London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Agenda

Wednesday 23 March 2022 at 6.30 pm
Online - Virtual 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 Keith Mallinson Roy Margolis	

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Date Issued: 17 March 2022

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Agenda

23 March 2022

Item		Pages
1.	**MINUTES OF THE PREVIOUS MEETING**	4 - 19

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on 26 January 2022; 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.

Watch the meeting on YouTube

5. COVID-19 UPDATE verbal

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

6. INCLUSIVE APPRENTICESHIPS 20 - 33

This report provides an update on the work being undertaken locally to provide Disabled residents access to inclusive apprenticeships. The paper also highlights the current scale of opportunities on offer through local businesses and considers how workforce remodelling of apprenticeships can support inclusivity.

7.1 IMPERIAL COLLEGE HEALTHCARE TRUST - PHYSIOTHERAPY HYDROTHERAPY 34 - 45

This report gives an update on changes to the way adult musculoskeletal physiotherapy hydrotherapy services are provided at Charing Cross Hospital and pilot trials undertaken to support a change in delivery.

7.2 IMPERIAL COLLEGE HEALTHCARE NHS TRUST - WORKFORCE SUSTAINABILITY DRAFT 46 - 62

This report provides an update on workforce sustainability in the organisation with a focus on the specific following areas:

- Safe staffing and vacancy rates
- Recruitment and retention
- Staff health and wellbeing initiatives
- Equality, Diversity and Inclusion

8. WORK PROGRAMME 63 - 65

The Committee is asked to consider suggested items for inclusion in the work programme for the next municipal year.

9. DATE OF FUTURE MEETINGS

Wednesday, 20 July 2022

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Draft Minutes

Wednesday 26 January 2022

PRESENT

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

Co-opted members: Lucia Boddington, Victoria Brignell, Jim Grealy, Keith Mallinson and Roy Margolis

Other Councillors: Ben Coleman and Patricia Quigley

Officers/guests: Jo Baty, Assistant director specialist support and independent living; Prakash Daryanani, Head of Finance (Social Care and Public Health); Merril Hammer, H&FSON; Emily Hill, Director of Finance, 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

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

The Chair noted that public questions had been submitted by Merril Hammer (**H**ammersmith **a**nd **F**ulham **S**ave our **N**ational **H**ealth **S**ervice) in respect of Agenda Item 6, Mental Health Integrated Network Team).

5. COVID-19 UPDATE

5.1 Councillor Richardson welcomed back Dr Nicola Lang and Linda Jackson who provided an update on the council's ongoing Covid-19 response. The rate of infection for borough was currently 875 for every 100,000 and was in a slow decline, similar to the rest of London. At the end of December 2021, the rate was 2600 per 100,000. Most of the borough's schools had reported cases, predominantly higher in primary school, amongst children aged 5-10 years, replicating the peak of cases arising in secondary schools over autumn.

5.2 Co-optee Keith Mallinson commended the work and commitment of Dr Lang and her colleagues, which he felt was undermined by the comparatively poor response of Transport for London (TfL). Councillor Amanda Lloyd-Harris endorsed comments in respect of Dr Lang and also TfL. Enquiring about the rates of infection primary schools, she sought a comparison with overall London figures. Dr Lang confirmed that there were approximately 1800 new cases being reported weekly which was slowly decreasing. The current rate ranked the borough as the 12th highest (mid placed overall). One of the underlying factors attributed to higher local figures was the volume of testing which was predominantly one of the highest in London.

5.3 Residents were well motivated about getting regularly tested and the council continued to work closely with primary, secondary and special needs schools, offering support and guidance on preventative measures. Dr Lang observed that younger children found it harder to maintain social distancing and also attributed the higher rates prevalent amongst primary aged children to being unvaccinated, as they were the last of the population groups to be vaccinated. Dr Lang commended the excellent work of local headteachers who had worked hard to boost morale and encourage greater resilience amongst their pupils during a very difficult period, dealing with wave after wave of Covid-19. In response to a follow up question from Councillor Lloyd-Harris, Dr Lang confirmed that she was not aware of parents holding "Covid-19" parties so that children could become infected.

5.4 Lisa Redfern thanked and commended Dr Lang's clinical foresight in 2020 to appoint an infection control nurse. It was likely that H&F was the only local authority amongst the eight north west London (NWL) boroughs to have taken this approach which strengthened the council's outbreak management control. Expertise applied to support care homes and for those in receipt of direct payment, was also applied to support schools. Health colleagues had acknowledged the huge benefit of this kind of well balanced, and dynamic intervention, which had helped facilitate a controlled reopening of care homes. Cllr Richardson commended the response of council officer teams, led by Dr Lang and Lisa Redfern.

5.5 Co-optee Victoria Brignell sought an update on the hospitalisation numbers, whether this had plateaued or was declining. She also sought an update on vaccination rates. Dr Lang reported that the vaccination rate for H&F, was 63% of registered patients (not by the number of residents). Numbers had

gradually increased, partly attributed to concerns about Omicron, some of whom had come forward for their first vaccination, roughly equating to 20-30 per day. The success of local booster vaccination was attributed to a nimble pop up system supported by ten pharmacies, and two sites at Charing Cross and Hammersmith hospitals. Similar agility had also helped with second doses and reflected a slightly different pattern of take up in other boroughs. Councillor Coleman added that the rate of 63% was calculated based on the Office for National Statistics projected figures used by the government. This gave the current population figure 225, 000. However, a more accurate figure based on Greater London Assembly (GLA) data was 190,000. Based on the GLA figure, this indicated a vaccination rate of 88% for first doses, 84% for second doses, and 52.9% for boosters. A letter had been sent to central government highlighting the disparity and explaining that inaccurate reporting had fundamentally undermined local morale. NWL health colleagues had concurred with the council's perspective but it was not possible to change the formulation for the entire country. This had particularly disadvantaged H&F and other local authorities in a similar position.

5.6 Dr Chris Hilton, an NWL NHS Gold committee member, provided a headline update on hospital rates. There were currently 460 occupied beds representing a rate of 15% of acute to adult hospital beds and which was stabilising. Councillor Richardson thanked Dr Hilton for stepping in the absence of local National Health Service (NHS) colleagues.

5.7 Councillor Richardson led comments from the committee in commending the work of officers who had worked unstintingly to deliver the council's Covid-19 response. It was imperative that this impressive work continued as the UK came out of Covid-19 restrictions and remained agile in responding to future variants. Jim Grealy commented that a Fulham pharmacist had recently told him that he had 23 no shows for Covid-19 appointments and that those doses had been "wasted" indicating spare capacity. It was not possible to understand if this was occuring elsewhere but it did not detract from what was otherwise a remarkable performance by the NHS in delivering scaled up vaccination. Dr Lang observed that this was not a supply but a demand issue. The surge in Omicron rates also meant that an infected person was required to wait for 28-days before vaccinating.

5.8 Victoria Brignell sought information about the vaccination levels amongst NHS staff and an indication as to how many might lose their jobs if they remained unvaccinated by the April deadline. Linda Jackson explained that there was an ongoing dialogue with care and NHS staff about their reasons for not being vaccinated. The implementation of the April deadline would also require legalities that were yet to be announced. Lisa Redfern added that the impact of NHS staff refusing vaccination was a concern, given the implications for maintaining safe staffing levels but business continuity plans were in place to respond to this scenario. There had been similar concerns anticipating an impact on care homes but the outcomes had been minimal. A cautious approach was recommended with regards to the potential number of unvaccinated staff leaving the NHS.

