting live on YouTube: Watch the meeting live on YouTube

5. COVID-19 UPDATE

For the Committee to receive a verbal update from the Director of Public Health on Covid-19 and Director COVID-19 & Lead for Afghanistan refugees.

6. MENTAL HEALTH INTEGRATED NETWORK TEAM 16 - 39

The Committee to receive a report from the West London Trust providing operational information about the Mental Health Integrated Network Teams and including details of the recently redesigned services.

7. MEDIUM TERM FINANCIAL STRATEGY 2022/23 40 - 62

This report sets out the budget proposals for the services covered by the Committee. An update is also provided on any proposed changes in fees and charges in the budget. Cabinet will present their revenue budget and council tax proposals to Budget Council on 24 February 2022. A balanced budget will be set in accordance with the Local Government Finance Act 1992.

In recognition of the significant increases in the cost to living for residents due to inflation and Government tax increases, the administration proposes to freeze council tax and not to apply the government modelled 1% Adult Social Care precept increase.

8. WORK PROGRAMME

The Committee is asked to consider its work programme for the remainder of the municipal year.

9. DATES OF FUTURE MEETINGS

Wednesday, 23 March 2022

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Minutes

Wednesday 10 November 2021

PRESENT

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

Co-opted members: Victoria Brignell - Action on Disability (Action On Disability); Jim Grealy - H&F Save Our NHS (H&F Save Our NHS) and Keith Mallinson

Other Councillors: Councillor Ben Coleman

Officers: Jo Baty, Assistant director specialist support and independent living; Dr James Cavanagh, Chair, H&F CCG; Dr Barbara Cleaver, Consultant in Emergency Medicine, Imperial College Healthcare NHS Trust Dominic Conlin, Director of Strategy and Business Development, Chelsea and Westminster NHS Foundation Trust Janet Cree, Chief Operating Officer, NWL Collaborative of CCGs; Gerry Cowley, Head of Allocations & Lettings, The Economy; Tara Flood, Strategic Lead, Co-production Transformation, Talent and Inclusion; Merril Hammer, H&FSON; Dr Nicola Lang, Director of Public Health; Dr Christopher Hilton, Executive Director of Local and Specialist Services, WLT; Linda Jackson, Director of Covid and Lead for Afghani Refugees; Helen Mangan, Deputy Director of Local Services, WLT; Lisa Redfern, Strategic Director of Social Care; Gary Rigby, Senior Housing Strategy and Partnerships Officer, Allocations and Lettings, The Economy Department; Susan Roostan, Borough Director, H&F CCG; Glendine Shepherd, Assistant Director Housing Management

1. MINUTES OF THE PREVIOUS MEETING

It was noted that paragraph numbers for items 5 and 6 were reversed and noted that Dr Chris Hilton did not attend the previous meeting.

Councillor Richardson provided a brief update on the actions most of which had been resolved or would be covered later in the meeting.

RESOLVED

That subject to the above the minutes were agreed as an accurate record of the previous meeting held on 7 October 2021.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jonathan Caleb-Landy, and co-optees Lucia Boddington and Roy Margolis.

3. DECLARATION OF INTEREST

None.

4. PUBLIC PARTICIPATION

The Chair reported that a request to ask a question in respect of Agenda Item 6 had been received from Merril Hammer (HAFSON).

5. COVID-19 UPDATE

5.1 Councillor Richardson welcomed Janet Cree, Linda Jackson and Dr Nicola Lang to the meeting to provide a verbal update. Dr Lang reported that the rate of infection for H&F was 239 per 100k people which was slightly lower than the London average at 253 per 100k, placing the borough as the 19th highest rate in London. There had been 335 cases confirmed in the past seven days reflecting an identified pattern spanning the previous few weeks. Infection rates had been highest within the 11-16 age group but were decreasing slowly across all groups. There had been a number of outbreaks at the start of the Autumn term and a reduced number following the half term break. The rates for the over 60's cohort were higher than the rest of London at 167 per 100k people. Testing rates were good but the positivity rate was 5 cases reported as positive for every 100 PCR tests, higher than previously recorded so this was being closely monitored.

5.2 Anticipating winter pressures, the focus had moved towards administering the booster jab for over 50's in medical risk groups, and health and social care staff. Dr Lang advocated for social distancing protocols, continued mask wearing in indoor and crowded spaces with limited social contact and good hand hygiene. She also encouraged flu as well as booster jabs which would be key to maintaining lower rates of illness. Linda Jackson reported that the number of pharmacies delivering vaccines had increased to 11 and also encouraged the take up of flu and booster jabs.

5.3 Janet Cree confirmed that there were four PCN sites (White City Community Centre, Brook Green Medical Centre, Hammersmith Surgery and West Kensington Tenants Hall) and briefly referenced Matt Meads role in supporting GPs in providing vaccinations in the borough. Operationally, vaccinations had begun focusing on practice registration lists, aligning with the eligibility criteria. It was important to maintain business as usual and balance practice activities with managing the recovery process post Covid. The increased number of pharmacies widened the geographical area covered and lessons had been learned from the delivery of pop-ups. The increase in pharmacy capacity would enable the delivery of more vaccine doses and also allow opportunities to vaccinate those who had not had either their first or

second dose. The increase also compensated for the decommissioned Novotel site. The PCN sites together with CLCH had also begun to deliver vaccines to those that were housebound in addition to supporting the school's programme. Janet Cree reported that there was also capacity in neighbouring boroughs. In terms of vaccination figures, 65% of the borough population had received their first dose and 59.4% had received their second dose. Focusing on invited, registered patients, 20% had received their booster jab. A local booking system operated alongside a national booking system, but the latter was accessible to anyone who was eligible. This ensured that local capacity was utilised and could also opportunistically administer first, and second doses offered to walk-in appointments which PCNs were keen to encourage. The national system also directed people to book appointments through the 119 NHS helpline.

5.4 Jane Cree provided further details about vaccination visits to all but one care home, but there were some residents who had not met the booster jab eligibility criteria. Vaccination of those who were housebound was being undertaken by CLCH alongside PCN sites. Jane Cree cautioned that the observation time required for Pfizer meant that the process was slower as each housebound visit took longer to monitor compared to AstraZeneca.

5.5 Working closely with the local authority roving teams were visiting local schools and a schedule of co-ordinated visits had been extended to 19 November 2021. Roving teams would also continue to support pop ups and resume vaccination buses, particularly at the Claybrook site. It was recognised that this initiative had been very successful in supporting residents with mental health conditions.

5.6 Flu clinics were also underway and being delivered in line with stock delivery dates, co-ordinated at national level. There was some variation in terms of rates and availability, and these were organised with strategic variations across the borough and CCG area with one in particular experiencing a delayed delivery of vaccine stock. PCNs had prioritised care homes to vaccinate residents and those that were housebound, co-ordinated by CLCH. As of the end of the previous week, it was reported that 19,000 flu immunisations had been delivered across the borough, representing around 16.5% of the eligible population and 80% of care home residents. Compared to the previous year, significantly higher numbers had been vaccinated but immunisation rates in general continued to be challenging.

5.7 Councillor Richardson recognised that operational and strategic factors would impact on take up rates and welcomed the news that vaccine buses would be reintroduced. Also welcomed was the shift away from a centralised system to a local focus although it was a concern that this had taken so long manage.

5.8 Co-optee Victoria Brignell explained that she had requested data regarding the percentage of personal assistants employed by disabled people under the direct payment scheme had been vaccinated, and secondly, what the impact of mandatory vaccination for social care staff might be on staffing levels. Janet Cree apologised for not having the information available and gave an assurance that this would be provided. It was confirmed that there were no immediate issues regarding staffing levels, but this would be checked.

Co-optee Keith Mallinson raised again the issue of public transport and the inability of Transport for London (TfL) to enforce mask wearing. Linda Jackson shared his frustration and stated that the borough had worked hard to promote good practice however repeated requests to TfL had been ineffective. The government's plan B may change this by introducing mandatory mask wearing and the director of public health had also explored legal options for enforcement.

5.9 Co-optee Jim Grealy commented that pupils and schools had been placed under significant pressure by anti-vaxers. Given the variation in vaccination take up between schools, he enquired if it was possible to identify the factors for this and who controlled the process, the schools or NHS. A second question was a concern about the 35% of the population who were unvaccinated. Given that Covid as a condition remained, he asked what was being done to encourage vaccine uptake for those who did not accept the earlier offer. Keith Mallinson mentioned that retail outlets continued to offer good advice and guidance about good hand hygiene but suggested that the council or CCG write to local retailers and to encourage enforcement of mask wearing.

5.10 Janet Cree confirmed that there were variations in take up across the borough and that the CCG continued to work with and advise schools with the support of Children's Services and the local authority and to also manage anti-vaccine activity with the police. Control of the vaccine process was subject to consent and co-ordinated by schools. Careful sequencing was required to capture everyone who had consented and children who had been infected were required to wait four weeks before they could be vaccinated so repeat vaccine sessions were planned. This was ongoing and underpinned the "evergreen offer" meaning that the vaccine offer would be self-renewing. The rate of uptake was gradually increasing for both the first and second doses of the vaccine, with an additional 1125 who had received both doses, and which encouragingly reflected a significant and iterative increase. Matt Mead clarified that the 65% of people that had been vaccinated comprised of those aged 12 and over. Within the 1-9 JCVI cohorts, there was 76% take up and reflected graduated take up across the groups.

5.11 Councillor Lloyd-Harris noted that the four PCN sites were located in the North of the borough and asked why Fulham had not been mentioned. She enquired about the care home that was yet to complete booster vaccinations and when the booster jab would be available to book through the NHS app. Matt Mead explained that during the first wave, there had been a site located in Parsons Green however, services needed to continue so an alternative site at West Kensington Tenants Hall had been secured. The four main delivery sites would be supplemented with satellite clinics or pop ups. A refinement of the local offer was being considered, which might include Parsons Green. The care home mentioned had been later in the scheduling so some residents were not eligible at the time and would be revisited. Further information about when the booster jab would be accessible through the NHS app was not available.

5.12 Councillor Coleman said that it was difficult for people to navigate the Covid vaccine pathway. He felt that the details about pharmacies being able to provide vaccines options had not been clearly communicated. Having the NHS card with details of when both doses had been administered would in theory make it possible for people to walk in and receive the booster jab. He enquired why it was not possible for the booster jab appointments to be arranged through GP practices. He also sought clarification about whether the Covid and Flu vaccines could be co-administered and felt that it should be possible to offer these more efficiently. Janet Cree responded that invitations to book a booster jab opened at five months after a second dose through the national booking system. Current invites from GP practices were issued according to the eligibility criteria but there were complexities in terms of the sequencing.

5.13 Matt Mead confirmed that there had been discussions at PCN level but that this was a matter of aligning with the national messaging. A person would receive notice of eligibility to book online 152 days after a second dose which allowed for a 30 day window. The CCG was working with PCNs to ensure that there was clear communication about the changes. It was not confirmed whether practices would be sending text alerts to invite people to book a booster jab. This would require further conversations about the feasibility of a local system and how this might align with the national booking system. An added complexity was that there could be dynamic and logistical changes to the national system which would require co-ordination locally.

5.14 Janet Cree continued that in terms of co-administrating both Covid and Flu vaccines there would be some variation depending on the location of the site or pharmacy and also capacity, but it was possible to administer both at the same time depending on the variables. A single system was not available to allow you to book both at the same time, but it was possible for sites and pharmacists to check your eligibility as a walk in if a person presented their Covid vaccine cards. It was also helpful if a person had their NHS number to enable electronic verification. Councillor Coleman sympathised as the CCG was forced to work with a poorly planned and implemented national system.

RESOLVED

That the verbal report was noted.

6. MENTAL HEALTH SERVICES UPDATE

6.1 Councillor Richardson welcomed Dr Chris Hilton and Helen Mangan from West London NHS Trust (WLT) and additional contributors which included Lisa Redfern, Jo Baty, Dominic Conlin and Dr Barbara Cleaver. For ease of reference, Dr Hilton shared slides based on the appendix attached to the report. He briefly outlined the remit of the Trusts work which encompassed the provision of forensic, high secure specialist local services. The report focused on a broad range of provisions and borough related demographics as precursor to further reports to the committee. Dr Hilton outlined key points about individuals who wanted to access services and the volume of demand

and the WLT response and how the Trust was positioned within the framework of the Integrated Care Partnership (ICP).

6.2 The PCN raw data indicated that there were currently 7409 H&F residents accessing local mental health services, of which 534 were receiving support from the WLT dementia services. WLT was working to improve access to services amongst particular cohorts and the appendix indicated a breakdown of service use by different PCNs. The access and entry points to the various services included walk ins and self-referrals. The data indicated that access during the pandemic decreased significantly with a fall in activity across many services. Going forward, Dr Hilton reported that there was long term planned investment to create opportunities to improve services such as CAMHs. Neurodevelopmental services including Autism and ADHD (Attention Deficit Hyperactivity Disorder) were not provided by WLT in H&F but was offered by Chelsea and Westminster Hospitals NHS Foundation Trust (ChelWest) and the Cheyne Child Development Centre. A mapping exercise across North West London was currently underway to identify the range in provision for adults with autism and ADHD to try and improve local pathways. Dr Hilton also highlighted aspects of the 24 hour liaison psychiatry crises services at Hammersmith and Charing Cross hospitals (full details of the presentation are accessible at 44:53, H&F Health, Inclusion and Social Care PAC | 10 November 2021 - YouTube).

6.3 Dominic Conlin advocated the development of a collaborative approach which offered an opportunity to reposition autism and ADHD services. Integral to this more holistic approach with earlier intervention was the relationship with acute mental health services. Commenting on the activity following lockdown there had been a notable increase in the volume and acuity of patient presentations. He highlighted two aspects: first, that patients who did require inpatient admission had significant wait times, often in unsuitable environments; and that this became fragmented if admission was required prior to transfer. A joint approach was preferable to support paediatric mental health services which included early intervention enhanced by improved training, development and digital innovation. This would offer better support for staff in identifying patient symptoms.

6.4 Dr Barbara Cleaver explained that A&E departments were under significant pressure and seeing large numbers of patients presenting during a mental health crises with high acuity of need. Approximately 5-8% of patients with complex needs waited for more than 12 hours in A&E for a mental health assessment. A deep dive had been carried out to understand how mental health assessments could be conducted. Dr Cleaver commented that she'd experienced some difficulties in accessing out of hours mental health professionals. It was agreed that the Local Authority would meet with her urgently to address this. Charing Cross hospital had enhanced the space provided for patients in A&E to ensure that it was safe, appropriate and kind for patients experiencing a mental health crises. Dr Cleaver thanked H&F for funding provided to support recently completed work on a mental health garden which had been financed through crowd funding and Hive initiatives.

