

# Health and Adult Social Care Policy and Accountability Committee Draft Minutes Wednesday 23 March 2022

## PRESENT

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

**Co-opted members:** Jim Grealy - H&F Save Our NHS and Roy Margolis

**Other Councillors:** Ben Coleman

**Officers:** Charlotte Allenby, Imperial College Healthcare NHS Trust; Jo Baty, Assistant Director, specialist support and independent living, H&F; Anna Bokobza, Imperial College Healthcare NHS Trust; Clare Caccavone, Programme Director, Ambitious about Autism; Peggy Coles, Dementia Action Alliance; Kevin Croft, Chief of People Officer, Imperial College Healthcare NHS Trust; Helen Green, Service Manager Engagement and Planning, H&F; Merril Hammer, HaFSON; Linda Jackson, Director Covid-19 and Refugee Lead, H&F; Sue Jenkins, Head of Inclusive Learning, West London College; Dr Nicola Lang, Director of Public Health, H&F; Professor Tim Orchard, Chief Executive Officer, Imperial College Healthcare NHS Trust; Tom Perrigo, Industrial Strategy Officer, H&F; Sharon Proberts, Head of Learning, Imperial College Healthcare NHS Trust; Oliur Rahman, Head of Employment and Skills, H&F; Lisa Redfern, Strategic Director of Social Care, H&F

## 1. MINUTES OF THE PREVIOUS MEETING

Councillor Lucy Richardson, Chair, noted that the actions raised at the previous meeting under Agenda Item 6, Mental Health Update had been responded to by the trust and would be followed up and that the minutes of the previous meeting held on 10 November 2021 were noted, with one minor typo.

## 2. APOLOGIES FOR ABSENCE

Apologies for lateness were noted from Councillor Mercy Umeh.

## 3. ROLL CALL AND DECLARATION OF INTEREST

None.

#### **4. PUBLIC PARTICIPATION**

No questions were submitted.

#### **RESOLVED**

That order of business be varied to take agenda items 7.1 and 7.2 first, followed, by agenda item 6, then item 5.

#### **5. IMPERIAL COLLEGE HEALTHCARE TRUST - PHYSIOTHERAPY HYDROTHERAPY**

- 5.1 Professor Tim Orchard, supported by Imperial Trust health colleagues Charlotte Allenby and Anna Bokobza, provided an update on changes to the way adult musculoskeletal physiotherapy hydrotherapy services were provided at Charing Cross Hospital and pilot trials undertaken to support a change in delivery. He Commended the collaborative work with Councillor Ben Coleman, Lisa Redfern, and H&F senior social care staff to develop robust changes to the hydrotherapy service model through active engagement with residents.
- 5.2 The committee were provided with a timeline of key activities between October 2018 and February 2022 which saw a temporary closure of the hydrotherapy facility due to prohibitively increasing maintenance costs and service unpredictability. An options appraisal in October 2018 had initially prompted a change in how aquatic therapy should be delivered and concerns about maintenance. This latter issue had led to numerous unplanned cancellations and poor service provision for patients.
- 5.3 The outcome of the engagement led was a two-part pilot project in February 2019. Part one included the temporary use of pool facilities at the Jack Tizard school site. The second part involved the use of the pool at the sports club on the Charing Cross hospital site for those who were transitioning towards self-directed care and recovery. The two pilots were run in tandem and evaluated but unfortunately the pandemic meant that there was a hiatus, and the projects did not properly commence until after the third wave in February 2022. The results of the pilots were included in the report together with generally positive patient feedback, although accessibility issues were highlighted. It was anticipated that the proposal would be to permanently close the existing therapy pool at the Charing Cross hospital site and to continue with the two pilot services across two sites. This would improve patient experience, and address maintenance and cost issues.
- 5.4 Councillor Lloyd-Harris welcomed the summary and update, which had improved on the April 2019 report to the committee. Recognising that there were limitations on the use of the Jack Tizard school site she asked if the option to further develop the Charing Cross sports club site had been explored, querying whether the limited use of the school site was sufficient to provide a robust service. She also referenced the views of a local GP who had actively contributed to the April 2019 committee discussions by outlining

his patients' difficulties in obtaining referrals to the hydrotherapy pool and queried why this remained unchanged, given the demand. Merrill Hammer commended the Trusts response which sought a solution that recognised the value and benefits of aquatic therapy. Councillor Richardson emphasised the importance of including the "patient voice" through stakeholder engagement and commented on the disruption to the pilots and asked about the level of assurance testing undertaken. Councillor Coleman welcomed the Trust's encouraging approach and asked whether this could incorporate additional hours at the Jack Tizard site during school break periods or if patients could be transferred by Uber from the hospital site, given the significant savings achievable from not maintaining capital investment in the current hydrotherapy facilities. The issue of the changing rooms issue at the Charing Cross site was also raised.