5.9 Dr Hilton confirmed that the protocols in place for the preparation of business continuity plans at WLT would be similarly replicated across partner NHS trusts. It was reported that, as of 25 January 2022, there were 189 individuals within the organisation who were unvaccinated, out of a potential 4000 staff members. To date, five members of staff had left the organisation voluntarily because they had declined vaccination. He confirmed that there were ongoing conversations with staff to encourage them to accept vaccination before the April deadline.

5.10 Councillor Lloyd-Harris commented on the disproportionate percentages of H&F population figures and how this impacted on the local vaccine take up, and the need consistency. Councillor Coleman confirmed that it had not taken 18 months to identify the issue of inaccurate population figures. This was a long standing issue that the borough had asked the government to rectify for many years and had similarly affected other local authorities (Royal Borough of Kensington and Chelsea and Westminster City Council), and across the UK where there were high rates of movement into and out of the area.

ACTIONS:

1. **The numbers of local, NWL NHS staff who might lose their jobs if unvaccinated; and**
2. **That percentage details about vaccination rates for first, second and booster vaccination would be provided following the meeting.**

RESOLVED

That the verbal report and actions were noted.

6. MENTAL HEALTH INTEGRATED NETWORK TEAM (MINT)

6.1 Councillor Richardson welcomed Dr Chris Hilton and Helen Mangan from West London Trust. This was a follow up report to one that was provided at the previous meeting of the committee and provided members with insight into the MINT service provision for H&F residents. Although a brief was agreed, it was explained that unfortunately health colleagues were only able to meet this in part, due to severe Covid-19 related service pressures. It did not cover transitional mental health care for children and young people, to adult services, which was subject to ongoing transformation work and Dr Hilton assured the committee that he would explore this further with members at a future meeting. In addition, some demographic information had only been superficially covered, focusing on the ethnic coding of individuals accessing the MINT service. Dr Hilton commented that MINT represented a new community mental health service reconfiguration. Referencing page 19 of the report, he accepted that the detail of this had lacked clarity for service users. The MINT service offered a different, geographical configuration replacing the previous service pattern. What was primary care mental health, accessible as part of the SPA set of services, included treatment and recovery teams, had been augmented. They now geographically aligned with the north and

south centres of the borough to integrate more closely with the local primary care networks.

6.2 Co-optee Keith Mallinson commented that the report lacked clarity about the SPA issue and did not address the previous concerns identified by the committee. In his experience, individuals who suffered a mental health episode and need to be seen urgently, or a relative who needed urgent support and information, required clear guidance and direction towards the SPA. The reality was that this was not the experience of many service users who felt "pushed" towards Accident and Emergency (A&E). He felt that streamlined, SPA services focusing on service users was required to help navigate mental health pathways.

6.3 Dr Hilton acknowledged that navigating the SPA could be confusing and referenced page 24 of the report, which set out service details. He explained the Trust's SPA provision, which was intended to run 24 hours a day, seven days a week, offering an advice and support line for patients and carers. The SPA did not itself deliver services but helped to identify the appropriate care service, including crises care. This was a freephone service, open to all H&F residents, and in particular, for those individuals requiring immediate assistance. Dr Hilton apologised for the confused messaging and frustration for service users that this had caused. A review was currently underway to avoid individuals from being passed between multiple teams and a SPA would help improve capacity. The SPA, however, was primarily for planned referrals as well as an advice and support line and distinct from MINT, which offered planned care.

6.4 Councillor Richardson observed that the issue of the SPA raised questions about the consistency of care provided and the advice offered by staff. Dr Hilton explained that the SPA was a service that was distinct from MINT, and that it was a call centre function, offering advice and support for patients, managed and based within the call centre, delivered by a team of mental health advisors and clinicians. Dr Hilton clarified that clinicians were specially trained to provide interventions and telephone calls were recorded for training purposes. The SPA received thousands of call each month covering a range of issues, with some individual callers calling in distress. These also included referrals and calls from emergency services. Dr Hilton assured the committee that consistency in customer service was a priority for the Trust and welcomed further feedback on how it could be improved.

6.5 Jim Grealy welcomed the report which he felt contained more information than the previous paper, despite the significant pressures experienced by the Trust. He commented on the issue of ethnic coding highlighted in section of 5 of the report and felt that this offered more clarity. He asked what strategic plans were in place to understand the reasons for this. The borough also had a low rate of dementia diagnosis and a second question was about the report's connection between dementia in older people and mental health which was never fully examined. Further information was sought about the correlation between the mental health of men and dementia. National figures indicated that there was a growth in dementia rates in this cohort, and he asked how hoped to plan the Trust future dementia services. On a further

point, Jim Grealy welcomed the inclusion of staffing numbers as this highlighted concerns about recruitment and how this could impact on the successful delivery of the MINT programme. A final point was about the role of GPs within this new configuration. Given that many people currently had little opportunity to see their GPs, he observed that Imperial College Healthcare NHS Trust were seeing increased numbers through A&E and urgent care centres. There were a range of cases that presented with physical symptoms but these sometimes disguised underlying mental health conditions. The structure of this was important as the integrated care system (ICS) developed.

6.6 Dr Hilton concurred with the concerns about ethnic coding, not dissimilar to H&F or NWL, and work was being undertaken to address, for example, the Ethnicity and Mental Health Improvement Programme (EMHIP, page 29 of the report). The intention was to understand the different reasons populations have for coming into contact with mental health services and that support was culturally competent. It was acknowledged that there was little information about older people in the report as the brief was focused on MINT. In addition, dementia services were delivered by a different part of WLT. It was hoped that WLT could develop similar models for older people within the next year and additional investment had been received to support better integration of the older person's experience. Dr Hilton described the organisation of dementia services in H&F and within the WLT, led by Mr Nevil Cheeseman, consultant and clinical director, with oversight of cognitive impairment and dementia services.

6.7 Dr Hilton acknowledged that there was a concern about the significant level of vacancies in the organisation. An increase in new vacancies had been prompted by additional investment, resulting in greater recruitment challenges which were also reflected across the NHS. The Trust hoped to invest in recruitment and grow services. New initiatives included apprenticeship routes into nursing and identifying new roles such as peer support workers and graduate mental health workers, who were often psychology graduates seeking a career in mental health. Overseas recruitment was another initiative and these formed part of a collective approach to improve recruitment and retain staff. Commenting on the interface between GP and hospitals, Dr Hilton agreed that were concerns about this. Declaring his clinical interest as a consultant liaison psychiatry, Dr Hilton explained that he saw patients in a general hospital setting. There were a number of structures with NWL's acute hospitals such as the NWL Urgent Care Board for Mental Health, which monitored mental health presentations across A&E departments. The Board also monitored the use of alternative pathways, including those provided by MIND.

6.8 Jim Grealy welcomed Dr Hilton's response but pointed out that colleagues who regularly attended meetings of the NWL clinical commissioning group (CCG) meetings reported that reports on mental health were not considered and enquired how this might be addressed within the implementation of the ICS. Dr Hilton agreed that mental health services should be well represented within the ICS and was concerned that reports might not be reaching the Board, which he agreed to follow this up with Carolyn Regan, Chief Executive

Officer, WLT. It was confirmed that information was being provided to the ICS executive team.