6.5 Councillor Richardson welcomed the approach at ChelWest and asked how easy it would be to implement this. This was an ambitious plan, but one

supported by as an acute trust which recognised the benefit of simplified and more responsive pathways for people to navigate.

6.6 Councillor Lloyd-Harris welcomed the report and referenced paragraph 4.9, and that of 76% of referrals, 16% came from GPs. She asked what assumptions WLT was making about the increased activity and if this could be attributed to the lack of direct access to GP practices. A second question sought clarification about the percentage figure of unanswered calls, so whilst some people may have waited on hold, others might have redialled. A third question was about the physical barriers presented by Covid restrictions to in person contact that remained operational. Mask wearing in a one to one session presented a barrier, particularly for children and adolescents. Dr Hilton responded that self-referrals were encouraged, and that WLT was keen to make the Improving Access to Psychological Therapies (IAPT) services as accessible as possible in line with national targets. There had been a large media campaign to encourage people to access services at the beginning of 2021 and the referral figures could be attributed to this. Key to improving access was working closely with primary care givers. In terms of a single point of access a sophisticated call handling system was in place. This presented a comprehensive picture and WLT followed national guidance on call waiting times: 24% of calls were completely abandoned and further information about this would be provided after the meeting. With regards to in person contact, patients visiting healthcare premises were required to wear masks although staff were not expected to comply with this. However, measures to respond to any escalation or new wave of the pandemic remained in place.

6.7 Councillor Richardson briefly provided an overview of issues raised about the report and the data provided which she invited members to further elaborate on. It was difficult to evaluate progress using the data as it did not allow for baseline comparisons. The quality of the demographic data required greater granularity. Ethnic monitoring categories were broadly homogenised with little regard to diversity. The ethnic grouping with highest number was “other” which did not offer reliable data.

6.8 The demographic data was difficult to interpret as categories were broad. Jim Grealy queried the use of the term “elderly” within the report and broad categories for disability and ethnic groupings. Improved metrics that reported figures rather than percentages offered better context which was important in visualising barriers to service provision and usage, similar in form and content to that provided by Imperial College Healthcare NHS Trust. Merril Hammer clarified that percentage figures were difficult to understand without the raw, baseline figures. Dr Hilton accepted that the Imperial format offered improved insight and that this would be made available in future reports. The brief for the report had focused on demand for services and in response, a data commentary had been sourced from service directors, managers and clinical leads. He acknowledged that the lack of performance detail was frustrating, however this was published in the WLT integrated performance reports and showed that the organisation was meeting its targets. Addressing the unhelpful use of blunt ethnic monitoring categories, Dr Hilton concurred that there were inherent difficulties, but that monitoring was based on NHS

England national coding. He confirmed that the Trust was committed to improving its understanding of ethnicity in the provision of and access to services.

6.9 Jim Grealy welcomed this response and added that the progress of WLT was unclear from the report. At a time when many trusts were working in response to Covid, and in anticipation of the forthcoming ICP and greater collaborative planning of resources it was helpful to understand mental health provision across NWL and how this integrated with the day to day, front door service provision of the acute trusts. It was difficult to evaluate WLT without baseline performance data. Dr Cleaver responded that Charing Cross Hospital had a positive interface with WLT with regular, weekly progress meetings, with mental health leads. The "mental health big room" discussed all matters that related to mental health, including patient centred pathways. Imperial as an acute trust worked with WLT and Central North West London (CNWL), in addition to WLT on the St Mary's site. Monthly comparative performance data was analysed and senior operational leads, together with Imperial's operational director, used this to drive service improvement.

6.10 Jim Grealy stated that it would be helpful to have a visual representation showing how decision making intersected in the allocation of resources between different organisations. Dominic Conlin welcomed the governance arrangements and formal levers described by Dr Cleaver and highlighted the differences between acute trust mental health programs and multi-borough provision by WLT, with the main sense of focus being placed based provision. One of the outputs of the ICP would be to map out areas of work alongside the types of services and impacts that were being made.

6.11 Dr Hilton felt that some of the points raised would become clearer as the form and structure of the Integrated Care System emerged. While there was shift away from CCGs the key relationship with the local authority, as governed by shared areas of Better Care Fund (BCF) section 75 commissioning and provision of services, would be integral to the newly evolving system. It was also clarified that the main interface between the acute trusts and mental health providers was the urgent care board covering NWL. Dr Hilton referred members to section 7.4 which looked at the emerging collaborative place based borough work which would examine differences in provision, what worked well in one area and not in another.

6.12 Jo Baty highlighted the work of the ICP mental health campaign which had progressed well and provided an opportunity for coproduction which was particularly evident through the borough's work on the dementia strategy. Resident stakeholder involvement was essential, and this would be similarly reflected in the work on developing the borough's autism strategy.

6.13 Councillor Coleman welcomed the open discussion with WLT which indicated progress, greater transparency and a willingness to engage. He said that WLT had long been disconnected from the health and care services within the borough and their positive response to the challenges raised highlighted the importance of working together more closely and the greater integration of services that was expected to come.

6.14 Councillor Richardson endorsed the involvement of residents and acknowledged the central importance of engagement and coproduction in shaping the borough's services. In drawing the discussion to a close, Councillor Richardson briefly recapped on highlighted key areas discussed and considered for future reports such as the importance of service mapping and data, the inclusion of local demographic data, CAMHs, transition to adult mental health services and the ICS. In particular the MINT report would cover financial, strategic and operational issues. It was also important to include learning from Covid and how this influenced engagement and coproduction.

ACTIONS:

1. **Improved access to out of hours approved mental health practitioners as raised by Dr Cleaver would be explored and resolved with Jo Baty, assistant director outside of the meeting.**
2. **WLT to share a link to performance details;**
3. **WLT to provide further information about the 24% of calls that were abandoned;**
4. **WLT to bring more focused performance information on H&F to future meetings, beginning with the next report on Mental Health Integrated Network Teams (MINT) in January 2022;**
5. **WLT to provide operational and performance information in relation to MINT report to be presented at the next meeting of the committee; and**
6. **WLT to explore the use of ethnic monitoring categories with business intelligence colleagues.**

RESOLVED

That the actions and report were noted.

7. DISABLED PEOPLES HOUSING STRATEGY 2021

7.1 Councillor Richardson introduced the item which demonstrated positive resident engagement in H&F and was an excellent example of coproduction. The strategy, launched in July 2021, set out an approach for meeting the housing needs of disabled people through the provision of co-produced housing services informed by the views of disabled people.

7.2 Glendine Shepherd explained that strategy was inclusive and coproduced with residents and embodied the council's approach of doing 'nothing about disabled people without disabled people' (Disabled People's Commission, June 2018). The strategy was innovative in the way in had been informed by the voice of disabled residents and extended beyond the provision of an accessible housing register or adaptions. Tara Flood outlined her role as one of the leads on coproduction together with Kevin Caulfield. The support and contribution of disabled resident Jane Wilmot, a Disabled People's Commissioner was commended for leading the work on coproducing the strategy which was a unique in local government. Tara Flood briefly outlined the work of the commission, which she had chaired, and which sought to

identify barriers to decision making and improve influence in housing services, a key priority given the difficulties experienced by many disabled residents.

7.3 Gerry Cowley outlined the key principles which were supported across four distinct objectives within the strategy: coproduction, working with residents; improved and clearer access to housing information; improved housing services (adaptations); and more accessible housing. This was an innovative and challenging agenda to deliver and prioritised the needs of disabled residents. Tara Flood continued that the next stage was to implement the strategy, together with other initiatives. A resident led disabled people's housing strategy implementation group (title to be confirmed) would be chaired by Councillor Lisa Homan, Cabinet Member for Housing and which also included Victoria Brignell as a member. The group had recently met and was in the process of agreeing its remit and approach. As this work continued to evolve, it was important for the group and the implementation of the strategy to align with the service transformation work that was taking place within Adult Social Care on independent living. Glendine Shepherd anticipated that the group would steer and prioritise action plans devised for each of the four objectives.

7.4 Councillor Richardson thanked officers for their work and commended the innovative and ambitious aims set out in the strategy. The measures section provided for each objective was an excellent provision as it built in evaluation and progress monitoring. It also facilitated engagement with disabled people's organisations as the measures sought to include engagement data, including fresh voices, and teaching them advocacy skills. Councillor Richardson welcomed an opportunity to be more engaged with the work, helping with feedback and scrutiny but given the challenges, she asked whether there was capacity to implement the strategy. Glendine Shepherd acknowledged that funding was an issue, but it would be the role of officers to engage with and navigate the process by securing either Cabinet or scrutiny member support to advocate for additional funding. A dedicated team would work with the implementation group, but the strategy would be supported corporately utilising resources already in place, ranging from adaptations to planning and across the council.

7.5 Keith Mallinson commended the work of the housing services team with whom he routinely contacted. In his role as an advisor (Shepherds Bush Families Project), many clients with housing issues also presented with mental health or disability problems. His experience was that housing service officers routinely responded with empathy and compassion, working well with external organisations.

7.6 Councillor Bora Kwon echoed earlier comments commending the time take to develop the strategy, acknowledging the unstinting commitment of residents and officers who had supported the process. She asked what outcomes officers would expect to see that might indicate that the strategy had been successfully implemented and how long this might take. Glendine Shepherd explained that the implementation group had been set up for an initial 12 months and would identify success factors at its next meeting, both short term

"quick wins" and longer term goals, but it would be difficult to frame within a specific timescale. Details of this would be shared with the committee. Tara Flood added that from a resident's perspective the level of success would correspond to the degree of ownership that was felt of the process. Coproduction was embedded within the foundation of the strategy, and this was exemplified in other areas of work such as the long term development of the civic campus which included support and input from disabled residents. The commitment to have the views of disabled residents informing the development allowed a sense of purpose and being part of something significant for the borough. The strategy would similarly allow disabled residents to develop skills through their experience of working in partnership with the council.

7.7 Councillor Lloyd-Harris welcomed the report and asked how the strategy and its objectives would be shared with housing association tenants in a format that was both inclusive and accessible. A further question was asked about proportion of new planning applications that were required to offer affordable housing options and how many of these that were available to disabled residents. Clarity was also sought about resourcing given the difficulties and costs of poorly maintained, old and adapted buildings. Glendine Shepherd confirmed that the information would be communicated and available in an accessible format (the strategy was available on the council's website in various formats including British Sign Language). Information about the proportion of affordable homes that could be allocated to disabled residents would be provided by officers from the Growth and Redevelopment team following the meeting. It was also reported that Cabinet had recently approved a capital investment programme to invest in council housing stock, ensuring repairs and maintenance was undertaken. The strategy would be implemented and align with the capital programme.

7.8 In commending the work of officers and residents, Victoria Brignell, as the Chair of Action on Disability, thanked Tara Flood and Kevin Caulfield for their support in driving the initiative and maintaining momentum. She also encouraged disabled people to get involved with coproduction and to engage with the many opportunities to work in partnership with the council to shape resident services. Tara Flood also encouraged younger disabled people in particular to make contact (contact details for both Action on Disability and the councils coproduction leads were available on the council's website or on enquiry).

7.9 Councillor Coleman commended the report and the commitment of officers and disabled residents in developing the strategy. H&F was committed as an inclusive council to 'being the best' for all residents, and to shape services directly with disabled residents successfully should also translate across the piste. Coproduction, as highlighted in the report was a step change in the way things were done. He felt encouraged and assured that the implementation group would be responsible for identifying success factors.

ACTIONS:

1. **Information about the percentage of affordable homes made available to disabled people under new planning agreements to be shared with the committee; and**
2. **The Committee to receive a progress update on the work of the implementation group**

RESOLVED

That the report was noted.

8. WORK PROGRAMME

The committee discussed planned items for the remaining meetings of the current cycle which included the WLT MINT report and the medium term financial strategy reports for January 2022, and a thematic meeting on supported employment for March 2022.

9. DATES OF FUTURE MEETINGS

Wednesday, 26 January 2022.

Meeting started: 6.35pm
Meeting ended: 8.25pm

Chair .....

Contact officer:

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LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health Inclusion and Social Care Policy & Accountability Committee

Date: 26 January 2022

Subject: Mental Health Integrated Network Teams

Author: Dr Christopher Hilton, Executive Director of Local Services
Helen Mangan, Deputy Director of Local Services
Dr Oliver Dale, Clinical Lead for Community and Recovery MH Services, HF
Babs Dhillon, Head of Knowledge Management
Neetika Mahan, Director of Transformation

Responsible Director:
Dr Christopher Hilton, West London NHS Trust

SUMMARY

This report aims provides members with information about recent changes to community mental health services delivered for Hammersmith and Fulham residents, including the background to the changes, strategic, financial and operational information

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RECOMMENDATIONS

1. For the Committee to note and comment on the report.

Wards Affected: ALL

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	Better supporting residents with a wide range of mental health needs to receive timely and effective support
Doing things with local residents, not to them	Involvement of local residents in mental health services transformation

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Contact Officers

This paper is provided by West London NHS Trust
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Mental Health Integrated Network Teams (MINT) in Hammersmith and Fulham

Health Inclusion and Social Care
Policy & Accountability Committee – January 2022

Dr Christopher Hilton – Executive Director of Local Services

Promoting hope & wellbeing **together**

Outline

NHS
West London
NHS Trust

1. Background to MINT and the Community Mental Health Framework for Adults and Older Adults
2. Operational role and structure of MINT
3. MINT services and pathways
4. Baseline understanding of demand and provision
5. Epidemiology of mental health demand
6. Interfaces with VCSE and Local Authority
7. Positive examples
8. Coproduction
9. Finances and Investment

1.1 Background to MINT

West London NHS Trust

West London NHS Trust (WLT) provides a range of community and mental health services in Hammersmith and Fulham.

Some are specialist or national services (eg forensic mental health), however the majority are commissioned for local people and organised within our Local and Specialist Services Clinical Service Unit into six clinical service lines, each led by a Clinical Director:

- Child and adolescent mental health services
- Psychological medicine services for adults (eg IAPT and Liaison Psychiatry)
- Acute mental health services for adults (eg home based crisis care and inpatient wards)
- Community and recovery mental health services for adults (primarily MINT, but also some specialist pathways eg Early Intervention in Psychosis)
- Older persons' mental health services
- Integrated community health services (eg Community Independence Service)

To note, in Hammersmith and Fulham, WLT is not the commissioned provider of services for adults with neurodevelopmental disorders or learning disability.