- 5.5 In response to Cllr Lloyd-Harris's questions, Professor Orchard felt that the referral pathway from clinicians to the service was appropriate but there was a concern that the temporary service might become overloaded. It was confirmed that there was an option to extend the hours of use at the Jack Tizard site with further investment, provided that the logistics permitted this. Professor Orchard agreed that a proper evaluation of an extended period of the pilot services was required. The points raised by Councillor Coleman were regarded as reasonable and Professor Orchard agreed to explore these further following the meeting but caveated a need to balance the suggestions against other competing priorities.
- 5.6 Professor Orchard indicated that it had never been the Trusts intention to close the facilities as a cost saving exercise, but the evidence base supporting aqua therapy was insufficient across the range of conditions, although specific benefits were acknowledged for some such as axial spondylarthritis. Anna Bokobza added that it was important to maintain a service that was accessible to patients in both the north and south of the borough and to consider the logistics of delivering a service across two sites. She felt that a proper evaluation of the pilots should be based on minimum of 12 continuous weeks of operation without interruption to achieve robust evidence-based outcomes and informed decision making. Councillor Coleman commended the Trust response, recalling that they had received robust challenge at the April 2019 PAC meeting and that health colleagues had responded with openness and accountability.

## **RESOLVED**

That the report be noted.

## **6. COVID-19 UPDATE**

- 6.1 Professor Orchard presented the report which emphasised the importance of recruiting and supporting health staff. NHS staff had been at the forefront of dealing with community transmission and it was not easy to now recall the level of fear and daily challenges of dealing with the pandemic from March 2020 onwards. The swift transmission and progression of the virus in some cases meant that not much time elapsed between admission, intensive care

treatment and mortality, with 70% of deaths occurring on acute wards. Having met with staff in across the Trust, and in particular Charing Cross and St Mary's, Professor Orchard expressed his deep admiration for the resilience of his staff and how they had responded.

- 6.2 The paper offered three priorities shaped around building a sustainable workforce, improving staff health and wellbeing with a counselling offer and improvements made to catering and rest area facilities. This had been well received by staff and had made a significant difference. Focusing on recruitment and retention it was reported that the vacancy rate was in decline. In terms of the metrics and to add context, it was reported that about 200 nurses had been recruited to deal with increased demand following Covid-19 and the recovery period to address a treatment waiting list backlog of six million people.
- 6.3 The NHS nationally had been strategically exploring recruitment and retention and how this could be enhanced by local recruitment. It was acknowledged that most staff who left did so within a year of joining and that those who remained, stayed long term. Most importantly, the NHS weakness was around ethnicity, diversity, and inclusion (EDI) need to be addressed. There was an acceptance that although 50% of staff were of Black and Asian ethnicity, this was not reflected at higher levels within the Trust. An inclusive recruitment policy had been implemented to constitute diverse (gender and ethnicity) interview panels, and a follow up letter from the interview panel called "Dear Tim" was required, to justify all senior Band 7 and above appointments. The scheme had achieved modest success but needed to be tested with proper feedback as to how individuals increase their chances for a successful appointment. In addition, it had also been recognised that Black and Asian staff were less likely to apply for study leave or access training opportunities. A new programme would be launched to facilitate improvement through people management to set out clear expectations.
- 6.4 Co-optee Jim Grealy commended Professor Orchard for the commitment of his staff who continued to work in challenging circumstances and welcomed the report for its combination of analytical rigor, determined to tackle the difficulties inherent in recruitment and retention. He asked if the Trust had considered an age categorisation of staff, referencing the large number of older GPs retiring from practice as an example. He also asked if the staff policies referred to would be rolled out across the wider North West London Integrated Care System (ICS). Councillor Bora Kwon welcomed the focus of the paper on improving the work culture but asked about how staff improvements were perceived by patients what service delivery could look like long term. Carleen Duffy endorsed earlier comments and reported that Healthwatch H&F was working to encourage NHS applications from Black and Asian ethnic minority groups and asked how the Trust was addressing unlearning cultural bias, re-educating staff through, e.g., anti-racist workshops or similar. Clare Caccavone asked if the Trust had addressed the issue of cultural competence in adjusting recruitment practices, and how a sustainable workforce could operationally include more ethnic and gender diversity with the workplace.