6.9 Jo Baty reported that she had been working with Peggy Coles, H&F Dementia Action, to deliver dementia friend sessions across the Adult Social Care department and the wider council. One new social worker, (within the mental health team) was unclear as to dementia pathways, where it sat within their sphere of work and how it connected to MINT. It was clear that further work was required to raise the profile of dementia and this was an opportunity to undertake joint workforce development with WLT.

6.10 Councillor Lloyd-Harris enquired about service pathways and the response times and whether this was consistent with times reported by other trust providers, depending on an individual's episodic experience and treatment pathway and the follow up contact they might receive. Dr Hilton explained that there were two key pieces of information about this and the first was referenced page 24 of the report. There were a number of different pathways, including the 4 to 24 hours crises team and the MINT service, which responded within a routine response time of one day or up to 28 days, standardised and measured against national response time targets. The implementation of response time standards was a recent introduction for mental health services to ensure greater accountability. A third response time indicator was a waiting time of up to three months for a routine appointment which the Trust aimed to reduce to one month. This was a challenging target that reflected work in progress, given the increased ratio of referrals to discharges. This was being monitored and measures had been implemented to ensure timely and adequate triaging and assessment. In response to a follow up query, Dr Hilton explained that the programme was modelled on the level of approximate demand expected, with a forecast that would reduce following the transition period (pandemic related) and which was informed by the Trusts staffing model. An added difficulty was the current number of staff vacancies which compounded the issue.

6.11 Merrill Hammer, HAFSON, thanked Dr Hilton for the report which raised a number of further questions. This was the beginning of genuine dialogue and engagement which she found very helpful. One particular concern was the separation of older people from those that were employed, which was regarded as an unhelpful dichotomy. While it was accepted that the SPA was not part of MINT, this remained an area that lacked clarity, particularly around the awareness of what was available and how this data was collected, analysed and applied in modelling the service. Dr Hilton indicated his agreement to a future report and welcomed opportunities to engage with HAFSON and the committee. There were concerns about the use of a broad, ethnic coding framework and how further refinement of the categories would better inform mental health services so that these could be more responsive.

6.12 Helen Mangan responded to points about the SPA and ethnic coding which she acknowledged was blunt and not good enough. It was possible to provide data on the total number of calls but this lacked contextual details about the calls. A detailed review of telephony services was currently underway with a view to upgrading existing provision. At the same time as a review of the

functionality of the service, the review would also examine the functions of the workforce underpinning the service. It was noted that there was a distinction between different functions and that these need to be separated out more clearly, for example, a dedicated crises line, and another helpline which facilitated therapeutic interventions. Dr Hilton added that the services were being further developed to include an older people's pathway within MINT and the further engagement that had been discussed. While this was not dissimilar to the one used within the council, Dr Hilton agreed that a further refinement of the ethnic coding categories was warranted.

6.13 Co-optee Lucia Boddington sought further clarification around waiting times (up to 90 days in some cases) and whether there was a correlation with staff shortages or increased demand. She enquired when the Trust envisaged that they would to be able to meet the 28 day target and if there was a fast track pathway, querying if there was a process of identifying urgent referrals or those that present through the SPA. She also asked how quickly people would be discharged from MINT, and the length of time it would take to be re-referred. Dr Hilton explained that the target of 28 days had not been possible for some time and was regarded as a 'new' target that they hoped to meet. The target of 90 days was in place but Dr Hilton acknowledged that some wait times exceeded this. Extensive work was required to meet the 28 day target but it was deliverable within the available resources. In respect of the assessment process, Dr Hilton explained that there were at least three steps in the initial assessment: triage and how the patient had been referred, followed by clinical contact with either the referrer or the individual to understand their current presentation and any psychiatric history; and a risk of self-harm assessment and whether their mental health condition was likely to deteriorate. This information would indicate whether a crises or routine intervention was required. There were mechanisms in place to support individuals where the condition deteriorated and tools to help guide triaging and decision making. Discharge times would vary according to patient need but some people remained in the service for a long time. The benefit of MINT meant that it could respond to the needs of both short and long term patients.

6.14 Dr Hilton clarified that the CAMHs (Children and adolescent mental health service) to adult mental health services was a separate, national piece of work around transitions services for young people aged 16-25 years which WLT was involved with and that co-production work with this cohort across NWL had been undertaken.

6.15 Carleen Duffy enquired whether how a discharge process was managed where the patient was homeless and how they might be readmitted if in crises. Dr Hilton confirmed that there were strict protocols that the Trust adhered to, which ensured that individuals who were homeless received the support they were entitled to, based on any details linked to their last known address and where they had presented. The mental health trusts across London were part of a compact with agreement about the support provided to this cohort with targeted investment to support rough sleepers.

6.16 Councillor Coleman welcomed the report and the Trust's positive efforts in providing information. In response to a number of questions, Dr Hilton

welcomed the suggestion to identify a date by which the 28 day target might be achievable aspiration, given Councillor Coleman's concern about a 90 day waiting time, in some cases. On the issue of mapping demand, Dr Hilton responded that provision had been based on demand projection data from multiple sources, but he welcomed a suggestion for further joint work with the ICP and the council's Business Intelligence Unit to collectively analyse data, including the Joint Strategic Needs Assessments (JNSA) policy. The work around transition services was welcomed and it was noted that this had this information had not been requested as part of the brief for the report.

6.17 On a final point, Councillor Coleman questioned the government's formula for calculating the registered population, given that the actual population figure for H&F was 190,000. The differential had significant implications for resourcing for the borough across range of areas. In terms of demand projections, it was expected that this would be impacted by Covid and modelling of the MINT was being developed to include monitoring data from the SPA. The suggestion of a mystery shopping exercise was welcomed and an offer from Healthwatch to support this was also welcomed, together with further engagement with Dementia UK and the input of Peggy Coles and the council. Referencing page 26 of the report in the context of denominators for vaccination, Dr Hilton noted that the figure provided as the registered population by the CCG was 341,178 and that this incorporated the patient numbers for GP at Hand (Babylon). A large portion of this number would affect the figures given as open to WLT mental health services (7461), and of which were adults age of 18 years (6538). Most of the MINT services were for residents rather than GP registered patients.

6.18 Jim Grealy referred to the immense work undertaken to date on the co-production of services for people with disabilities and one of the groups most affected by the pandemic and mental health pressures. He asked how closely WLT was working to co-produced tailored provision with the borough's mental health team and across neighbouring boroughs, and the extent to which this would form part of the framework of the MINT pathway. Dr Hilton responded that there was insufficient engagement with disabled groups and welcomed opportunities to have conversations with the disabled community, facilitated through the ICP mental health campaign, and the council's co-production network of contacts. Jo Baty added that, together with Helen Mangan, they aimed to develop a consistent approach to co-production and engagement, through the mental health campaign and across the ICP and build on the work of the council's Disability Commission, and Dementia Strategy. The importance of having diverse conversations with communities that were often furthest away from decision making was noted.

ACTIONS:

Please see the attached appendix for a list of the actions.

RESOLVED

That report, comments and actions were noted.