At the request of the Committee, this presentation focuses only on MINT, part of our adult community and recovery mental health service line, and not on other mental health pathways.

Prior to 2021, in Hammersmith and Fulham, the functions that now form MINT were organised differently across 4 borough-wide teams:

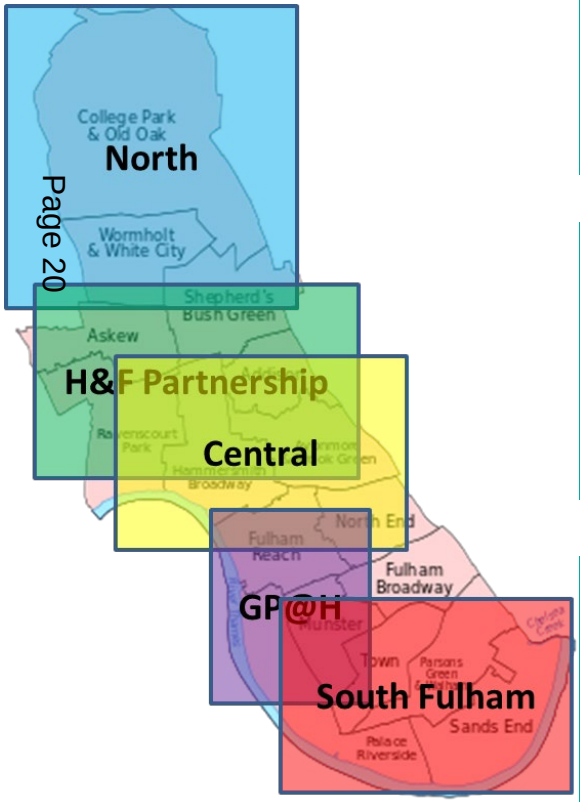
- Non-urgent work within a 3-borough Mental Health Single Point of Access (providing advice and navigation)
- One small Primary care mental health team supporting primary care practices and individuals discharged from secondary care
- One Assessment Service (Tier 2 Crisis and Assessment Team)
- One Treatment and Recovery Team based in the Claybrook Centre

All of these functions continue to exist and have been augmented, but are now re-organised into three Mental health Integrated Network Teams:

- North – supporting the North H&F PCN
- Central – supporting HF Partnership PCN and H&F Central PCN
- South – Supporting South Fulham PCN and Babylon GP@Hand

1.2 PCNs

NHS West London NHS Trust



MINT North

MINT Central

MINT South

Network	Key	Code	Practice	Raw list size	Weighted list size
North H&F PCN	1a	Y02589	H&F Centres for Health (Hammersmith)	8,706	7,733
	1b	Y02589	H&F Centres for Health (Charing Cross)		
	2	E85005	Westway Surgery (Dr Dasgupta & Partner)	3,462	3,460
	3	E85048	Parkview Practice, Drs Canisius & Hasan	7,099	6,828
	4	Y02906	Canberra Old Oak Surgery	6,396	6,025
	5	E85624	Dr Uppal & Partners, Parkview	6,853	7,314
	6	E85659	Dr Kukar, Parkview	1,851	1,724
	7	E85748	The Medical Centre (Dr Kukar)	6,707	5,536
	8	E85042	The New Surgery	5,437	5,226
	9	E85077	Shepherd's Bush Medical Centre	3,473	3,497
			Total	**49,984**	**47,343**
HF Partnership	10	E85636	Park Medical Centre	10,005	9,648
	11	E85016	Richford Gate Medical Centre	10,607	10,783
	12	E85055	The Bush Doctors	12,394	11,783
	13	E85020	Brook Green Medical Centre	14,566	13,880
	14	E85003	North End Medical Centre	19,515	17,027
			Total	**67,087**	**63,121**
H&F Central PCN	15	E85032	Ashchurch Surgery	4,994	5,055
	16	E85125	Sterndale Surgery	4,673	4,236
	17	E85074	Brook Green Surgery	4,869	4,370
	18	E85033	Hammersmith Surgery	10,641	10,348
	19	E85008	North Fulham Surgery	7,882	8,109
			Total	**33,059**	**32,118**
Babylon GP at Hand	20	E85029	Dr Jefferies & Partners	13,600	11,747
	21	E85124	Babylon GP at Hand	41,969	40,059
			Total	**55,569**	**51,806**
South Fulham PCN	22	E85649	Fulham Cross Medical Centre	2,950	2,581
	23	E85672	Salisbury Surgery	1,180	1,184
	24	E85038	Palace Surgery	5,272	4,533
	25	E85025	Cassidy Medical Centre	6,689	6,099
	26	E85685	Lillyville Surgery	8,694	7,981
	27	E85719	Ashville Surgery	12,018	10,048
	28	E85118	Fulham Medical Centre	6,956	6,311
	29	E85128	Sands End Health Clinic	12,252	11,443
			Total	**56,011**	**50,179**
				261,710	**244,568**

1.3 Background to MINT

The NHS Long Term Plan included an ambition that NHS providers would address health inequalities and improve productivity by transforming community mental health services, integrating care at a local level by:

- Returning to "place based care" with staff and services aligned to Primary Care Networks (collection of GP practices collaborating)
- Integrate vertically – blurring the boundary between primary and secondary care making it easier to access specialist advice, and also for patients in recovery be supported in the most appropriate / lowest intensity setting
- Integrate horizontally – network with other relevant providers – eg: IAPT, 3rd sector, local authorities
- Broaden the MDT to include more psychological therapists, social prescribers / link workers and peer support to address workforce challenges and ensure that all clinicians were working at the 'top of their license'
- Establish specialist functions for people with complex emotional needs, rehabilitation, eating disorders, older people with mental health needs and to improve transitions from children's to adult mental health services (16-25).

These principles were outlined in a national specification the Community Mental Health Framework for Adults and Older Adults, prepared by NHS England and NHS Improvement and the National Collaborating Central for Mental Health.

North West London, including West London NHS Trust, were selected to be early adopters of the new model and received additional investment. Most other mental health providers are now following.

In West London NHS Trust, the new model was named "MINT" – the "Mental health Integrated Network Team".

Information for residents has been collated on WLT's website https://www.westlondon.nhs.uk/MINT and available also in paper and electronic leaflet format and in various languages upon request

MINT evolution over years

September 2019: NHS England publishes the Community Mental Health Framework.

September 2019 onwards: West London NHS Trust begins developing the local delivery framework for MINT.

Throughout 2020: MINT model developed. Community-based locality team structures established.

Throughout 2021: Embed the core MINT model. Expand specialist areas and partnerships.

MINT in practice: Test, Learn, Refine

By March 2024: Community mental health services reflect the ambitions of the Community Mental Health Framework.

2.1 Operational role and structure

MINT provides advice and care for any resident of Hammersmith and Fulham who has mental health needs.

This may include:

- Advice and guidance for patients, GPs, or other health or care professionals

- Signposting to information or other sources of support including other West London NHS Trust services (eg Back on Tract / IAPT or the Recovery College), VCSE services, or Local Authority support

- Brief consultation and treatment, including a range of individual and group-based interventions eg:
    - Link worker
    - Peer support
    - Vocational Recovery Service (Richmond Fellowship)
    - Brief Occupational Therapy
    - Brief psychological interventions
    - Extended MINT practitioner engagement
    - One off medical review

- Care and interventions for those with complex mental health needs – including longer term routine follow-up and urgent support to prevention deterioration
    - General psychiatric care
    - Complex occupational therapy
    - Complex psychological / psychotherapeutic treatment

- For some patients with complex or urgent mental health needs they may be referred on to specialist pathways eg:
    - Eating disorders
    - Early intervention in psychosis
    - Psychotherapy
    - Crisis assessment and treatment teams – for those patients in crisis at risk of imminent hospitalisation

Each MINT team has the following structures to support the management of the caseload:

- Daily meeting – led by team manager plus psychiatrist: reviews referrals and any contacts requiring an urgent response. Attended by members of the multidisciplinary team

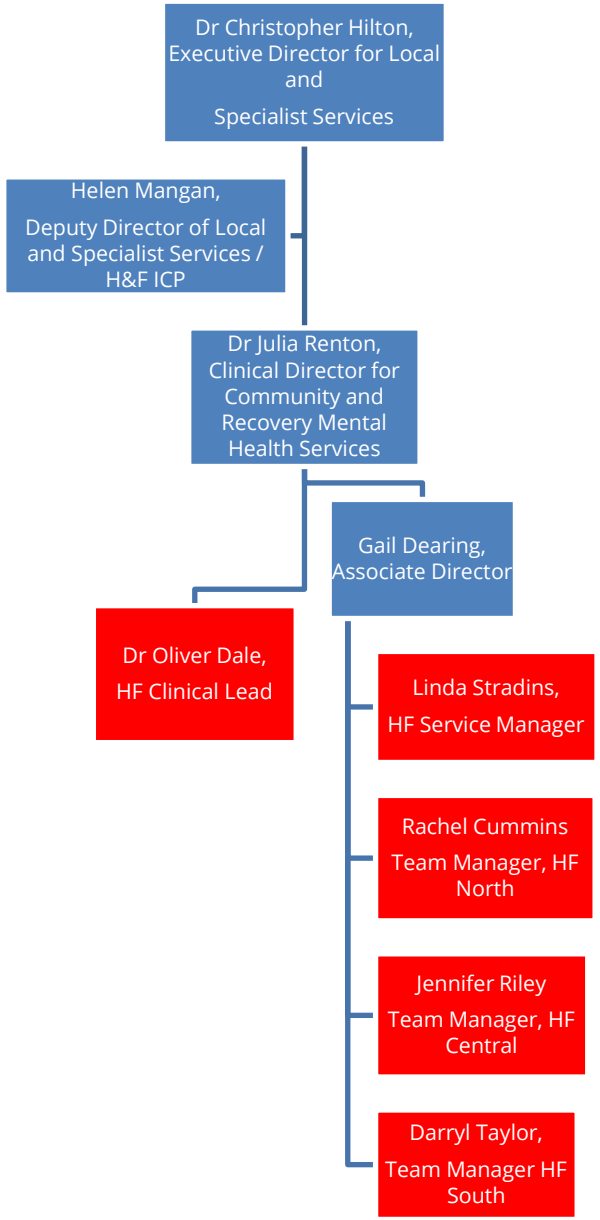
- Network meeting – a weekly meeting at which GPs, other mental health teams eg IAPT discuss shared cases, referrals and complex issues. This aims to be a shared care space to enhance communication and improve management of patients with complex needs

- Complex care meeting – weekly meeting attended by representatives from the local authority

Team Hammersmith and Fulham MINT teams comprise the following WLT employed staff (LBE employed social workers are additional):

Borough	Role	Budgeted	In Post	Vacancy
Trustwide (share)	Management	1	1	0
	Nursing	1	0	1
	Medical	1	0	1
	Admin	0	1	-1
	Healthcare Assistants	0	2	-2
	Sub Total	3	4	-1
H&F	Admin	1	0	1
	Medical staff	14.9	13.9	1
	Clinical Managers	4.9	4	0.9
	Psychology	5	2.8	2.2
	Dual Diagnosis Worker	1	0.9	0.1
	Healthcare Assistants	2	5.9	-3.9
	Nursing staff	24.25	17.12	7.13
	Occupational Therapy	10	6	4
	Social Workers (Trust employed)	2	1	1
	MH workers in primary care (ARRS)	5	0	5
	Sub Total for H&F	70.05	51.62	18.43
	Grand total across 3 boroughs	**232.85**	**169.19**	**63.66**

2.2 Operational role and structure



The diagram to the left illustrates the management structure within WLT, with the MINT team managers, borough Service Manager and Clinical Lead highlighted in red.

These individuals report into Trust Service Line management structures, through Dr Julia Renton, Clinical Director for Community and Recovery Mental Health Services, who is responsible overall for the clinical and operational delivery of the service.

The named staff members can be contacted by email directly (firstname.surname@westlondon.nhs.uk)

Social Care have separate management arrangements.

3 Services and pathways

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Patients can access care through discussing with:

- Their GP
- Self referral to Back on Track - IAPT
- Self referral to Single Point of Access
- Self referral to Recovery College (provides psychological education and well being)

These sources, along with other partners in the borough (including the local authority) can refer to MINT
We aim to review the referral with 3 working days and have an initial plan from there
We are aiming to provide an initial contact within 28 days
Our duty team is available to the patient as soon as we have accepted the referral.

Service Details	Role	Eligibility	Response time
Trustwide Single Point of Access (SPA) 0800 328 4444 SPADutyinbox@westlondon.nhs.uk	• 24 hours a day, 7 days a week • Advice and support line for patients, carers & colleagues • Navigation advice for referrers including VCSE / social care • Referral screening and Triage for urgent queries • Provide remote support to LAS/Police on scene • Single Point of Coordination for Health Based Place of Safety (section 136)	Any residents of H&F, Ealing & Hounslow Anyone requiring immediate assistance	0 to 24 hours
H&F Crisis assessment and treatment team Referral via SPA (see above) Direct contact: 020 7386 1146 Duty.H&FCatt@westlondon.nhs.uk	• 24 hours a day, 7 days a week • Multidisciplinary team providing intensive support and treatment in the community and patients home • Seeks to prevent imminent psychiatric admissions and offer an alternative to inpatient treatment • Route of access for admission to psychiatric hospital beds	Any H&F Resident Patient, carer or colleague requiring urgent assistance	4 to 24 hours
MINT Duty 0207 386 1275 Duty.TreatmentRecovery@westlondon.nhs.uk	• Office hours - 9am to 5pm, Mon to Fri • MDT drawn from the 3 H&F MINTs • Can provide a response on the same day, may include unplanned home visits	For patients currently under the care of MINTs (includes those who have had a clinical triage, but not yet seen)	1-3 days
MINT 0207 386 1275 **South**: HFSouthMINT@westlondon.nhs.uk **Central**: HFCentralMINT@westlondon.nhs.uk **North**: HFNorthMINT@westlondon.nhs.uk	• Office hours - 9am to 5pm, Mon to Fri • 3 separate MDTs aligned with GP networks • Provide routine care in the community • Can provide unplanned contacts by allocated workers, including home visits	Any H&F referred resident Allocated workers can respond to urgent requests	3 – 28 days (Target)

3 Services and pathways

Below is a typical journey and the process we go through to ensure anyone referred to MINT receives the right treatment for them.