6.5 Councillor Coleman referred to recent funding awards from the Department for Levelling Up and the NHS to continue progress on these areas. Referring to question 14 of the staff survey included in the report, Councillor Coleman asked about the 10% decline in positive staff perceptions about career progression, between 2019-20. There was a slight increase observed in response to the question about whether staff had personally experienced discrimination at work from patients, service users or their family members. More of a concern was the 4% increase in discrimination at work from a manager or team leader, and specific specialist departments were reporting similar metrics. Councillor Coleman asked how the Trust could tailor and adapt its approach according to the improvements required in different departments. Councillor Lloyd-Harris referred to the departure of staff within a year of joining the NHS and asked if the Trust had undertaken any analysis or research to explore the reasons for this and asked what these might be.

6.6 Professor Orchard Responded to each of the questions and points raised:

- Jim Grealy's point about age categories was particularly important in respect to staff who were 50+, and who might be reflecting on whether to continue within the NHS, considering retirement or new career pathways, and exploring their options. The Trust was prepared to be flexible to retain experienced senior staff, but this needed to be addressed across the North West London acute trusts as part of the collaborative, and at ICS (Integrated Care System) level.
- At ICS level there was an opportunity to think long term and strategically about the provision of health and social care and how this intersected, and to improve community engagement through patient involvement. He referred to a group of service users at Imperial called the Strategic Lay Forum.
- There had been useful feedback from HaFSON (H&F Save our NHS) with insights into patient views on services and treatment.
- It was recognised that a happy and content workforce offered better quality services and care with a greater focus on the needs of the individual rather than the organisation.
- Clinical outcomes at Imperial were very good and standardised mortality rates were consistently amongst the best nationally.
- There was a desire to improve the patient experience of care and improving staff care was part of this process.
- In response to Carleen Duffy's point, Professor Orchard was keen to ensure that staff were not racist but to go further and be positively anti-racist, referring to the Trusts white ally's anti-racist programme.
- There had been a slightly slower but no less active response to addressing disability issues, through the I Can network, a leadership programme for staff with disabilities run by Dr A. Stewart.
- Reasonable adjustments were being made in the workplace and Professor Orchard recognised that there had been varying levels of effectiveness and a central funding repository had been established to ensure that reasonable adjustments were being made to support people with disabilities and neurodiversity.

- Professor Orchard agreed with the point made by Clare Caccavone and acknowledged that the mechanisms to encourage cultural competency might not be in place consistently yet.
- With regards to the staff survey, it was acknowledged that these were not always helpful, but the questions could not be interpreted in isolation. The aim was to get a good number of staff to respond and have a broad perspective, including the clinical workforce. The Sodexo staff had been the first cohort to complete the survey and while they had done an amazing job during the pandemic, many issues still remained and tailored approach was required for different parts of the organisation. Nationally, pulse surveys were also being undertaken to get achieve more granular detail.
- Professor Orchard observed that there was much that had been implemented with a keen focus on the EDI agenda, and that the cycle of surveys, analysis and follow-up would take time to embed and recoup the benefits of this. The EDI results were not atypical for London but there were many positives to focus on which was encouraging.
- In response to Cllr Lloyd-Harris's question, Professor Orchard confirmed that a series of detailed exit interviews were being undertaken to ensure that the Trust avoided assumptions about why people chose to leave.

6.7 Councillor Richardson asked how the Trust could work with the council as it sought to offer a job brokerage service for inclusive apprenticeships and ensure that residents most in need of work opportunities would be able to access them. Many residents that were neurodiverse or with disabilities were a big source of untapped employment and would work well in the NHS environment. Professor Orchard confirmed that Trust was very keen to engage with the council and develop some initiatives. Engagement with local communities in this way was a positive, supporting health and wellbeing as well as offering financial security. Professor Orchard thanked Cllr Richardson for varying the order of business and was warmly thanked in return for his contribution to the meeting.

## **RESOLVED**

That the report was noted.

## **7. INCLUSIVE APPRENTICESHIPS**

7.1 Councillor Richardson welcomed H&F officers Oliur Rahman, Tom Perrigo from The Economy department, Jo Baty from Adult Social Care and Helen Green from Children's Services. Additional guests and contributors included Sharon Proberts from Imperial, Sue Jenkins from West London College, and Clare Caccavone and Charlotte Warner, from Ambitious about autism.