7. MEDIUM TERM FINANCIAL STRATEGY 2022/23

7.1 Councillor Richardson reported that there was a minor amendment to the papers to replace appendix 2 of the report. Emily Hill provided a corporate overview to the Medium Term Financial Strategy 2022/23 (MTFS) within the context of government policy. The borough had seen a funding reduction in real terms since 2010, with about 20% less lower funding overall, although social care demand had increased exponentially. The 2021 autumn spending review implemented changes to local government public spending anticipated within the next three to four years. Greater efficiency savings were required, identifying and eliminating waste to protect service provision. The amount that could be saved without impacting on services was rapidly shrinking as efficiencies became increasingly difficult to identify.

7.2 A one off government grant allocation of £6 million was an additional investment to compensate for the increase in national insurance. An added concern was the increase in inflation, most recently at 5% which added further cost pressures, particularly impacted by Covid-19. Over arching corporate concerns included Covid recovery and how this was likely to develop, regardless of covid restrictions, demand or potential variants. In addition to inflationary increases, Brexit remained a concern together with wider economic developments, future local government financial and levelling up reforms which were likely to be detrimental to London.

Lisa Redfern highlighted key Adult Social Care (ASC) achievements and despite another difficult year, frontline services would continue to be delivered, and within a balanced budget. The volume of demand was significant and the department continued to maintain its vision to compassionately support residents. Home care services and the direct payment scheme supported over 2000 residents, including older and disabled people. The Meals and A Chat (previously Meals on Wheels) service model had been refreshed to help address social isolation and loneliness. ASC also worked preventively with residents, with the support of CAN (Community Aid Network) volunteers. Other compassionate, financial decisions included no increase to Careline charges and paying contractors and sub-contractors a London living wage. A decision to close care and residential homes had actively helped to protect vulnerable residents. The council had also been an early adopter of lateral flow testing and had ensured that isolating care staff had received financial support. Workforce development had considered how demand could be better managed working closely with care home providers, helping to prevent delayed discharges. Whole systems working between social and primary care colleagues had shaped and improved reablement practices, working with providers to actively support residents.

7.3 The department consistently sought innovative ways in which residents could be supported and services protected, such as using Amazon to order community equipment to be sent to residents quickly. Better value and efficient service delivery were key hallmarks of innovative provision that included strong leadership and workforce sustainability practices to effectively manage services. The River Court short break service dealing with high

needs cases had achieved a third, “outstanding” Care Quality Commission (CQC) rating, which was a significant achievement, as had the reablement service, which had also been categorised as “outstanding”. To provide context, this had been critical in nurturing a high performance of hospital discharges, despite the high volume of pandemic cases. During the December-January period, up to 400 people across North West London had been discharged per day, including many with high and complex needs. The pressure on beds caused by the pandemic had a corresponding effect with rapid and phenomenal discharge rates. The multi-agency safeguarding hub was functioning very well, triaging safeguarding referrals which allowed them to be effectively dealt with in a timely manner.

7.4 Challenges were highlighted and in line with corporate concerns. A new white parliamentary white paper, People at the Heart of Care: adult social care reform, December 2021 did little to address the social care funding crisis. The fragility of social care funding had been further exposed by Covid-19 and Lisa Redfern advocated for parity of funding for social care. The first year of the pandemic had seen a number of care home provider closures highlighting the fragility of the care market and reflecting a national pattern. Locally, there was less reliance on care homes as many H&F residents preferred to be supported in their own homes. As alluded to by Emily Hill, the department was finding it harder each year to identify savings, against a backdrop of increased demographic and demand pressures, and the growing cost of transition services from children’s to adult services.

7.5 Prakash Daryanani provided technical details underpinning the social care spending plans for 2022/23. Approval of the gross social care budget of £95.6 million was anticipated in February 2022, in line with the council’s budget strategy. This an increased investment on the previous year in response to the challenges and pressures being experienced in social care. Appendix 1a of the report outlined a planned expenditure schedule for the additional £5.5 million. Demographic pressures and learning disabled transitioning cases were a significant cost pressure in terms of market management and inflationary costs, including cost of living increases. A planned £67.58 (71%) million of the budget spend was apportioned to care homes or direct payments. Approximately 85% of the total budget directly supported services, with about 9% on management and frontline social care staff. The department was now supporting significantly more residents than in previous years as residents were being discharged from hospital with greater acuity of need. This coupled with the need to pay the London Living Wage to residential care and nursing home staff and increased market unit costs represented significant financial challenges. There had been a slight increase in direct payments, attributed to the council’s strategic policy to increase the number of residents in receipt of direct payments as this offered greater independence and control.

7.6 Dr Nicola Lang outlined the council’s Public Health Covid-19 response during waves 1 and 2. The council’s agile decision to implement testing in care homes was the first nationally in April 2020, followed by staff testing in May 2020. This innovative and ground-breaking partnership approach was replicated in other areas which fostered closer links between health and

social care. The borough was also the first in London to adopt lateral flow testing. Working in partnership with environmental health colleagues, the approach had also helped to influence a change in prisons policy, persuading the Ministry of Justice to replicate Covid-19 testing in care homes. An innovative H&F decision to appoint an infection control clinician in a senior role ensured that social care was better able to represent the community voice in discussions with health colleagues.

7.7 In terms Public Health finances, Prakash Daryanani explained that the 2022/23 grant was likely to include an inflationary increase (reported in the October 2021 local government spending review) with an additional grant allocation to be used for public health priorities. Efficiency savings of £170k had been identified (Appendix 1b) but much of this would be reinvested in public health to protect resources. Schemes to address food poverty, promotion of healthy eating, and an increase during the summer in substance misuse would receive reinvested resources. The Public Health budget was £22.6 million, allocated across a range of different services protecting children and families delivered by different council departments providing public health outcomes. The entire budget was fully grant funded so did not include council taxpayer funding.

7.8 Councillor Richardson welcomed the report and commended the work of reablement services and River Court for their outstanding CQC recognition. Councillor Richardson also thanked officers for their continued commitment to the residents of H&F, their tenacity, good sense and compassion in responding to the pandemic.

7.9 Councillor Jonathan Caleb-Landy echoed Councillor Richardson's heartfelt words. He sought further details about the cost savings in relation to employees and planned efficiencies in response to austerity. Lisa Redfern responded that social care had borne the brunt of nationally imposed financial cuts over the past decade since austerity was introduced. There was an obligation and responsibility on senior officers to reform and improve care through innovation and modern reforms without curtailing services. They had explored different ways of working, such as working with the CAN volunteers, with a mix of unqualified volunteers working with frontline staff. The use of digital services was being explored to maintain contact time with residents who have complex needs. It was recognised that simple equipment purchases through an online provider like Amazon could meet day to day, basic needs. Better efficiencies could also be obtained around health commissioning and contracting, and finally, an outstanding reablement service ensured that residents were encouraged to maintain their independence rather than cutting services and help to avoid longer term dependency on care. Prakash Daryanani endorsed the response and added that much of the work built on what had already been achieved. However, much could be done in utilising digital skills in response to service demand, through better leadership and management.

7.10 Councillor Caleb-Landy welcomed the responses and commended the desire to maintain ruthless efficiency in spending while maintaining and improving primary services, in a challenging financial environment. He agreed that

social care was an area that required greater funding and enquired if there was a government plan for delivering social care within the next three years. In terms of social care funding Lisa Redfern responded that there was currently no solution. Referencing a recent presentation to John Jackson, a former director of adult social services and accountant, she explained his view that that the financial position for social services was bleak and likely to deteriorate further. There were expectations about white paper, People at the heart of care which had not materialised but currently, at least the residents of H&F were not required to pay for their home care direct payment, or anything else that supported their quality of life or independent living.