First steps

Most people will access MINT services via their GP. However, some people may be referred to MINT following care from acute mental health services, or by emergency or social care services.

Initial assessment

Following referral, a member of the local Mental Health Integrated Network Team will be in touch to arrange an initial assessment. This may be over the phone, at a GP's surgery, at another community location or online.

The assessment offers an opportunity to talk through and understand the individual's needs, along with their strengths and goals. Others involved in a person's care, such as a family member or carer, may also be involved in the process.

Developing a personal care plan

The local MINT will work closely with the individual and others involved in their care to develop a personal care plan. This will be shared with their GP. There may also be a medication review.

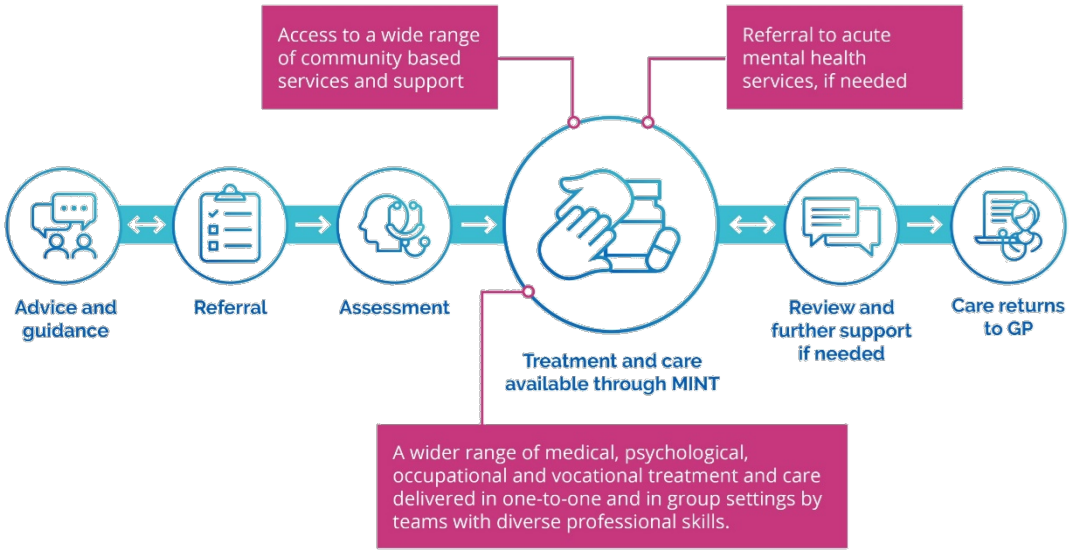
For people with more complex needs, the MINT team will also consider whether intensive support might be of benefit. MINT can also refer people directly to acute or specialist services, if necessary.

Accessing treatment and care

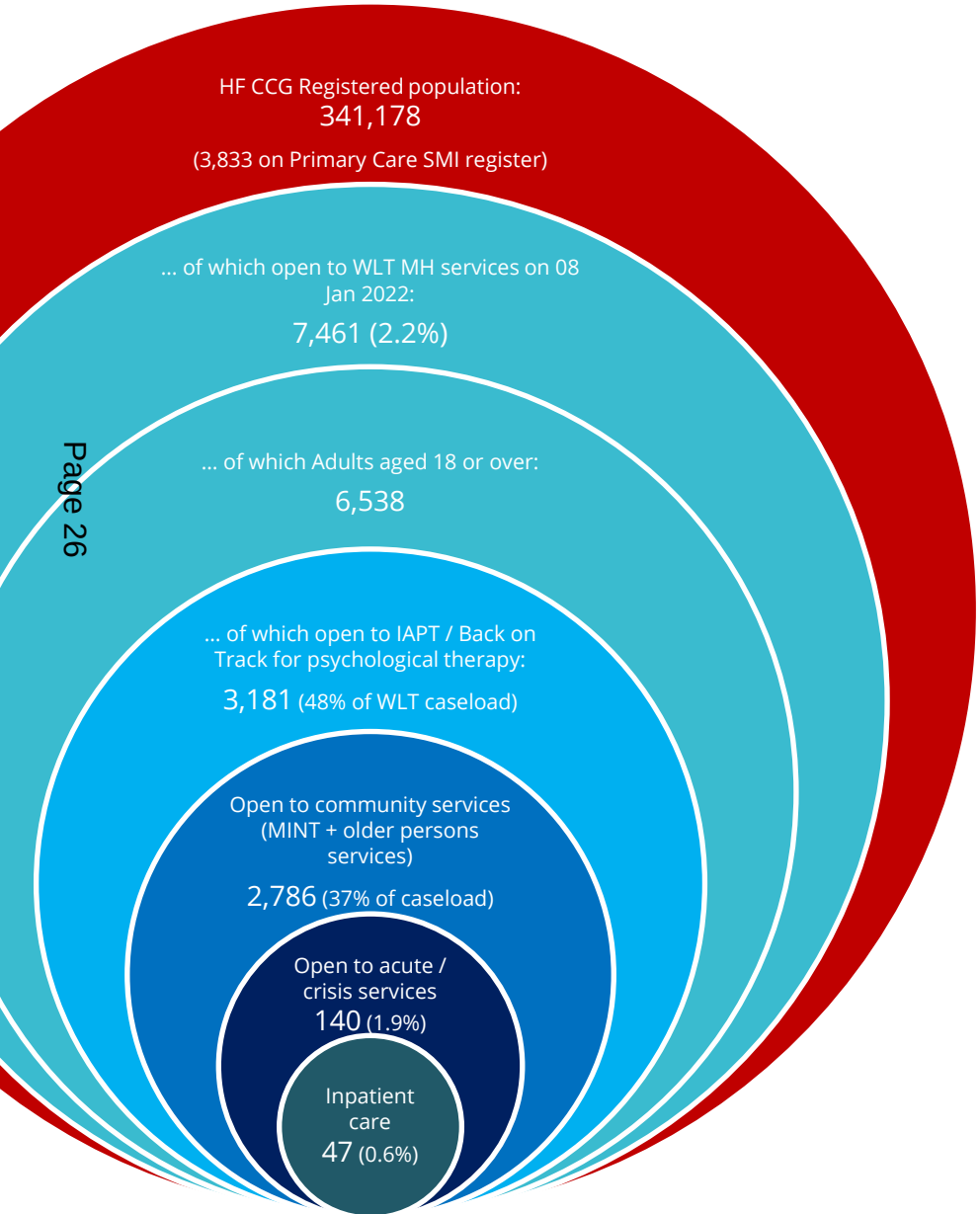
Mental health integrated network teams are made up of health and other professionals with diverse skills. This means that a wide range of psychological, occupational, vocational and social services and support are available through MINT.

Next steps

Following treatment and support from MINT, care returns to the GP, who can re-refer back to MINT again at any time.



4 Baseline demand / provision



The diagram to the left describes the total CCG registered population of Hammersmith and Fulham at Jan 2022. This is higher than the resident population largely due to the large Babylon GP@Hand practice.

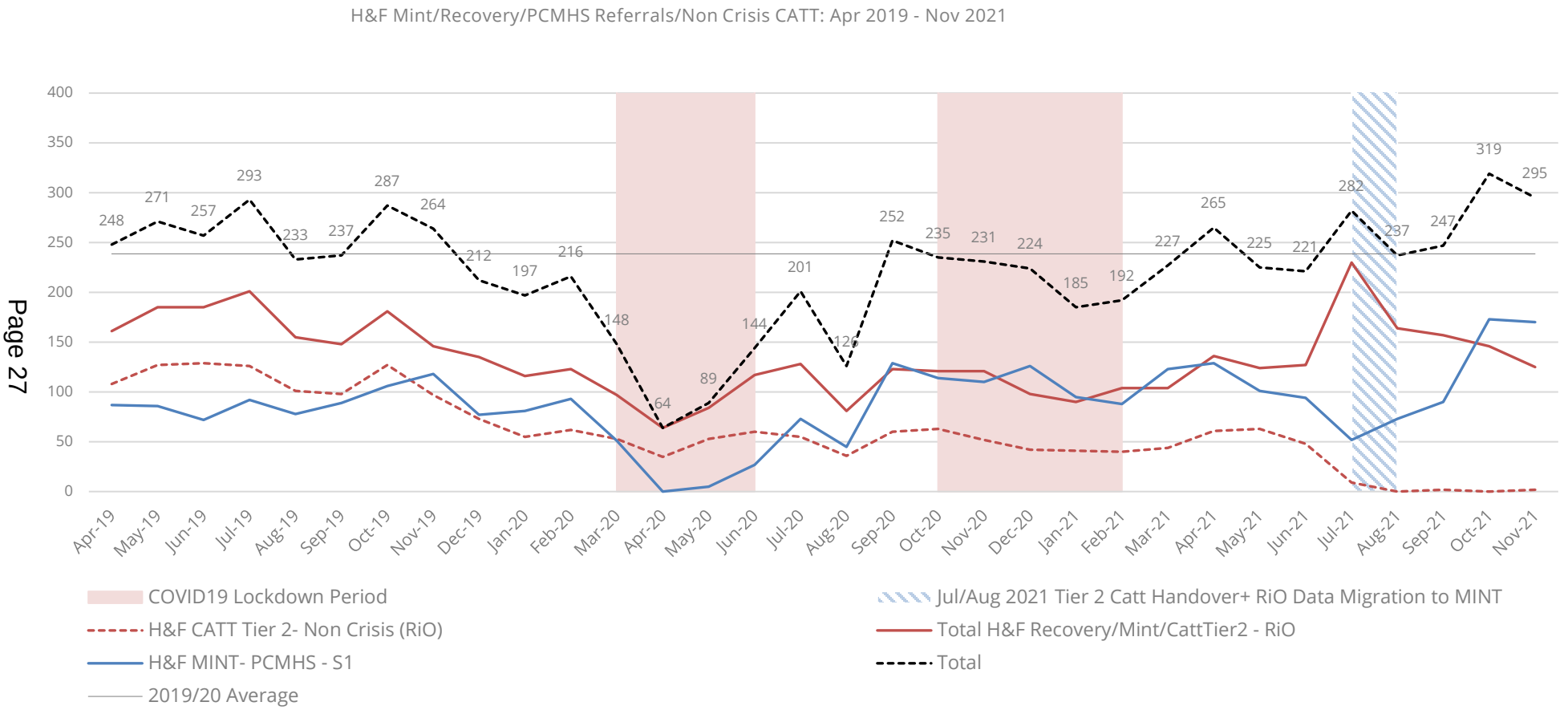
Within this, it shows the total number of patients open to WLT mental health services at Jan 2022 (7,461). This is approximately 2.2% of the registered population.

Within this 3,181 (48% of the Hammersmith and Fulham adults known to WLT) are open to IAPT / Back on Track, and 2,786 (37%) are open to community mental health services (primarily MINT)

Of these, approximately 140 Hammersmith and Fulham residents are open to our crisis services, and 47 currently receiving local inpatient care.

4 Baseline demand / provision

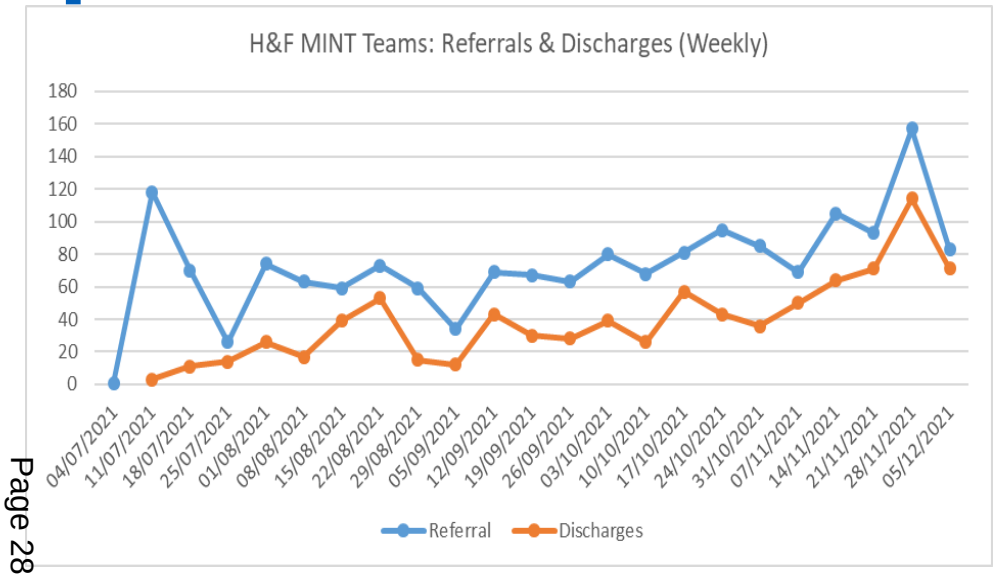
West London NHS Trust

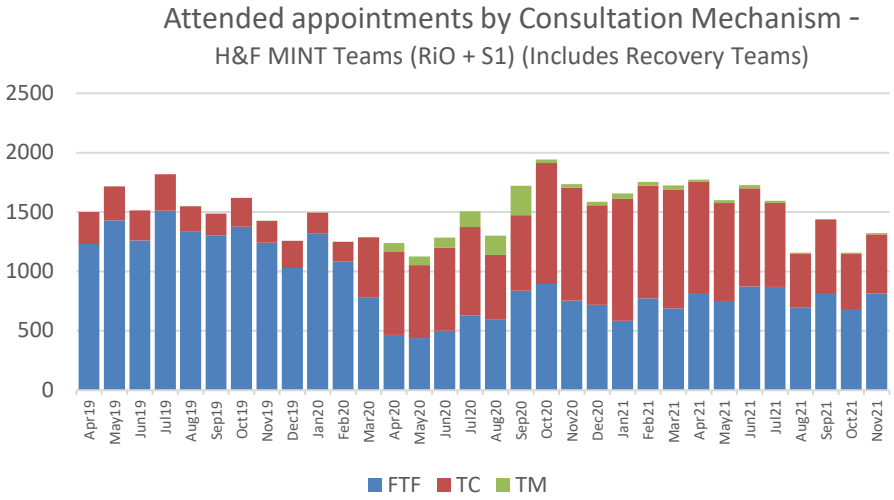


As described earlier, the Hammersmith and Fulham MINT teams were formed by combining Primary Care Mental Health Service (PCMHS), Assessment services (CATT Tier 2) and the existing H&F Recovery Teams.