7.2 Oliur Rahman provided highlights from the report which included businesses reporting a skills shortage exacerbated by the impact of Covid-19. This was a good opportunity to engage with employers to identify and access employment opportunities for an untapped talent pool of disabled residents. Current local data about apprenticeship take up indicated that 60 disabled residents had begun an apprenticeship. There were approximately 8400

employed disabled residents in H&F in the borough. The borough as an employer was one of only three London boroughs that offered an inclusive apprenticeship and there was an intention to increase the number of available opportunities. Nationally, there were 116 inclusive apprenticeships available and as of March 2022, 11 of these were available with employers that were registered as disability confident.

- 7.3 The council intended to work with 130 employers locally and tap into established networks to grow opportunities. Adjustment was key but there were opportunities following the pandemic with significant movement in the employment market reflecting people's choices and changes in direction. The council was also reviewing the varied support that was available through partners and how resources could be allocated to ensure that support provided through coproduction was available for disabled residents.
- 7.4 Sue Jenkins commented on inclusive apprenticeship and how the lack of GCSE maths and English qualifications prevented many from being eligible in accessing the apprenticeships. The West London College had worked with four inclusive apprenticeships and about 100 people had progressed into full time employment. This had taken significant amount of effort and commitment which extended beyond making reasonable adjustments. Lobbying for an adjustment to the structure was necessary to maximise opportunities and remove barriers which would allow people to achieve vocational standards.
- 7.5 Clare Caccavone agreed that there were many who were autistic and did not regard themselves as disabled, but this was a long-term health condition. Many were also unaware that they fell within the category of protected characteristics rights offered within the Equalities Act 2010. Many young people were traumatised by the requirement to achieve the minimum standard academic qualification which was a contradictory gateway and barrier. It was suggested that given the skills gap, sustainable work opportunities would be better delivered by changing the way in which job applications and interviews were structured, using e.g., job trial periods. Referencing a Manchester based provider, Clare Caccavone explained that the GCSE qualification requirement had been removed with adaptations to the process to support autistic apprenticeship applicants. Depending on the development of robust evidence-based data, the aim was to replicate this approach nationally, working with councils and providers, and Ambitious about Autism welcomed the opportunity to work with H&F on this.
- 7.6 Councillor Richardson asked how inclusive apprenticeships could be coproduced with disabled residents, particularly given the reformation of Work Zone in H&F. Councillor Lloyd-Harris referenced the gender statistics in the report and enquired about the reasons why there were more females than males accessing both intermediate and advanced apprenticeships, and why the data in some categories appeared similar.
- 7.7 Oliur Rahman supported the need to lobby for a change through both the employer and provider engagement networks, acknowledging that the entry requirements issue was a huge challenge, as referenced in the report. He agreed that limiting progression at level two was an unacceptable barrier. He

also endorsed the suggestion to change recruitment and interview processes and that this had been raised with the local employer network. Referring to the similarity of the data, a possible explanation was that data had been rounded up to the nearest 10 or 20, and why there appeared to be more females than male apprentices. The opportunity to meet with Ambitious about Autism to discuss how H&F autistic residents could be better supported was welcomed.

- 7.8 Sharon Probets concurred with points made, highlighting the difficulties of meeting the level two qualification in English and maths and that this had presented a significant barrier for NHS staff who had been unable to complete the qualification component of the standard. It was suggested that a reasonable adjustment would be disconnect maths and English from the qualification component of an inclusive apprenticeship. This would have risky financial implications for providers.
- 7.9 Kevin Croft welcomed an opportunity to follow up with Clare Caccavone about job trials, building on the discussion in the previous item about supporting staff in their career development. He suggested that a campaign could be developed to address this with providers.
- 7.10 Roy Margolis commended Oliur Rahman and colleagues on the development of this excellent work. Based in the Careers and Enterprise Company and an aim of the organisation was to support the amplification of technical routes in schools, which meant promoting apprenticeships. He asked if there were any strategies being employed to make career advisors in schools and colleges aware of inclusive apprenticeships. Tom Perrigo referred to Clare Caccavone's view on the culture of retaking exams and questioning whether a young person had a disability in a job centre environment and agreed that this was traumatising for many young people. Reflecting on this and other similar points made, there was a disconnect between the need to evidence level 2 qualifications and what training providers received funding for. Expanding on this, he referred to green volunteering and skills which were much sought after by innovative green technology firms which would value and invest significantly in nurturing creative, vocational talent, and skills.
- 7.11 A query was submitted on behalf of Councillor Umeh regarding two residents who had been in a 6-month Kickstart programme but were unable to access any other opportunities. Oliur Rahman responded that Work Zone had helped create many vacancies through Kickstart and the intention was to continue to support residents that had completed the programme in identifying other opportunities. He agreed to follow up with Councillor Umeh after the meeting.