7.11 Unfortunately, this was not replicated nationally at this time and Councillor Coleman predicted that in three years' time, any additional allocation will be passed to the NHS. Currently, H&F was supporting residents in their own homes, ensuring that they avoided admission or readmission into hospital, and which was a cost saving to the NHS. Councillor Coleman urged the NHS to reflect on areas of work by social care which was being provided more efficiently and effectively than the NHS, currently.

7.12 Councillor Richardson reflected on the stark picture presented by officers, recognising that the government a faced a compelling obligation to support the most vulnerable in the community through social care. She enquired if all the covid-19 funding allocated to H&F had been received, and if Covid-19 related expenditure had been recouped. Prakash Daryanani explained that there had been a range of government grants and some funding received via the 'hospital' process which required a detailed monthly returns report. However, the initial funding allocations had been received and reimbursed to providers, in line with regulations. A further £7 million in Covid-19 related support would be allocated until the end of the financial year with no expectation that further funds would be made available post-April. Emily Hill added that it had been a particularly difficult time for social care to manage specific grants that were passported through to social care providers. The council had also received Covid-19 grant funds which had covered additional Covid-19 related costs but had not been fully compensated for income losses from the government scheme. It was confirmed that there was no Covid-19 funding planned post April.

7.13 Councillor Richardson commented that granularity around the continued problems relating to the provision of NHS healthcare for people with complex, high needs and how their care was funding was a concern and this was confirmed by Lisa Redfern. It was a monthly struggle to ensure that those eligible for 'free' NHS support to cover all aspects of their care was provided by social care, at a significant cost, which they sought to recoup back from the NHS. This had on occasion warranted strongly worded letters or the threat of legal action and discharge to asses actions were a good example of where the Integrated Care System was seeking to recharge the department and which Lisa Redfern and her colleagues were battling against.

7.14 Councillor Amanda Lloyd-Harris commended the work led by Lisa Redfern and her colleagues in identifying efficiencies across the board and acknowledged the difficulties inherent within this. She commented that there

would need to be efficiencies in other parts of the council, such as gangs unit and enforcement, in order to support social care provision to meet the needs the of an aging population. Councillor Lloyd-Harris also commended the work of officers, and particularly volunteers during the pandemic and asked whether the connections established through this could continue, and if further outreach to new volunteers could be undertaken. Councillor Lloyd-Harris also concurred that money would not go beyond the NHS to fund social care provision. Lisa Redfern stated that they would try to ensure that volunteering opportunities continue to be utilised and expressions to volunteer were followed up, particularly to help with preventative work. Councillor Lloyd-Harris welcomed this, particularly as she was aware of many, including herself, who had offered qualified support which had unfortunately not been utilised.

7.15 Councillor Coleman welcomed Councillor Lloyd-Harris's agreement on NHS funding but clarified that funding for enforcement and the gang's unit was well spent. Funding had been identified as a consequence of ruthless financial efficiency and resolved issues inherited by administration. Councillor Coleman stated that a strategic and farsighted approach to managing social care services within a limited budget had demonstrated that it was possible to do so without the loss of frontline services. The investment in law enforcement teams was necessary to address residents' concerns about anti-social behaviour, to tackle problem gangs, support victims of crime and those drawn into gang culture. In the brief discussion that followed Councillor Coleman advocated support for this approach, in contrast to Councillor Lloyd-Harris's fundamental viewpoint. Councillor Coleman stated that the police gang's unit was a different provision compared to the council's Children's Services unit, and that the police representation on the council's Health and Wellbeing Board indicated a willingness to engage with the council.

7.16 Councillor Coleman commended public health and social care officers for their significant efforts and commitments supporting the residents of the borough, and in particular, Lisa Redfern, Dr Nicola Lang, Linda Jackson, and also, Prakash Daryanani, Jo Baty, Christopher Nicklin, Roy Morgan, Julius Olu, Phyllis McKenzie, Lee Fernando and many other officers who had done extraordinary work.

ACTION:

Director of social Care to further explore how qualified volunteers could be utilised.

RESOLVED

That the report be noted.

8. WORK PROGRAMME

Councillor Richardson reported that the committee's response to the NWL consultation on palliative care would have to be co-ordinated outside of the meeting as this was due on 23 February 2022 (date subject to confirmation by

the CCG). Merrill Hammer reported that a wide range of consultation and engagement activities had been arranged and subsequently cancelled, which may require an adjustment of the consultation timetable.

9. DATES OF FUTURE MEETINGS

Wednesday, 20 July 2022.

Meeting started: 6.30pm
Meeting ended: 9.10pm

Chair .....

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APPENDIX 1

West London Trust – Draft actions and follow ups from 26th January 2022 meeting:

1. WLT to provide more workforce data to better understand the sustainability of the MINT service. How had the trust modelled the MINT service to maintain national standard response times?

2. For WLT to meet with HAFSON and committee representatives to explore the operational delivery and engagement aspects of the single point of access.

3. Referral to treatment time target - WLT to evidence improvement and continued progress in achieving the 28 day target, at a future update to HISPAC.

4. WLT to review waiting time data to identify outliers that had been waiting longer than 90 days.

5. To provide information about assessment and referral and clarity about wait times currently 90 days and should be 28. Is there evidence to indicate that using 3 systems RIO (Trust), Mosaic (LBHF social workers) and System One (primary care) extends waiting times?

6. Community mapping – to develop a collective understanding of what community based services there are by mapping local support provide information about WLT commissioning of MIND and a time frame for when it can be achieved. The commissioning of MIND to map community assets work would be shared with HISPAC, once complete.

7. Clarity about the single point of access and how the different functions operated within this. How are standards assessed? Work with Healthwatch to conduct mystery shopping mystery shopping exercise.

8. Follow up – community services, where do people go? Inclusive service, com mapping – CH Commissioned MIND to do this – share this and present findings to HISPAC.

9. That a report on CAMHs regarding the transition from children to adult services would be considered at a future meeting.

10. WLT to share details of plans to upgrade telephony as part of a workforce review.

11. WLT to share details of their rough sleeper's mental health program.

12. Dr Hilton to contact Carolyn Regan, to confirm the inclusion of mental health data reports to the Integrated Care System and ensuring that these were being fully communicated and accessible.

13. WLT to provide an update on work with local disability campaign board.

14. To provide the detailed data and financial information and any areas from the brief that were omitted from this report.

LONDON BOROUGH OF HAMMERSMITH & FULHAM

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

Date: 23/03/2022

Subject: Inclusive Apprenticeships

Report author: Oliur Rahman, Head of Employment and Skills

Responsible Director: Jon Pickstone – The Economy

SUMMARY

This report provides an update on the work being undertaken locally to provide Disabled residents access to inclusive apprenticeships. The paper also highlights the current scale of opportunities on offer through local businesses and considers how workforce remodelling of apprenticeships can support inclusivity.

RECOMMENDATIONS

For the Committee to note and comment on this paper.