The diagram above shows the unique monthly referral numbers (Apr 2019 - Nov 2021) into these times, to give a combined total. Periods of Covid Lockdown are illustrated. We are currently seeing similar levels of overall referral into the three Hammersmith and Fulham MINT Teams compared with pre-Covid levels of demand.

4 Baseline demand / provision





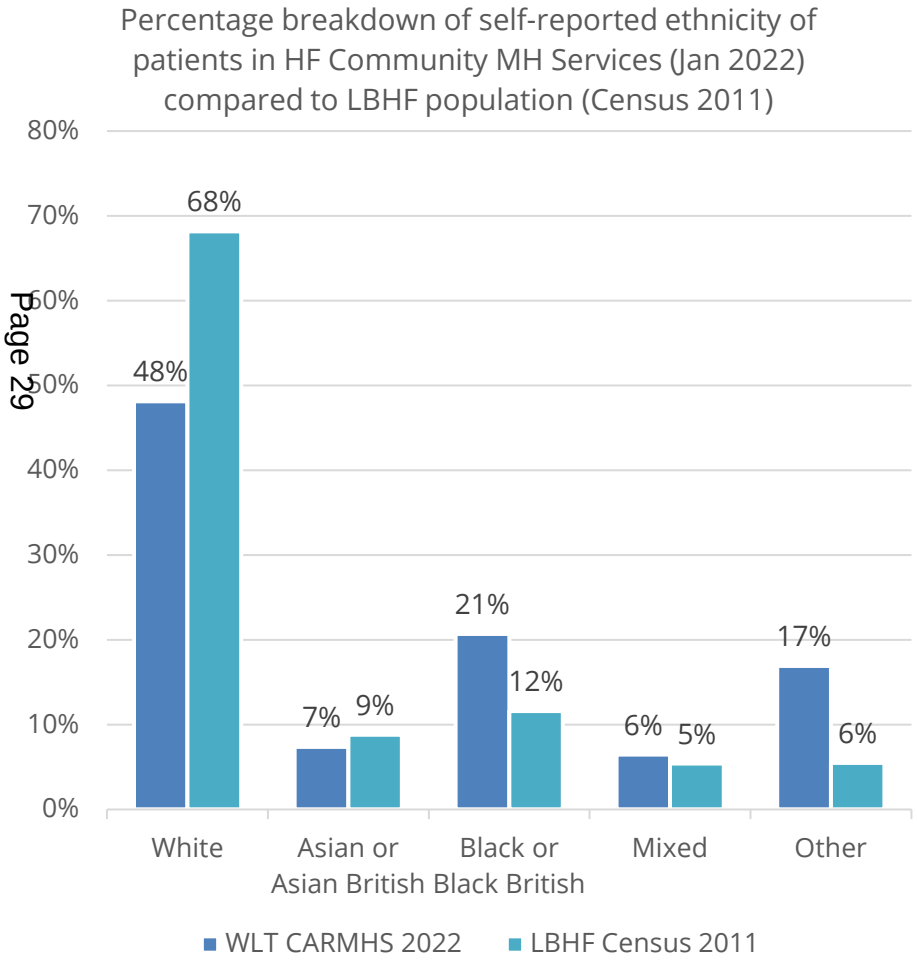
The diagram above left demonstrates that since the MINT teams were formed (July to date), the number of referrals has consistently exceeded the number of discharges week on week. This may relate in part to referrals for "advice and guidance" being captured more accurately than in the past as new referrals.

This has resulted in waiting times for routine assessments increasing – the waiting time for routine care has never been as low as our new target of 28 days, however it is currently up to 90 days in some instances. Patient tracking data is now available combining two electronic records systems (SystmOne for the majority of cases and Rio for complex cases). This shows current numbers of patients on waiting list as: HF Central 237, HF North 162, HF South 118.

WLT has an executive-led action plan to ensure that all referrals are clinically triaged promptly upon receipt and, through the reinforcement of our Duty functions, patients triaged as requiring urgent needs are seen promptly. Data is reviewed weekly for each team showing number of patients referred who have not yet been seen.

The volume of activity undertaken each month is shown (above right) and reflects recorded activity, and the split between remote consultation (telephone) and face-to-face appointments, which peaked in Jan 2021 coinciding with the last Covid peak, but has gradually reduced thereafter. We are committed to continuing to offer a proportion of our work remotely (where this is efficient and patients' choice and clinically suitable), however our plan over the next 3 months is to improve the volume of appointments offered, as well as the proportion offered face to face and by video.

5 Ethnicity and mental health



The diagram (left) illustrates the self-reported ethnicity of patients in Hammersmith and Fulham community mental health services (by national Census ethnicity categories) compared to the LBHF Census data for 2011.

This demonstrates an overrepresentation of Black, Asian and Minority Ethnic groups in community mental health services compared to the local population.

Work is under way within the Trust, learning from the Ethnicity and Mental Health Improvement Project undertaken elsewhere in the capital, to examine this further and understand other areas where there may be disparities in care provided (eg restrictive practices) between different patient groups.

6.1 Interfaces between VCSE and Local Authority

The aim of the MINT model is to provide more holistic and multidisciplinary care for residents, combining medical / psychiatric care with easier access to a range of psychological and social interventions.

WLT works closely with the Local Authority, employed Social Workers and Approved Mental Health Practitioners to work in and alongside mental health services.

Over the past year, the Local Authority has implemented a single Social Care Hub to provide a coordination point for referrals requiring Social Work interventions in Hammersmith and Fulham, and has strengthened the direct line management and professional development of Social Work staff employed by the Local Authority.

The changes to pathways and meeting structures in MINT and the impact on Social Care are being regularly reviewed to ensure that the changes in the Local Authority and the Trust are aligned and result in improved efficiency and outcome.

The senior managers from LBHF and WLT meet weekly, and there are regular senior interface meetings between Dr Hilton (WLT executive director) and Lisa Redfern (LBHF Strategic Director of Local Care).

6.2 Interfaces between VCSE and Local Authority

WLT is also establishing local partnerships with VCSE organisations in H&F in conjunction with the Local Authority through the grants programme.

MINT has ring-fenced £200,000 to award grants to grassroots organisations in H&F that will be deliver the following objectives:

1. Providing services that improve the mental wellbeing of the local BAME population, supporting engagement with and access to local services, activities, and other everyday life aspects.

2. Providing culturally appropriate therapeutic support and holistic approaches to those residents who have experienced trauma, particularly those whose trauma relates to migration and their first language is not English.

3. Providing services to support the health and mental wellbeing of those residents who identify as LGBT+. Providing services to help empower community members, increase engagement with health services, and create safe community spaces.

4. Providing services to help improve the health and wellbeing of those with physical disabilities, learning disabilities, and neurodevelopmental disabilities. Providing supportive community spaces and helping residents engage with health services and local activities.

5. Providing services to help improve the health and wellbeing of those who have experienced or are victims of; domestic abuse, self-harm (focusing on women) and suicide prevention (focusing on men), and aims to address violence reduction.

6. Improving students and young people's (16-25's) mental health and wellbeing through addressing inequalities and supporting marginalised groups (e.g. such as support for young people with general mental health needs, support for those known to youth offending, criminal justice or youth violence), by improving access to services, offering interventions and early support with the community, and linking with educational settings.

7.1 Positive practice

West London NHS Trust

New roles working in MINT – How Link and Peer support workers have been providing 'personalised care' to the clients

Social prescribing connects people to community groups and services, through the support of 'Link workers' and 'Peer Support'.
The story below has been shared by a Link Worker in the MINT service

About me:
I am a trained chef. My interest to support service users focuses around daily activities and wellbeing. I'm specifically interested in developing a cooking group for service users to support their wellbeing, learn a new skills and enjoy the process of cooking. I have been looking for a space to hold this group since I started my role.

A key part of my role is to understand and build a portfolio of resources in the community available for service users. One of the local community resource visited was an allotment.

During the visit, we were shown the local facilities which included an outdoor pizza oven. We are now exploring whether this space can be used to hold a local cooking group. Providing that we find the amenities and resources to fund the group, the group will go ahead. The planning of this group is underway and developing the recipes for the group, is a personal attribute that I bring to this role.

As a Link worker, I have been visiting local volunteer organisations and groups that provide therapeutic sessions to residents in the community. This has helped in becoming informed and familiar with local resources for clients in the community and whether they are suitable and or appropriate to signpost clients.

In my team, I attend daily referrals meetings that discuss referrals to understand more about our client groups, this is one forum in which I have been allocated clients to support through their MINT journey. Sometimes I am allocated clients suitable for occupational support following their initial screening of needs.

My client:
I was allocated this client from the team's morning referral meeting. The client has a history of childhood trauma. She had just turned 18 and was being transferred to MINT from Children Adolescent Mental health Services. I was allocated this client for a brief assessment of needs and to support with access to other services, sometimes this includes accompanying people to attend their first session.

After an introductory telephone call, I invited her to MINT for a face to face appointment with myself. She was bright, articulate, had great insight and awareness of her mental health and engaged very positively. It was easy to build a rapport quite quickly.

I shared details about MINT with her, what the service offers and more about my role within the team. We then continued to discuss and explore what her goals are and what she feels she needs support with.

She was open and comfortable to talk about her past trauma and experiences and what she was hoping to achieve from care supported by MINT.

Client expressed her goals were:
- To move in to a more stable accommodation
- Become more integrated into society
- Develop positive relationships and have more supportive networks
- Address her trauma

7.2 Positive practice

West London NHS Trust

New roles working in MINT – How Link and Peer support workers have been providing 'personalised care' to the clients

Social prescribing connects people to community groups and services, through the support of 'Link workers' and 'Peer Support'. The story below has been shared by a Link Worker in the MINT service

What I did:
I shared printed information and contact details for some key community based services/groups with the client.

She agreed to attend a [VCSE] group for Yoga and Meditation.

She was very keen and shared that she used to attend yoga for school every week and found this very relaxing and after the session she was enrolled on to the course.

Outcome:
I followed up with my client about a week later to see how she was getting on, and if she managed to access the resources I signposted towards.

She successfully moved to a new accommodation, had made contact with a women's network and is currently awaiting the new prospectus from the Recovery College to enrol onto courses next season.

I encouraged her to contact MINT East if she needs any further support.

8.1 Coproduction

The MINT model is based on a national service specification which incorporated a wide range of views from an Expert Reference Group drawn from a range of disciplines and professions across health, social care, the VCSE sector, community groups, and users and carers

Across the North West London Integrated Care System, the work is overseen by the Mental Health, Learning Disabilities and Autism Programme Board, which includes membership of individuals with lived experience.

Within WLT, the MINT service developments sought to incorporate an inclusive and meaningful approach seeking feedback from residents, patients and carers to ensure their voices are heard and views incorporated in the development of our model.

The programme leaders (CARMHS Clinical Director, CARMHS Associate Director, Transformation leads and Borough Service Managers) participated in or led a number of groups .

These groups included:

- MINT engagement events
- Carer Focus Groups
- People Participation Groups
- LA-led Health and Wellbeing Groups

MINT workshops/events were held with over 70 attendees participating on an average (from all 3 boroughs and included members of staff from Trust, CCGs, Local Authorities, GP PCN Director/s, peer support workers, service users & carer, Healthwatch and third & voluntary sector representatives).

A MINT survey was run between December 2020 and March 2021, it collated feedback from local stakeholders on engagement to date, involvement in the development of the model and preference for future involvement.

MINT Carer Focus groups met every 2 months in the lead up to the service launch. Specific focus was to ensure MINT staff training incorporates aspects from the our carer involvement work (the Triangle of Care).

Based on feedback from these engagement and participation events, MINT materials including FAQs and other information was designed and shared on the new Trust website.

The Trust has also commissioned Mind in Hammersmith and Fulham to host a signposting feature that allows service users, families and local residents to find the right mental health support, including from VCSE, for their need.

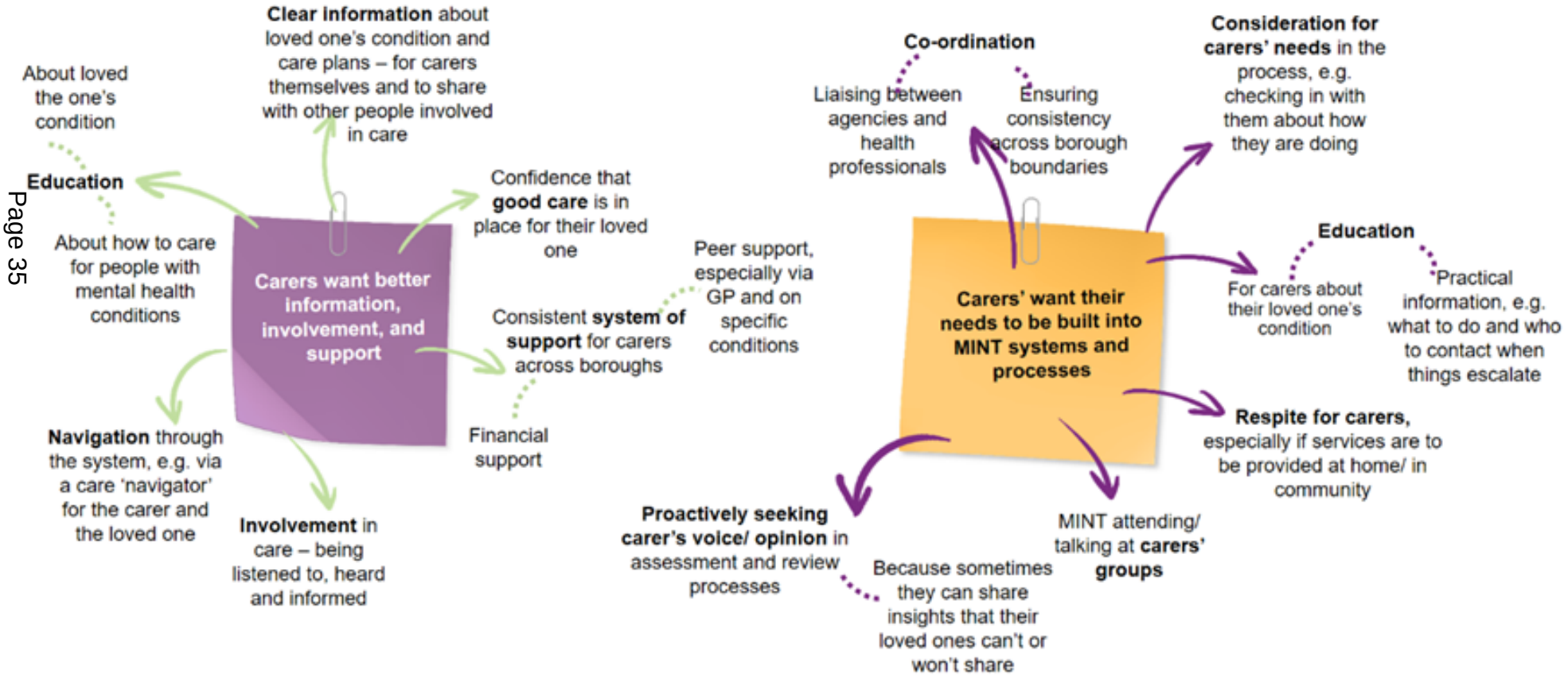
This engagement has also led to development of wider support elements in MINT:

- Employment, volunteering and other occupational support, available through MINT's Vocational Recovery and Individual Placement & Support services.
- Education and training delivered by the Recovery College and other locally-based partner organisations, helping people develop practical skills to support their recovery.
- Peer support, working alongside someone with lived experience of mental health needs to develop an understanding of what happened and a meaningful way forward.
- Link workers building community connections and helping people to access community and social groups or engage with new interests, hobbies and activities.