**ACTION: Further information to be provided by Councillor Umeh to  
The Economy Department officers**

- 7.12 Councillor Richardson commended officers for their work and support of inclusive apprenticeships and welcomed the integration of this within the council's industrial strategy. Much progress had been made since this area



had first been discussed by the PAC and Councillor Richardson thanked officers for supporting the scrutiny efforts of the committee.

## **RESOLVED**

That the report was noted.

### **8. IMPERIAL COLLEGE HEALTHCARE NHS TRUST - WORKFORCE SUSTAINABILITY DRAFT**

- 8.1 Dr Nicola Lang provided a brief update on the council's response to Covid-19, supporting Professor Orchard's thought-provoking remarks about the resilience of NHS staff and how this was mirrored by a similar impact on social care staff. It was reported that case rates were increasing in the borough with about 1 in every 400 cases confirmed as Covid positive and that a similar trend was being replicated across London and nationally, but this increase was slowing down. Hospital admission rates linked to Covid-19 were being carefully monitored. The highest rates had been identified in the 25-29 age bracket and a new variant of the ba2 Omicron variant had begun to appear, which was 30 times more infectious than the original Omicron variant. This coupled with a relaxation in social distancing rules, increased socialising, waning levels of immunity through vaccination had combined to provide an increased rate. Vulnerable older groups could continue to protect themselves through the Spring Booster programme. Loosening restrictions was difficult to manage as some people found it psychologically harder to adjust to a more open regime.
- 8.2 Councillor Lloyd-Harris asked if it was time to reintroduce publicity to remind people that Covid-19 was still present, and that the vaccination programme was still open to those who had not been vaccinated. Dr Lang welcomed the question and reported that the council's communication team continued to disseminate NHS guidance. Spring boosters and third doses were currently open to the over 75s and people aged over 12 with immunosuppression or other conditions. It was difficult to judge the public appetite for further Covid-19 publicity as there were other important health communication campaigns that needed attention e.g., measles, mumps, and rubella (MMR). This was difficult as some parents had not managed to get young children immunised during the pandemic.

## **RESOLVED**

That the verbal update was noted.

### **9. WORK PROGRAMME**

- 9.1 Councillor Richardson provided brief background details about the North West London Collaborative of Clinical Commissioning Groups end of life engagement work and the work the committee in scrutinising the temporary closure of in-patient palliative care services at the Pembridge Hospice. A formal decision about this was delayed because of the pandemic and remained under discussion, whilst further engagement work was undertaken.

Jim Greally added that the movement from the initial local engagement covering RBKC, H&F and Brent, had now evolved to a North West London focus, covering significantly greater numbers. Also worth noting was that this review covered adult palliative care and not children and young people. Although the Integrated Care Partnership had been helpful, it was suggested that an integrated, more inclusive review would have been helpful. Patient choice was another emerging theme, with a need for more structured pathways that more appropriately accommodated a person's needs and final wishes, with timely transition from home to hospice care. It was confirmed that re-engagement on this issue would commence following the local elections on 5 May. HaFSON had prepared a report which was available to members.

9.2 Councillor Richardson reported that a former member of the PAC, Brian Naylor had suggested that the PAC review the provision of ophthalmic services and the Western Eye hospital. Locally, the NHS was the main provider of services to about 6000 H&F residents with visual impairment, a figure estimated to increase by 27% within 10 years. It was agreed that this would be develop as a future scrutiny item for July or a future meeting. Suggested items for July included:

- West London Trust (MINT, CAMHs transition and single point of access update)
- Ophthalmic services and Western Eye
- Supporting local GPS (long list)

## 10. DATES OF FUTURE MEETINGS

Councillor Richardson noted that this was the last meeting of the 2021/22 municipal year and took the opportunity to thank all officers, guests and contributors, and committee members for their hard work and support. Councillor Richardson also thanked the committee co-ordinator for her organisation and support of the committee's work. Councillor Lloyd-Harris echoed the comments and thanked Councillor Richardson for her leadership of the committee. The date of the next meeting was noted as 20 July 2022.

Meeting started: 6.30pm

Meeting ended: 8.38pm

Chair .....

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