Wards Affected: All

Our Values	**Summary of how this report aligns to the H&F Values**
Building shared prosperity	Increasing the provision of inclusive apprenticeships is a vital means of expanding the borough's labour market, and the supply of local labour available for H&F businesses to grow.
Creating a compassionate council	H&F seeks to ensure that it can help to remove as many barriers to labour market entry as possible, including those that impact on Disabled people. It recognises that education and work are key parts of residents living fulfilling lives.
Doing things with local residents, not to them	The council works with residents to ensure that service delivery is accessible for all residents through various channels.
Being ruthlessly financially efficient	Through investment in services which promote the provision and increased supply of inclusive

	apprenticeships, the borough can reduce labour market inactivity and unemployment. This fits closely with the RFE agenda as this will mean that other services, such as social care, are likely to see reduced long-term demand.
Rising to the challenge of the climate and ecological emergency	The borough, in line with its Industrial Strategy, is seeking to increase the provision of green skills through its inclusive apprenticeship provision, to meet current and future demand in the sector.

DETAILED ANALYSIS

Introduction

1. As businesses emerge from COVID, employers are reporting skills gaps across a range of sectors. The changing labour market presents an opportunity to support employers to reach untapped talent pools through a more inclusive apprenticeship offer.

2. Inclusive Apprenticeships are bespoke 'earn while you learn' programmes designed for Disabled residents as a pathway to more permanent employment. Leading by example, H&F Council as an employer is one of a few local authorities that offer Inclusive Apprenticeships.

3. This report covers labour market information, where it is available, and highlights gaps in data relating to apprenticeship take up by Disabled residents and the scale of Inclusive Apprenticeships on offer through local employers.

4. Whilst the focus of this paper is on Apprenticeships, the report also considers some of the wider supported pathways delivered by the Council and through partner organisations.

Background

5. In H&F, the Annual Population Survey data for January-December 2020 shows an estimate of 1,600 Disabled residents that are unemployed. This total includes both 'core' and 'work-limiting' disabilities. This represents 25.4% of the total unemployed residents.

6. Additionally, there are 6,700 Disabled residents aged 16-64, whose disabilities are listed as core or work limiting, that are economically inactive. This estimate represents around 42.5% of the inactive 16-64 age group that are not students. National research suggests that around 25% of this group also 'want a job'; however, in H&F the proportion of inactive residents that want a job is significantly higher than nationally and adjusting for this would give an estimate of around 30% for the proportion of these 6,700 residents that 'want a job'.

7. Unemployed residents, in labour market terms, are ‘seeking work’. However, the unemployment rate for Disabled residents stands at 17.6%, approximately three times higher than H&F’s overall unemployment rate. This holds across age groups, reflecting that for Disabled young people, Covid will have exacerbated initial barriers to entering the labour market.

8. ONS estimates suggest that the employment rate for Disabled residents (core or work limiting disabilities) was around 53.3% across 2020, which is higher than the national estimate of around 40%. This represents around 8,400 H&F Disabled residents (core or work limiting disability) that are in employment.

9. Some emerging estimates covering the period to September 2021 suggests that there has been a fall in this higher employment rate down to around 45%. This however also corresponds with a fall in the overall employment rate and may simply reflect people re-entering the labour market at a time of high uncertainty about ongoing restrictions. We will continue to track this dynamic as it emerges.

10. Apprenticeship and Traineeship Education Statistics published by the Department for Education (DfE) shows that, year on year, the number of H&F residents taking up Apprenticeships has been decreasing, from 530 residents in 2019/20, to 360 residents in 2020/21 and 220 residents across three quarters so far in 2021/22. **(See Appendix 1).**

11. Data covering ‘apprenticeship starts by disability’ was not published at a local level by DfE across the last two years. In 2019/20, covering the most recent data available, an estimated 60 residents Disabled residents took part in an apprenticeship.

12. Inclusive Apprenticeships area a relatively new development, in its current form, and are being created to offer flexibility to make apprenticeships more accessible.

13. Inclusive Apprenticeships include adjustments to make them accessible to people with a current or historic Education, Health and Care Plan (EHCP), Learning Disability Assessment (LDA) or Statement of Educational Need (SEN)

14. Reasonable adjustments can be made regarding both maths and English entry requirements and working hours/duration of the apprenticeship programme.

15. As data on Inclusive Apprenticeships offered is not currently collated at local authority level, this paper provides analysis of local knowledge on inclusive employers and types of support available to Disabled residents.

Local Employment

16. The council works with over 130 employers, based in H&F and nearby boroughs, to increase access to opportunities, including jobs, apprenticeships and internships, for local residents. **(see Appendix 2)**

17. Whilst we do not have robust data to provide analysis on local employers hiring Disabled residents, we know that there are 42 local employers in H&F who

have voluntarily signed up to the Disability Confident scheme. **(see Appendix 3)**

18. Disability Confident is a government scheme designed to encourage employers to recruit, retain and develop Disabled people in work. The rationale for the scheme includes the desire to halve the disability employment gap by mobilising employers to recruit, retain and develop disabled people as part of their workforce.

19. The 42 Disability Confident registered companies in H&F employ on average over 4,000 people – though we do not have a breakdown of the proportion of these that are disabled, nor information on the breakdown by impairment/health condition groups. A gap therefore remains in our knowledge.

20. Data from the government's Find an Apprenticeship website shows that as of the 1st of March 2022 there are 116 advertised apprenticeships with a H&F post code. 11 of these roles are listed as hosted by Disability Confident Employers.

21. H&F Council was one of four London local authorities who met or exceeded the Public Sector Apprenticeship Target which sets out that local authorities have regard to a target of creating new apprenticeship starts equivalent to at least 2.3% of their staff.

22. The Council is one of a small number of organisations to offer inclusive apprenticeships, working collaboratively across Council departments to support their development. There are currently five inclusive apprenticeship posts at the Council and many lessons being learned for the future. Initial feedback has been used to adapt the recruitment process and work is underway with partners as part of a continuous review process to improve and expand these opportunities for local residents.

Strategic Employer Engagement

23. Through the H&F Business Network, Employer Forum and Upstream Roundtable, the council has been engaging businesses at a strategic level to discuss the links between work, disability and health and encourage the creation of inclusive pathways to employment for local residents.

24. Using toolkits like the Mayor of London's Good Work Standard, some examples of the work being undertaken by the council with local employers include:
    - Supporting managers to understand the kinds of reasonable adjustments that may be needed to support Disabled people.
    - Encouraging business to take a flexible approach to leave to support Disabled people or other circumstances in their personal lives that may impact on attendance
    - Assisting organisations to develop and offer supported internships for young Disabled people and young people with Special Educational Needs.
    - Considering and reviewing opportunities to 'job carve' and offer inclusive apprenticeships

25. The current high level of vacancies in the labour market provides an additional opportunity to engage employers around access to work, inclusion and disability. Current initiatives such as the Work and Health Programme and Disability Confident had been designed and positioned to impact in a labour market context with much higher skills availability from transitory labour. In the post-Covid context, this balance of skills availability has shifted, creating a greater incentive for employers to engage with the large pool of skills that Disabled people have.

26. Where skills shortages in some sectors are likely to persist into the medium-term, the incentive for employers to address low level barriers to employment access faced by Disabled people can only grow. There is then a timely opportunity to review our internal employer engagement strategy to reflect this new dynamic, highlighting and promoting emerging best practice and sharing through networks.

H&F Support Services

WorkZone

27. The Council's job brokerage service, WorkZone, continues to provide employability support and access to jobs, apprenticeships and training. The service is accessed by over 500 residents each year. Approximately 4% of residents using the service in 2021/22 are registered as Disabled.