Participation in WLT's Service User and Carer Experience Committee (SUCE), Carer's Council and regular Mental Health Forums (hosted by We Coproduce) is widely encouraged for users of MINT, and provides a further opportunity to provide feedback for improvement.

The Trust is working with LBHF to establish and embed co-production with residents with lived experience of Mental Health as part of the wider work of the Mental Health campaign of the Integrated Care Partnership – HISPAC members and the residents they support will be invited to develop our co-production going forward.

8.2 Coproduction – carers feedback



9 Finances

H&F MINT service has been developed using additional NHS Long Term Plan funding (+£1.36m) that has been added to the previous H&F Recovery Team and H&F Primary Care Mental Health Team (PCMHT) budgets (totalling £1.99m).

Further additional investment has been secured to enhance other mental health pathways for adults and older adults in Hammersmith and Fulham and further to develop specialist pathways.

The financing of the service is recurrent and ring-fenced.

The total budget of H&F MINT service is now £3.36m. Currently the service is forecasting an underspend in 21-22, due to recruitment delays.

This constitutes 0.89% of the Trust's total budget (£375.71m). All of this money is fully deployed for providing services to H&F residents.

Our other boroughs (Ealing and Hounslow) have their own MINT service budgets. The total MINT Service budget across all three boroughs is £12.34m; this constitutes 3% of the Trust's total budget.

The additional investment has primarily created additional staff posts within a reconfigured structure.

Funding for local authority posts is excluded from these figures.

In 2021-22, following the announcement of Mental Health Additional Role Reimbursement Schemes in Primary Care, the Trust is part-funding further Band 7 Mental Health Practitioners who will work directly with each PCN as first contact mental health practitioners.

Appendix 1

NHS
West London
NHS Trust

Introducing Mental Health Integrated Network Teams

West London NHS Trust provides mental health services for adults of all ages and with a wide range of needs across Ealing, Hammersmith & Fulham, and Hounslow.

Our Mental Health Integrated Network Teams, also known as MINT, are based in the community and work closely with GPs, social services and voluntary organisations to support people's mental health, alongside their physical health and social needs.

MINT focuses on strengths and solutions, helping people build hope, resilience and an ability to cope with challenges and difficulties.

Accessing MINT services & support

First steps
You are most likely to be referred to MINT by your GP. You may also be referred following hospital treatment or by social services.

Assessing your needs
Your needs will be assessed. You may be signposted to the most appropriate service or be offered an appointment. This could be at your GP's surgery, at another community location or online. At your appointment you will be able to talk through your current needs, along with your goals and strengths.

Developing your personal care plan
MINT aims to provide you with brief, effective treatment, as quickly as possible. The frequency, duration and type of interventions offered will depend on your needs.

Your MINT lead will work closely with you to develop your personal care plan, which will be shared with your GP. There may also be a review of any medications you are taking.

If you have more complex needs, your MINT team will take time to consider whether intensive support might benefit you. MINT can also refer you directly to acute or specialist services, if necessary.

Involving others in your care
If you want to, you can ask a family member, friend or carer to help plan your care and be involved in decisions about your treatment. You will need to give permission for this, so that we can log these details on your record.

Next steps
Following treatment and support from MINT, your care will return to your GP. Your GP can refer you to MINT again at any time.

Treatment & care

Based on your needs, treatment and care may be offered in different settings or in different ways, and include:

Therapeutic support
focusing on areas including emotional regulation, developing coping skills and strategies, support for wellbeing and physical health.

Education & training
delivered by the Recovery College and other partner organisations, helping people develop skills and resources to support their recovery.

Employment, volunteering & other occupational support
available through MINT's Vocational Recovery and Individual Placement & Support services.

Peer support
which involves working alongside someone with lived experience of mental health needs to develop a way forward.

Link workers
helping people to access community or social groups, engage with new interests, hobbies and activities and exercise.

NHS
West London
NHS Trust

More information about MINT

You can find out more about the services and support MINT offers from your GP or your local MINT.

If you are already under the care of the recovery teams, primary care mental health services or crisis assessment and treatment teams, please talk to the clinicians in your team for more information.

More information is also available at **www.westlondon.nhs.uk/mint**

Your feedback

We want MINT to offer a great service that provides treatment, care and support when and where you need it. We welcome feedback, so that we can make improvements to our services. You can give us your feedback in the following ways:

www.westlondon.nhs.uk/mint

mint@westlondon.nhs.uk

London Borough of Hammersmith & Fulham

Report to: Health, Inclusion and Social Care Policy & Accountability Committee

Date: 26 January 2022

Subject: 2022 Medium Term Financial Strategy (MTFS)

Report author: Head of Strategic Planning & Monitoring – Andrew Lord
Head of Finance (Social Care) – Prakash Daryanani

Responsible Director: Director of Finance – Emily Hill
Strategic Director of Social Care – Lisa Redfern

SUMMARY

Cabinet will present their revenue budget and council tax proposals to Budget Council on 24 February 2022. A balanced budget will be set in accordance with the Local Government Finance Act 1992.

In recognition of the significant increases in the cost to living for residents due to inflation and Government tax increases, the administration proposes to freeze council tax and not to apply the government modelled 1% Adult Social Care precept increase. Despite this freeze, council savings and other areas of income will fund over £5m of increased investment in Adult Social Care and public health.

The report sets out the budget proposals for the services covered by this Policy and Accountability Committee (PAC). An update is also provided on any proposed changes in fees and charges in the budget.

RECOMMENDATIONS

1. That the Policy and Accountability Committee (PAC) considers the budget proposals and makes recommendations to Cabinet as appropriate.

2. That the PAC considers the proposed changes to fees and charges and makes recommendations as appropriate.

Wards Affected: All

Our values	Summary of how this report aligns to the H&F values
Being ruthlessly financially efficient	We need to always confirm that spend fits our Council's priorities; challenge how much needs to be spent; and achieve results within agreed budgets. Finance is everyone's business and every penny counts.

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Background Papers Used in Preparing This Report

Not Applicable

PROPOSALS AND DETAILED ANALYSIS

The budget requirement and gap

1. The gross General Fund budget[1] rolled forward from 2021/22 to 2022/23 is £533.5m, of which a **net budget requirement of £160.4m** is funded from council resources (such as council tax and business rates) and general government grant.

Table 1 – Budget rolled forward from 2021/22

2021/22 budgeted expenditure	**£m**
Housing Benefit Payments	98.0
Social Care and Public Health	112.0
Children's Services	113.0
Economy	48.0
Environment (includes parking)	110.0
Corporate (Finance, Resources and Council wide)	52.5
Gross budgeted expenditure	**533.5**
Less:	
Specific government grants (including housing benefits and dedicated schools grant)	(242.0)
Fees and charges	(67.0)
Contributions (e.g. health, other boroughs)	(47.0)
Other income (e.g. investment interest, rentals and recharges)	(17.1)
Budget requirement rolled forward to 2022/23	**160.4**

2. The budget proposals for 2022/23, and forecast to 2025/26, are summarised in Table 2. A balanced budget is projected for 2022/23 with a contribution to reserves and balances of £2.1m. A council tax freeze is modelled, and the Council will step in to fund significant Social Care growth rather than applying the Government's modelled increase in the Adult Social Care precept.

[1] Figures exclude capital charges and internal service level agreements. These have a net nil impact on the budget.

Table 2 – Budget summary

	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Base budget rolled forward	**160.4**	**160.4**	**160.4**	**160.4**
Provision for inflation	10.0	16.0	22.0	28.0
Investment	4.8	10.8	16.8	22.8
Covid-19 impact	2.7			
Net cost of borrowing	0.4	1.7	2.1	2.1
Savings and additional income	(4.9)	(5.3)	(5.3)	(5.4)
One-off Covid contingency	1.5			
Increase in the unallocated contingency	0.5	0.5	0.5	0.5
Covid-19 impact on concessionary fares	(2.3)			
Recognition of current income projection	(3.4)	(3.4)	(3.4)	(3.4)
Contribution to reserves and balances	2.1			
Budgeted expenditure	**171.8**	**180.7**	**192.9**	**204.8**
Government resources	(44.45)	(40.9)	(40.9)	(40.9)
Business rates (net of tariff)	(57.2)	(59.3)	(60.7)	(61.9)
Council tax	(68.45)	(69.1)	(69.7)	(70.3)
Use of developer contributions for law enforcement team and gangs unit	(1.7)	(1.7)	(1.7)	(1.7)
Budgeted resources	**(171.8)**	**(171.0)**	**(173.0)**	**(174.8)**
Budget gap	**0**	**9.7**	**20.1**	**30.2**

Budget assumptions

3. Supply constraints, driven by Covid-19 and Brexit, have led to higher prices and pressure on wages. The Consumer Price Index has reached 5.1% in the 12 months to November 2021 and the government[2] forecast that it will still be 4.4% in the second quarter of 2022. The pressure on wages is compounded by the Government's introduction of the Health and Social Care Levy which will increase employer national insurance costs by 1.25%. This will impact on both Hammersmith & Fulham staff costs and suppliers. The 2022/23 budget includes a **£10m provision for inflation**. This allows for:
    - Contract inflation of £3.15m.
    - Catch up inflation of £1.75m regarding 2021/22 pay - a wage freeze was assumed in the 2021/22 budget, but the latest national pay offer is for a 1.75% increase.

[2] Autumn 2021 budget statement.

- £1.25m regarding the 1.25% increase in employer national insurance contributions (the Health and Social Care levy).
- £2.35m provision for a 2022/23 pay award (this equates to a 2.3% pay award).
- A retained contingency of £1.5m as mitigation against additional inflationary risk.

Beyond 2022/23 headroom of £6m per annum is modelled for future inflation.

4. For **fees and charges,** levied by the Council, the inflation assumption is:
   - Frozen for Adult Social Care, Children's Services and Housing.
   - Commercial services that are charged on a for-profit basis, will be reviewed on an ongoing basis in response to market conditions and varied up and down as appropriate, with proper authorisations according to the Council Constitution.
   - Parking charges and fines are set in line with transport policy objectives and not considered as part of the budget process.
   - A standard uplift of 3.8% to be applied, based on the July 2021 Retail Price Index, for other non-commercial and non-parking fees.

   The exceptions to these assumptions for this Committee are attached in Appendix 4.

5. Allowance is made within the budget for an increase in the **net cost of borrowing** in line with the 2022/23 capital programme commitments. Whilst the current low interest rate environment enables Hammersmith & Fulham to borrow at low rates it also means that minimal returns are earned on the Council's cash balances.

6. The Council has determined that a key priority area for the investment of available **developer contributions,** with general purposes, is to support the Law Enforcement Team and Gangs Unit. An on-going investment of £1.7m per annum is included within the financial forecast **and** this can be met from receipts currently in hand.

7. **General government grant funding** of £44.45m is forecast for 2022/23. This is an increase of £6.2m from 2021/22. £1.8m of the grant increase is not new money but compensation for the government decision not to increase business rates in 2022/23. The extra grant is also meant to recompense local authorities for the extra costs that will arise from the Government's 1.25% increase in employer national insurance contributions (estimated at £1.25m for H&F staff costs). Historically, government funding has reduced by £58m from 2010/11 to 2022/23. The 2022/23 grant funding includes an extra £2.7m for Social Care support. This has part funded the new investment in Children's and Adult Social Care of £5.6m and contributed towards reducing inflationary pressures. The new investment is partly funded for the extra NI costs of Social Care contracted staff of £0.537m.

8. No grant allocations are confirmed beyond 2022/23 following the government decision to announce a single year local government finance settlement (LGFS). The lack of future certainty continues to undermine effective medium-term financial planning and the risk of future funding reform and levelling up remains with the government making clear that the new 2022/23 'services grant' of £4.234m will be potentially subject to significant redistribution in 2023/24. The

government have stressed that authorities should not assume that 2022/23 funding allocations will be fully protected in 2023/24.

9. As part of the LGFS, the government calculated that Hammersmith & Fulham spending power will increase by 6.3% in 2022/23. This is below the London average increase (6.7%) and national average increase (6.9%). The government spending power calculation assumes that authorities will increase council tax (including the Adult Social Care precept) by 3%, which the Council is proposing to freeze, and that business rates collection is not adversely impacted by rating appeals or lower collection rates experienced during the Covid-19 pandemic. Should Budget Council confirm a council tax freeze the Hammersmith & Fulham calculation is that spending power will increase by 2.1%.

Council Tax and Business Rates

10. A freeze in the Hammersmith & Fulham element of **council tax** is proposed for 2022/23. This is proposed by the administration in recognition of the significant increases in costs faced by residents due to inflation and Government tax increases. This includes not levying a 1% 'Adult Social Care precept' increase or increasing council tax by 2% as assumed by central government in their spending power calculations. A tax freeze will provide a balanced budget whilst not increasing the burden on local taxpayers. The council tax freeze has been delivered despite the upturn in inflation with the November 2021 Consumer Price Index standing at 5.1% causing significant pressure on Council costs.

11. Due to the anticipated impact of Covid-19 the budgeted council tax collection rate reduced from 97.5% in 2020/21 to 97% in 2021/22. A 97% collection rate continues to be modelled for 2022/23. For years beyond 2022/23 a tax freeze is modelled with the tax base increasing in line with trend data for increases in dwelling numbers. As set out below, only 52% of households are liable for 100% council tax, with the remainder receiving discounts or council tax support from the council.

Table 4: Liability for council tax

Total dwellings in the borough	92,148
Reductions:	
Exemptions (mainly students, includes care leavers)	(3,780)
Council tax support claimants (elderly & working age on low income)	(10,819)
Single person discount (25% discount)	(30,060)
Dwellings liable for 100% of council tax	47,489

12. As part of the Autumn 2021 Budget, the Chancellor of the Exchequer announced that a new temporary 50% **business rates** relief will apply for eligible retail, hospitality and leisure properties for 2022/23. In addition, a new 100% improvement relief will be available where eligible improvements increase rateable value. There will also be a business rates freeze in 2022/23 (no increase in line

with the multiplier). Local authorities will be compensated by the government for the resultant loss of income from these measures.

13. The detail of the business rates changes has yet to be confirmed. For financial planning purposes the budget assumes that Hammersmith & Fulham will receive the minimum amount guaranteed, the safety net threshold, by government. This is £57.2m for 2022/23. The safety net threshold is £4.6m less than that assumed by the government in their spending power calculation. For years beyond 2022/23 a 2% inflationary increase to the safety net is modelled.

Investment, savings and risks

14. Investment in services (increasing the available budget) and savings proposals (reducing the available budget) for the services covered by this PAC are set out in Appendix 1 with budget risks set out in Appendix 2.

Investment

15. Investment is required to fund expenditure on priority areas and/ or to meet the costs associated with demographic or demand led pressures. Growth is also required to fund the new additional costs arising from government reform (such as the impact on suppliers of the increase in employer national insurance contributions). Investment in services is summarised by department in Table 4 and by category in Table 5. Beyond 2022/23 headroom of £6m per annum is modelled to fund new investment.

Table 5: 2022/23 investment proposals

Department	£m
Children's Services	0.534
Social Care and Public Health	5.031
Economy	0.650
Environment	0.878
Corporate (Finance, Resources and Council wide)	0.341
Total	**7.434**

Table 6: Categorisation of investment proposals

Investment categories	£m
Increase in demand / demographic growth	2.311
Resident priority	0.690
Budget pressure	0.655
New burden / government pressure	1.137
Impact of Covid-19 / economic downturn	2.641
Total	**7.434**

Savings and Income Generation

16. After ten years of austerity it is increasingly difficult to identify and deliver substantive savings. However, further savings are necessary if the financial challenge of real terms government funding cuts, unfunded burdens, inflation, and demand and growth pressures is to be met and the Council has to consider all available options to operate within the funding available to it.

17. The proposed savings (including additional income) for 2022/23 are set out in Table 7. London Councils have also indicated that a further short-term saving of £2.3m for 2022/23 will arise from the reduced cost of the concessionary fares scheme (freedom pass). This is due to lower usage of the pass during lockdown and more broadly in response to the Covid-19 pandemic. As a short-term saving the majority of this sum will be added to reserves and general balances in line with the Council's reserves strategy.

Table 7: 2022/23 firm savings and additional income

Department	£m
Children's Services	(0.533)
Social Care and reinvestment in Public Health	(1.670)
Economy	(0.235)
Environment	(1.184)
Corporate (Finance, Resources and Council wide)	(1.229)
Total savings	**(4.851)**

18. The saving proposals are categorised by type in Table 8.

Table 8: Categorisation of 2022/23 savings

Savings categories	£m
Commercialisation / income	(0.650)
Outside investment	(0.035)
Procurement / commissioning	(1.828)
Service reconfiguration	(0.892)
Staffing / productivity	(1.446)
Total savings	**(4.851)**

Risk and financial resilience

19. An updated reserves strategy and action plan will be included within the suite of finance reports presented to Budget Council.

20. The current reserves forecast is set out in Table 9 and models a fall in overall general fund reserves and balances to £97m by 2025/26. This assumes a balanced budget is set each year with no further call on reserves. Allowance is made for the forecast (month 6) 2021/22 underspend of £4.7m and a budgeted 2022/23 contribution of £2.1m.

Table 9 – Reserves and general balances - cash flow forecast to 2025/26

	2021 £m	2022 £m	2023 £m	2024 £m	2025 £m
Opening balance					
General balances	19.3				
Earmarked reserves – unrestricted	63.7				
Covid-19 related	51.4				
Earmarked reserves – restricted	10.4				
Subtotal	**144.8**	**93.1**	**85.0**	**84.4**	**97.0**
Forecast movement	(56.4)	(10.2)	(0.6)	12.6	
Forecast 2021/22 underspend	4.7	0	0	0	
2022/23 new contribution	0	2.1	0	0	
Closing balance	**93.1**	**85.0**	**84.4**	**97.0**	
Revenue developer contributions	46.0	Subject to separate monitoring and approval			

21. The Covid-19 pandemic has emphasised that councils need an adequate safety net to manage increased levels of financial risk. The experience of several councils, including Croydon and Bexley in London, has shown the difficulties that can arise when reserves are not maintained at a sufficient level. The Council's reserve forecast includes a general balance of £20.4m which represents 3.8% (equivalent to 14 days spend) of the Council's gross spend of £533.5m. As part of the 2022/23 budget, consideration will be given to increasing the general balance by £0.6m to £21m The Director of Finance has recommended that the optimal range for the general balance is between £19m and £25m.

22. The key financial risks that face the Council have been identified and quantified and total £13.4m. Other substantive risks include:

    - The Covid-19 recovery and addressing pent-up demand
    - An upturn in inflation post Brexit and Covid-19
    - The future impact on London of the government's 'levelling-up' agenda and wider local government finance reform (such as business rates)
    - The impact of the wider economy on major Council development projects and future contributions from developers
    - The impact of, and costs of tackling, climate change
    - The challenge of identifying further significant future savings that balance the budget over the longer-term.

    Departmental risks of £1.7m in 2022/23 for the services covered by this PAC are set out in Appendix 2.

23. Reserves are also a key enabler for future service transformation. The financial challenge facing the Council will require investment to deliver future efficiencies to enable the council to balance the budget in future years.

Comments of the Strategic Director on the budget proposals

24. The department funds Social Care support for 2,706 residents. 2,174 live in the community and 532 people live in residential and nursing care. This is a 9.5% increase in residents supported by Social Care since end of March 2020. Since 2016/17 the department has contributed savings of £17.6m. It has successfully balanced its budget since 2017/18 despite the huge pressures placed on Adult Social Care.

25. Due to the ongoing impact of Covid-19, increasing acuity of needs and the very high rate of hospital discharges, this year's budget is projecting a current overspend which we are working very hard to balance by year end. Covid-19 related activity has dominated the work of Social Care since March 2020. Since April 2021 people who have been eligible for support are presenting very high levels of need – effectively with nursing and hospital care at home.

Key messages from the Strategic Director of Social Care

26. The Covid-19 pandemic has exposed the fragility of the national Adult Social Care system and the urgent need for reform. The White Paper 'People at the Heart of Care' sets out elements of the reform that is required over the ten year period. However, it does not include a resolution to the Social Care funding crisis.

27. Covid-19 has made an already volatile care market even more susceptible to market failure. The focus on even more rapid discharges from hospital has placed further pressure on the Social Care system.

28. Until a long-term funding solution is found, more short-term support is needed nationally to help manage the Adult Social Care response to the pandemic. There are increasing demographic pressures with a focus on support for working age adults. Social Care's future ability to make further savings is even more challenged due to the additional pressures placed on it by the pandemic.

29. A consistent Government approach is needed for funding Social Care and the NHS as two parts of an interlinked system, with any future NHS budget increases replicated for Social Care. Estimates[3] suggest that an extra £6-8 billion of funding (nationally) is required to support Social Care and put it on a more sustainable level to meet growth and demand for an ageing population.

Build Back Better: Our Plan for Health and Social Care – GOV.UK (www.gov.uk)

30. The main funding implications are:
    - New Health and Social Care Levy added to the National Insurance contributions from April 2022 onwards. The funding from the levy will be allocated to the NHS for the next 3 years and there's no guarantee that the funds will be passed to Social Care.

[3] ADASS budget survey 2020, The impact of Covid-19 on Social Care budgets, published June 2020

- From October 2023, there will be a cap on care costs of £86,000. This cap represents the maximum someone would pay towards the cost of care. The means-test for Social Care will change. People with assets over £100,000 will pay the full cost of care until they hit the cap (currently the figure is £23,500). Others will have the cost of care subsidised or fully met by Local Authorities. The Council policy is free home care and as a consequence the introduction of the cap would only be applicable for residents who receive services in care homes.

People at the Heart of Care – adult social care reform white paper (publishing.service.gov.uk)

31. People at the Heart of Care sets out the elements of a 10 year vision for Social Care revolving around three objectives:
    - People have choice, control and support to live independent lives
    - People can access outstanding quality and tailored care and support
    - People find Adult Social Care fair and accessible

    The vision does not however address the issues of long-term funding.

Public Health

32. Public Health is fully funded by the Department of Health's ringfenced grant and will remain a net nil cost budget to the Council. The level of grant for 2022/23 is expected to rise by inflation, but allocations have not yet been confirmed. The Council's base budget for Public Health investment in Council services is maintained at £6.8 million as the service looks at more compassionate, effective and ruthlessly financial efficient ways of delivering Public Health outcomes within the pandemic and the challenged financial environment.

33. In response to the Covid-19 outbreak, Public Health has played a central role in ensuring the safety of residents through its innovative infection control work, its implementation of a Track and Trace response and making Hammersmith & Fulham the first London Council to implement Lateral Flow testing. The Council was the first to implement PCR testing in care homes in England and ahead of Government policy.

34. The Community Aid Network (CAN) and Conversation Matters has remained an important part in our response to Covid-19. We are committed to maintaining our 'one front door' approach for Social Care to further enhance our coordination in helping to combat social isolation and loneliness.

Key outcomes delivered in Social Care & Public Health

35. Policy outcomes:
    - The administration continues its commitment to making life more affordable for older and disabled residents by providing free home care, charging residents only £2 per Meal and a Chat service (replacing Meals on Wheels) which uses local providers and not increasing Careline charges.

- The Council continues to make life more affordable for staff by paying our contractors and sub-contractors the London Living Wage.
- Covid-19 outcomes include innovative infection control work with care homes on track and trace, on the early adoption of lateral flow testing and the Council was the first to implement PCR testing in care homes in England and ahead of Government policy.
- Excellent performance on discharges from hospital and hospital admission prevention despite the impact of the pandemic, which significantly saved costs for the NHS.
- We have received 196 unsolicited compliments since April 2021 from residents (this is continuing from the high number of compliments from last year).

36. Managing the budget and performance:
    - Greater leadership 'grip' and management support with all care providers.
    - Reviewing sensitively all care support in accordance with the Care Act.
    - Managing the budget in an integrated way with operational managers, commissioning and finance.
    - Greater use of dashboards to manage performance during Covid-19.

Market management

37. Both the supply of carers to deliver homecare and the supply of beds in residential homes available at an affordable price have become very limited across London. We will continue to implement business continuity plans locally so that we can continue to meet our statutory requirements under the Care Act to provide appropriate care and support following Social Care assessment. It is also proposed that a joint cross London approach is agreed via the London Association of Directors of Adult Social Services for action if the situation continues to worsen.

38. Both nursing and care homes are asking for higher rates. Some homes are seeking to move away from making a distinction between health, Social Care and self-funder rates. The national body representing care homes is arguing for full cost of recovery for all placements rather than a business model which is balanced between a mix of private and public funded placements. We are looking to continue to secure competitive rates as a west London region in this changing context.

39. In 2021/22, there has been a significant increase in the demand for homecare. The level of acuity has grown. For example, at the time of writing, there are 186 residents requiring two carers, per home care visit four to five times per day. In addition, some residents require live-in and night-time care. Earlier hospital discharge is driving up this demand.

Investment, Covid-19 proposals and Savings strategy - Appendix 1A and 1B

40. Given the significant pressures in Social Care there are a number of investments proposed for 2022/23 which represents 5% of the revised gross expenditure for

Social Care. The department proposes a number of efficiencies which total £1.7m in 2022/23. Further details of these are in appendix 1A and 1B.

Fees and charges

41. The administration continues its commitment to making life more affordable for older and disabled residents by providing free home care, £2 per Meal and a Chat service and not increasing Careline charges, despite the inflationary pressures on the Council's costs.