28. WorkZone has been operating predominantly as a remote service throughout the pandemic, focussed on helping residents whose jobs and future prospects have been hampered by the pandemic, to re-train and consider employment in growth and resilient sectors.

29. From April 2022, the service will resume face to face delivery as part of a hybrid delivery model. The service will be rebranded as 'H&F Works'. To increase user-friendliness and accessibility, the service has invested in a new website that will launch alongside the re-branding of the service, offering residents an online profile and account to easily access new opportunities as they arise.

30. The service will be based in locations across the borough on a rotating basis, in community hubs, libraries and co-located with partner agencies, providing residents with a more local presence.

Supported Internship Programmes

31. The West London Supported Employment Programme has facilitated and co-ordinated the establishment of Supported Internships programmes for Disabled young people and/ or those with Special Education Needs (SEND)

32. Supported Internships are education placements based at a workplace and a pathway to paid work. Over 70% of programme graduates who complete the course gain paid employment.

33. Supported Internships are structured preparation for employment programmes where young people spend 10 months at a host employer, gaining an employability qualification and work experience in 'real' jobs. They are

partnerships between employers, education providers (further education colleges or schools) supported employment providers and local authorities. who each have a role to play in setting up and managing programmes.

34. The West London Supported Employment programme (LBHF and the other West London boroughs working together to develop effective employment pathways) has created over 27 Supported Internships programmes across different business sectors with leading local employers including 5 NHS Trusts, GSK, Marriott Hotels, major retail outlets and local authorities. These are open to young people living in the participating boroughs. 120 young people take part each year and West London boroughs are continuing to expand the opportunities to meet demand, working closely with employers to plan for real jobs, including a programme is underway to create supported employment opportunities across the health service.

Partnership Working

35. Opportunities handled by WorkZone are advertised to over 50 local organisations who support H&F residents. These organisations include housing associations, charities, training providers and voluntary organisations. Work is underway to strengthen these relationships as WorkZone expands.

36. The Council works collaboratively with organisations funded to deliver employability support. The following national programmes, commissioned at West London level, have specific targets to support Disabled residents.

37. **DWP Work and Health Programme,** delivered by Shaw Trust, provides specialised employment support for Disabled people and long-term unemployed people. Residents are provided with support for up to 15 months, including tailored health and wellbeing services.

38. DWP does not provide Work Programme performance information at a local authority level, however data is available showing a sub-regional total. The latest data release shows that from January 2019 to November 2021, 8,812 residents across the WLA sub-region have been supported by the programme with 1,500 residents entering employment.

39. **DWP Restart**, delivered by Ingeus, commenced delivery in September 2021. The programme supports residents who have been unemployed for a at least 9 months, aiming to work with local specialist partner organisations to break down barriers to accessing employment.

40. WorkZone works collaboratively with Shaw Trust and Ingeus ensuring residents have access to each of our organisations' services and sharing opportunities for the benefit of local residents. This includes holding joint sign up sessions at job fairs, offering a coordinated service to our recent refugee cohorts, and sharing job opportunities to residents supported by each of our organisations.

West London Alliance (WLA)

41. The WLA provides a strategic partnership to engage on shared priorities and policy areas and deliver initiatives working across borough boundaries. The partnership provides the forum to oversee delivery of commissioned initiatives like the DWP Work and Health Programme and DWP Restart.

42. Through the partnership, WorkZone recently secured £217,000 of European Social Fund (ESF) funding for the period January 2022 to September 2023 to increase capacity and delivery in H&F. The funding is geared towards supporting residents who are unemployed or economically inactive, and those who face additional barriers, including being Disabled. To align with the target groups, the service will seek to recruit staff with specialist skills to support these cohorts.

43. The partnership has also secured funding from the Greater London Authority (GLA) and the UK Community Renewal Fund for a 'No Wrong Door Integration' Hub. aiming to make the skills and employment support system work in a more coordinated, less fragmented way to improve individuals' journeys through the system towards and into 'good work', with an initial focus on the under 25s and over 50s.

44. WLA supported three successful bids for funding from the Mayor's Sectoral Academies Programme, covering the health, green and creative/cultural sectors. Each will aim to provide improved co-ordination across the system and increase the responsiveness of skills provision to need. WLA and borough officers are engaged with each of the lead organisations delivering the academies.

West London College

45. A Youth Hub is being launched in West London College, in partnership with DWP and the Council. This site will provide a space for young people to drop in and access services delivered by multiple agencies. There is also space to deliver tailored training and support programmes for young people in a classroom setting. Separately a Digital Youth Hub is also being established to bring together information about Council and wider services into one portal.

Revisiting the Current Apprenticeships Model:

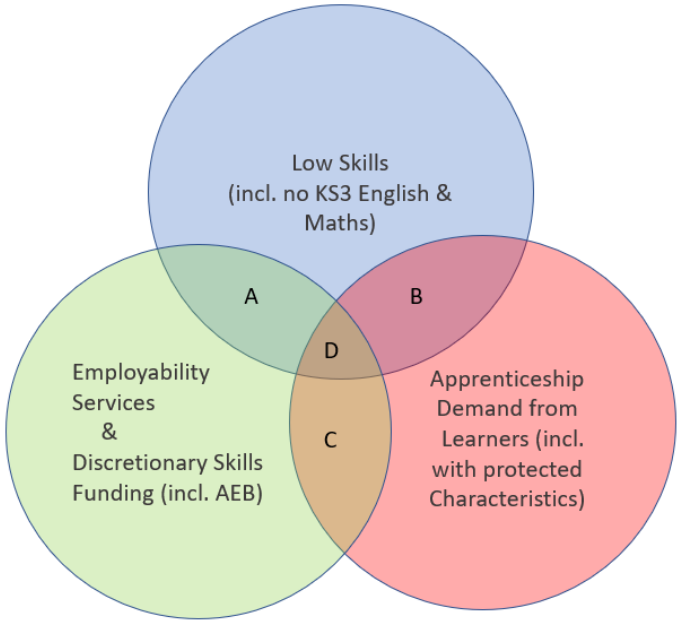
Addressing the barriers to Apprenticeships

46. The current model is predicated on apprenticeships being a progression from post-16 education. The apprenticeships frameworks are not in this sense a replacement for NVQ levels 1-2 / KS3 attainments (i.e. GCSE's).

47. The basic entry requirements for most Intermediate, Advanced, and Higher apprenticeships are given in **appendix 4**. Typically, apprenticeships above the Intermediate (L2) require English & Maths GCSEs at C grade, though this is not the case for many internal H&F pathways and the requirement has been waived to remove barriers for H&F residents.

48. Employer designed standards delivered externally to H&F may have higher basic entry requirements in some cases, however. Typically, these will follow the requirements as set out in the appendix. Where these may represent a barrier to access for some of our key groups; and given the expected expansion of 'in-work training' needed to address London-level skills gaps for these entry level sectors – there is a rationale to support key interventions for some learners exiting education that may be left behind in trying to access external pathways without commensurate qualifications.

49. A suggested framework for identifying and addressing these gaps will need to identify the scale of overlap and numbers of individuals with specific additional needs in areas A, B, C and D below. This also supports the objective of improved service integration for residents with access requirements and additional barriers to employment moving forwards.



Areas of focus:

A – those with low skills find it harder to access work, and experience low (often minimum) wages.