Equality Implications

42. A draft Equality Impact Analysis (EIA), which assesses the impacts on equality of the main items in the budget proposals relevant to this PAC, is attached as Appendix 3. A final EIA will be reported to Budget Council.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext. of holder of file/copy	Department/ Location
1.	None		

List of Appendices:

Appendix 1 – Savings and investment proposals

Appendix 2 – Risks

Appendix 3 – Draft Equality Impact Assessment

Appendix 4 – Fees & charges not increasing at the standard rate

Appendix 1A Social Care

Firm Change and Savings Proposals				Budget Change			
Ref Nos	**Service**	**Title & Theme**	**Summary**	**2022-23 Budget Change Cumulative (£000's)**	**2023-24 Budget Change Cumulative (£000's)**	**2024-25 Budget Change Cumulative (£000's)**	**2025-26 Budget Change Cumulative (£000's)**
SC1	Quality, Safety and Performance and Front door, brokerage and specialist services	Continuous improvement of services	•**To improve access to the appropriate care at the right time** by reviewing discharge from acute hospitals to ensure placements made by health to clear hospitals quickly do not result in high costs for care when social care take on responsibility for the placements. We would also challenge and reassess NHS Continuing Health Care to ensure where residents need health care it is provided by the NHS. •**To support residents to regain or maintain independence** by redesigning reablement services including better use of equipment and technology, use Occupational Therapists better and more frequently to support both prevention of the need for unnecessary care and to aid reablement and make use of digital technology to assist in accessing our range of services. •**To buy quality, good value for money care and support** by better managing care support and placements so residents are supported at the right time and for the right length of time to enable independent living & improved health and wellbeing. We aim to redesign the brokerage function so we secure the best services for residents and bolster the service with more focus on specialist support. In addition we will use London wide benchmarking data or tools like 'care cubed' to secure quality, good value for money learning disability and mental health placements. •**To engage with residents effectively** by developing a health and wellbeing strategy and continue to coproduce our living independently webpage. In addition developing a workforce so that strength based social work practice is consistently used to offer residents choice and control about how they are supported.	(800)	(800)	(800)	(800)
SC2	Quality, Safety and Performance and Front door, brokerage and specialist services	Improve access to and support provided from our front door	•**To build on the success of Conversations Matters' work** using preventative measures by regular wellbeing phone calls to residents and to provide information and practical support where needed (learning from Covid-19). •**To improve access to services/support and information for residents and make better use of digital technology** by the development of a web based/app resident portal (learning from Covid-19). •**To deliver workforce efficiencies** by a system redesign incorporating a therapeutic approach by using occupational therapists and skilled practitioners at an early stage. •**To improve the hospital discharge pathway into the community** through the changes brought about by NHS Discharge to Assess Hospital Guidance, we are undertaking a review, with our NHS colleagues, to look at the skill mix required to support a safe hospital discharge and ensure we have our social work resources placed in the most appropriate setting. •**The inclusion of specialist services in the Multi Agency Safeguarding Hub (MASH)** by the co-location of agencies (the police and mental health to begin with) to respond to safeguarding concerns in a more informed and responsive way by sharing information quickly.	(700)	(700)	(700)	(700)
Total Firm Savings Proposals				**(1,500)**	**(1,500)**	**(1,500)**	**(1,500)**

Investment and Covid Recovery				Budget Change			
Ref Nos	**Service**	**Title & Theme**	**Summary**	**2022-23 Budget Change Cumulative (£000's)**	**2023-24 Budget Change Cumulative (£000's)**	**2024-25 Budget Change Cumulative (£000's)**	**2025-26 Budget Change Cumulative (£000's)**
1	Quality, Safety & performance and Learning Disabilities, Mental Health and In-House	Demographic growth	The Social Care budget is under severe pressure due to an ageing population, increasingly complex needs resulting from learning disabilities and mental health issues. For H&F demographic pressures relating to the increased numbers of older and disabled people requiring social care is forecast to be an average of 1.79% over the period 2021 to 2024 and equates in monetary terms to a cumulative total of £5.6m	1,326	2,694	4,104	5,558
2	Learning Disabilities, Mental Health and In-House	Learning disability transitions	Additional funding is required for the LD budgets to fund the increasing number of disabled young people transitioning into adult services. We have estimated that there are likely to be 70 more young people by 2025/26 creating a cost pressure on an already overspending budget	411	950	1,032	1,376
3	All Divisions	Employer NI	Government increase in National Insurance Contributions by 1.25% (employer) with a proposed increase by social care providers requesting the Council fund	537	537	537	537
4	Learning Disabilities, Mental Health and In-House	Hospital discharge	As part of the Hospital Discharge to Access policy, there are greater number of residents discharged and increasing acuity of need, putting pressure on the Social Care budget	1,824	0	0	0
5	All	Long Covid-19/MH	Mental Health mapping impact of long Covid on non secondary and secondary mental health services in the borough	143	0	0	0
6	All	Adult Social Care reform	Application of market sustainability and fair cost of care grant which has the potential to increase prices from care providers	620	620	620	620
Total Investment and Covid Recovery				**4,861**	**4,801**	**6,293**	**8,091**

Appendix 1B Public Health

Change and Savings Proposals				Budget Change			
Ref Nos	**Service**	**Title & Theme**	**Summary**	**2022-23 Budget Change Cumulative (£000's)**	**2023-24 Budget Change Cumulative (£000's)**	**2024-25 Budget Change Cumulative (£000's)**	**2025-26 Budget Change Cumulative (£000's)**
Firm Savings Proposals							
1	Public Health	Reframe and redesign services	Savings from better procurement of health visiting and school nursing. Service quality to be same or better with savings achieved through improved procurement and contract negotiation. Delivery of agreed savings on 0-19 Public Health Nursing.	(120)	(180)	(180)	(180)
2	Public Health	Reframe and redesign services	Substance misuse - remodelling in 2021/22 and subsequent procurement of 3 contracts in 2022/23	0	(50)	(50)	(50)
3	Public Health	Reframe and redesign services	Review of health checks costs, without reducing service	(50)	(50)	(50)	(50)
Total Change and Savings Proposals				**(170)**	**(280)**	**(280)**	**(280)**

Investment and Covid Recovery				Budget Change			
Ref Nos	**Service**	**Title & Theme**	**Summary**	**2022-23 Budget Change Cumulative (£000's)**	**2023-24 Budget Change Cumulative (£000's)**	**2024-25 Budget Change Cumulative (£000's)**	**2025-26 Budget Change Cumulative (£000's)**
Firm New Investment, Demand and Demographic Growth Requests							
1	Public Health	Re-Investment	Food poverty/ Healthy eating	50	50	50	50
2	Public Health	Re-Investment	Health inequalities	50	50	50	50
3	Public Health	Re-Investment	Increase Substance Misuse Services to respond to increased caseloads post Covid lockdown	70	70	70	70
Total Investment and Covid Recovery				**170**	**170**	**170**	**170**

Social Care Department Risks

		Risk				
Department & Division	**Short Description of Risk**	**2022/23 Value (£000's)**	**2023/24 Value (£000's)**	**2024/25 Value (£000's)**	**2025/26 Value (£000's)**	**Mitigation**
All divisions	Market fragility and provider failure as there is a risk that a major service provider ceases to be viable for any of the following combinations of reasons, such as a major incident, change in finances, safeguarding or the impact of Covid-19. For example, vaccinations are now mandatory for all care home staff. With inflation increasing there is a potential risk that the budgetary inflation proposed will be insufficient to support care market providers. In addition, we have not modelled the impact of the National Minimum Wage increase announced in SR21.	830	830	830	830	Manage potential increase in costs in the market and support the market. The department meets contractors at least weekly to ensure contract outcomes are being met, issues are discussed and contractors are resilient in the market. Additional Performance Management meetings are in place, as required.
All divisions	Potential impact on changes in income thresholds	0	194	581	968	Modelling of the income thresholds will be undertaken from October 2023 at the commencement of the Social Care Capping Regulations.
Learning Disabilities, Mental Health and In-House	As part of the Hospital Discharge to Access policy, there are greater number of residents discharged and increasing acuity of need, putting pressure on the Social Care budget (2022/23 from one-off funding and for future years review for base budget change).	0	1,824	1,824	1,824	We will continue to monitor the impact of the Hospital Discharge process and seek funding from government and/or NHS Partners.
Mental Health	Mental Health mapping impact of long Covid on non secondary and secondary mental health services in the borough	0	286	429	572	We will continue to monitor the impact of the Hospital Discharge process and seek funding from government and/or NHS Partners
All divisions	Social Care Reform and NHS uncertainty about future funding	?	?	?	?	We will monitor the potential extra cost in the market of the NI increase being transported back to local authority as additional care costs from providers (1.25% increased cost).
All divisions	Implementation of Liberty Protection Safeguards 2022	100	100	100	100	Likely introduction of the new Liberty Protection Safeguards in 2022 may place new burdens on Social Care. This legislation will replace the Deprivation of Liberty Safeguards.
All divisions	Independent Living Fund grant, due to end on 31st March 2022	772	772	772	772	A decision will be required as to whether the Council will continue to pay this money to residents if the funding ends.
All divisions	Covid-19 impact on isolation, increasing drugs and alcohol and obesity will place further pressure on Adult Social Care budget	?	?	?	?	Further modelling will be undertaken to estimate the financial risks involved.
Total		**1,702**	**4,006**	**4,536**	**5,066**	

Draft Equalities Impact Assessment 2022/2023

Social Care Savings Proposals

Continuous improvement of support - savings proposals of £0.8m

This proposal will have a positive impact on those with protected characteristics as the proposal focuses on reviewing community support and ensuring the right support is provided and building on work undertaken in this financial year.

Improvement of support will be achieved by enhancing access to the appropriate care at the right time, as well as challenging and reassessing NHS Continuing Health Care to ensure that where residents need health care it is provided by the NHS. Residents will be supported in regaining or maintaining independence by redesigning reablement services and making use of digital technology to assist in accessing our range of services. Additionally, we will procure quality, good value for money, care and support.

Finally, we will ensure engagement with residents effectively by developing a Health and Wellbeing Strategy and by continuing to co-produce our Living Independently webpage.

This proposal has various EIA characteristics:

Hospital discharge characteristics will ensure health services are provided where needed through NHS Continuing Health Care funding. This will improve the rehabilitation and reablement provided following hospital discharge, so people regain their independence as soon as possible.

Value for Money characteristics will ensure negotiation across markets.

The Health and Wellbeing Strategy and Independent Living webpage will identify and mitigate any wider inequalities and learning from Covid-19. This will be co-produced with residents.

Improve access to and support provided from our front door- savings proposal of £0.7m

This proposal will have a positive impact on those with protected characteristics.

We will improve access to and support provided from our front of house by building on the success of the work of Conversation Matters (preventative support). Additionally, we will improve access to services/support and information for residents and make better use of digital technology. Through a review with NHS colleagues we will improve the hospital discharge pathway into the community. Finally, we will ensure the inclusion of specialist services in the Multi Agency Safeguarding Hub (MASH) via the co-location of agencies (the police and mental health to begin with) to respond to safeguarding concerns in a more informed and responsive way by sharing information quickly.

This proposal has the following EIA characteristics:

The Conversation Matters programme has seen early positive engagement with residents from all protected characteristics, picking areas for improvement feeding into ongoing engagement and coproduction activity.

The Council's use of digital technology to enhance independent living/widen access for residents through use of the web based digital portal alongside other channels leads to greater empowerment of residents.

Improvement of the hospital discharge pathway will help to ensure those with protected characteristics have equal access at the right time to health care.

The MASH (Multi Agency Safeguarding Hub) inclusion of specialist services will improve the timely response to safeguarding concerns by all agencies involved.

The earlier involvement of occupational therapists and skilled practitioners will avoid more intensive interventions later.

Social Care investment and Covid-19

The following investments will have a positive impact due to the total additional funding of £3.704m that will result in additional resources for Social Care.

Demographic pressures in social care – £1.326m

The Social Care budget is under severe pressure due to an ageing population and increasingly complex needs resulting from learning disabilities and mental health issues. As people age their needs become more complex or their informal care arrangements often break down, as unpaid carers can no longer support their relatives and friends.

These demographic pressures need to be factored into Social Care service plans, as they represent a clear cost pressure that will impact on services. Whilst the numbers receiving support from the Council may not increase significantly, the cost of care packages will increase reflecting more complex needs, including supporting individual in their own homes. For H&F demographic pressures relating to the increased numbers of older and disabled people requiring Social Care are forecast to be an average of 1.79% increase over the period 2021 to 2025 which equates in monetary terms to a cumulative total of £5.558m over this period.

People with Learning Disabilities (LD) transitioning to adult social care - £0.411m

Additional funding is required for the LD budgets to fund the increasing number of disabled children transitioning into adult services. There are several factors causing cost pressures in LD which include:

- Increasing volumes of disabled children transitioning into adult services reflecting the fact that more children with significant disabilities live to become adults
- Increasing acuity of need
- As people with LD age, so does the age of parents who can no longer provide the care and support they used to, which results in increased demand for social care.
- Increasing numbers of care packages/direct payments against LD budget for those not meeting LD but having assessed needs relating to their autism.

For one-year £0.411m will have to fund 11 new residents.

Hospital discharges - £1.824m

Patients discharged from hospital since 19 March 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements. Therefore, we have increasing costs and acuity as discharges made from hospital into health settings are reassessed into the social care market. The financial consequences are likely to be more significant in 2022/23 with a full year impact estimated at £1.824m.

Mental Health associated with Long Covid - £0.143m

Social care is anticipating an increase in the demand for people with mental health issues from Long Covid. Studies have shown that about one in four people who experience Long Covid could develop a mental health and additional care needs. Long Covid might affect things like a person's quality of life or ability to work.

Public Health Savings Proposals

Children and Families reframe and redesign of 0-19 Public Health Nursing Services- Proposed Savings £0.120m

Savings will come from better procurement of the 0-19 healthy child programme. The savings proposed are contractual, generating efficiencies without affecting health outcomes. Elements of the service are required by law and outcomes are reported and monitored by Public Heath England through the public health outcomes framework. This proposal will have a positive equalities impact.

Behaviour change reframe and redesign support- proposed savings £0.050m

This proposal will have a neutral impact on those with protected characteristics as health checks will continue to be provided to all residents aged 40+ years meeting the mandatory requirement for this offer.

We have good take up of health checks in the borough compared to other boroughs in London. The comparative price is the only element being reviewed following benchmarking.

Public Health reinvestment - proposed reinvestment £0.170m

The proposal, given the ongoing pandemic, is to reinvest all the proposed savings from Public Health into supporting residents around food poverty, health inequalities and substance misuse. This proposal will have a positive impact as the resources are re-invested back into the various services.

Fee Description	2021/22 Charge (£)	2022/23 Charge (£)	Proposed Variation (%)	Total Estimated Income Stream for 2021/22 (£)	Total Estimated Income Stream for 2022/23 (£)	Reason For Variation Not At Standard Rate
Meals service charges	**£2.00**	**£2.00**	0%	£80,000	£54,100	There is no change proposed in the flat rate contribution residents will pay towards the meal service for 2022/23. This will be the seventh year the meals charge will remain unchanged. The new meals and chat service has led to a model of local providers to offer a combination of standard fresh, chilled and ethnically diverse food options.
1. Careline Alarm Gold Service (Pendant)						
Private Clients (Home owners & Private Sector Tenants)	**£23.14**	**£23.14**	0%	£45,900	£45,900	
Council Non-Sheltered or Housing Association (RSL) Tenants	**£17.21**	**£17.21**	0%	£15,600	£15,600	
2. Careline Alarm Silver Service (Pendant) - Monitoring Service only						There is no change proposed in the Careline charge in 2022/23, which will be no change for six years.
Private Clients (Home owners & Private Sector Tenants)	**£16.12**	**£16.12**	0%	£22,800	£22,800	
Council Non-Sheltered or Housing Association (RSL) Tenants	**£10.30**	**£10.30**	0%	£5,700	£5,700	
3. Careline Alarm Gold Service (Pull cord) - Emergency Response & Monitoring Service						
(A) Provided to Registered Social Landlord Sheltered Accommodations (RSL Financed)	**£6.76**	**£6.76**	0%	£17,600	£17,600	