B – those with low skills also find it hard to or cannot access paid apprenticeship training

C – work readiness and apprenticeship readiness strongly overlap; lack of KS3 attainment is a barrier to both

D – identifies a focussed target area, and highlights the need for an approach that integrates the needs of more complex cases; drawing on expanded eg ESF resource.

50. In response to this challenge, we are developing an approach to identify those who are interested in progressing onto an apprenticeship, and the extra support that could be delivered if needed to support this progression. This is likely to entail a specific focus on building confidence and supplementary skills potentially linked to emerging green economy activities, but will also need to move beyond this to identify what can be delivered more systematically and in an ongoing way. For example, where these activities could be linked to the planned Eco-Literacy course being developed by the Climate Team, this integration, alongside additional services planned at the Barons Court Hub could provide a more systematic approach to providing residents with the portfolio of skills and experience – alongside pioneering a new attainment standard - needed to enter and sustain employment.

Internal strategic workforce requirements and apprenticeships

51. With reference to the strategic workforce requirements of local employers including H&F Council, the Covid recovery period is likely to be accompanied

by a higher volume of ‘switching’: that is, people changing jobs in response to a new post-Covid context.

52. One causal factor behind this is the basic need to maintain more ‘local’ live-work arrangements. This can be observed in the Health and Care Sector and is also likely to exacerbate the skills-replacement needs of Local Authorities, including H&F. Into the medium term, this is expected to add to forecasted skills shortfalls in some H&F roles.

53. Revisiting the strategic opportunities for apprenticeships to address these needs at greater volume therefore represents a positive ‘win-win’ with respect to promoting resident inclusion, local opportunity, and reducing the future skills gaps faced by Local Authorities with ‘ageing skills’, including H&F.

Developing Industrial Strategy-Relevant Standards

54. Considering the needs of highly qualified residents is also important: there is an opportunity to expand advanced and higher frameworks that are specifically linked to Industrial Strategy growth sectors. H&F’s many highly qualified residents have skills that may in many cases be transferable but lack some specific technical qualification to access our leading growth sectors.

55. In 2022, as part of the Economic Developments programme of works, we will be exploring:

- How Industrial Strategy employer networks can support the development of new standards, in particular within green economy and lab-based roles in growing biotechnology sectors.

- Whether some additional resource for example vocational coding camps could be developed through partnerships (especially for digital media; cyber-AI – each with specific Java; C++ etc systems...)

- Whether there is further rationale to support people in ‘switching’ roles, in terms of productivity effects and then actively creating training and replacement demand for mid-level and administrative roles (typically those with a net-outflow of skills towards professional and technical roles).

- How more broadly removing barriers to progression in the skills system and creating pull-through effects via active policy – that is shifting appropriate skills upwards into roles that harness them at the commensurate level, and through this approach address *underemployment* - can create more evenly spread productivity effects, moving beyond a reliance on trickle-down effects and actively designing-in inclusion.

Conclusion

56. H&F Council in collaboration with local and regional partners continues to offer employability support to Disabled residents.

57. The refreshed H&F Works job brokerage model will provide greater capacity, and the opportunity to develop existing staff and recruit new specialist advisers, to deliver employability support.

58. Working with employers to collate data on inclusive recruitment and apprenticeships will help establish a deeper understanding of our local landscape.

59. The data gaps that have been identified currently are a result of the poor legacy of interaction between employers and disabled groups. There is however an opportunity in the current labour market, given the increased skills shortages in many sectors, for employers to re-appraise how they view the skills and experience of our disabled residents. There is then an opportunity for Hammersmith & Fulham services to re-position for additional brokerage (including utilising expanded H&F Works capacity) and reflect this new labour market dynamic.

60. In this new context, the importance of co-production is increased, and local employment services will need to develop reflect to employers a clear set of recommendations about how to address multiple and interacting barriers that residents face. Our commitment to the principles of Independent Living have supported co-production around 12 Pillars. To progress this, we now need to make sure this engagement is sustained and extended to Employers so that the two pillars we have identified there is a gap around in terms of income and employment opportunities also more actively support this independent living objective.

61. Through existing and emerging activities with local employers, and taking a sectoral approach, H&F can provide additional support to businesses in their workforce planning, and also provide an additional focus on inclusion. The current skills gap employers are experiencing across sectors presents opportunities to further the council's aim of developing more inclusive, local pathways into employment including through Inclusive Apprenticeships.

LIST OF APPENDICES

Appendix 1: Yearly Apprenticeship starts by Level and Gender in the borough of Hammersmith and Fulham 2019-2022

Apprenticeship Starts by **Gender**	**2019/20**		**2020/21**		**2021/22** (to Dec 2021)	
Level	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Intermediate	50	60	50	50	20	20
Higher	80	110	150	160	50	60
Advanced	100	130	100	150	30	40
Sub-total	**230**	**300**	**300**	**360**	**100**	**120**
Total	**530**		**360**		**220**	

Apprenticeship Starts by **Disability**	**2019/20**	
Level	Male	Female
Intermediate	10	10
Higher	10	10
Advanced	10	10
Sub-total	**30**	**30**
Total	**60**	

Appendix 2 – List of Local Employers Engaged by H&F Council

3D Personnel
Advance security
Amigo & Deli Marche
Aqua London
Arrestedart
Aspray
Avondale Construction
BBC
Bed and Bars
Belina grow
Berkeley Group
BG Store Retail
Bindy Street T/A Bindy Street
Blu Corners
Blue arrow
Blue bird care
Bowmer & Kirkland
Bravissimo
Bread & Beyond
Brennan Group
British Gas
Buckingham Group
Build London
Build rec
Bullard Spirits
Burger King
Capital care services
Care UK
Chelsea Football Club
Chroma Vision
Clarins
Computer Angels
Copper Kitchen
CRG
CSP
Cubelynx
Darksphere
Disney
Drive Forward Foundation
Dudgeon
ENGIE
Entertainer Toy Store
Evolve Apprentices
Falcon Green Foundation
Developments FDL
Fulham Football Club
GAP
Greggs
Grosvenors Service
G-Star
Guest & Valet Associate
Gym Plus Coffee
H&F Circles
H&F Association of Somali Voluntary Organisations
Happy Socks
Harmony Nursery
HF Circles
HS2
Hurlingham Club
Imperial
Imperial College
Industry Menu
ISS
John Lewis
John Wade
KidZania
Kier
Kingsbury
Koru Kids
Kout food
Krispy Kreme
La Maison
Laing O'Rourke
Lamington Lettings
Land Securities
Laura Ashley
Lendlease
Lidl
London Film Academy
London Fire Brigade
London Youth Conservatoire
Lookahead
Loreal
Lynxforce Protection
Marvic Textiles
Megans on the High Street
MET Police
Mi Homecare
Michael Wisher
Morgan Sindall
Morty & Bobs
Myfixapps
Nandos
NFC Homes
NHS Careers Clinic
Numble
Palmers Scaffolding UK
Petit Miracles
Pizza Pilgrims
Publicis Media
Reason to rent
Ride on Entertainment
Riverside Studios
RUSH
Sabrosso
Santander
Secure Parking
Serendip Connections
Shoe Embassy
Simplify Change
Sir Robert McAlpine
Sixfold Bioscience
Smartfood Chef
Soho House
SPARK Foundry
Sports direct
Spotless's
St George
St James
Tempur Mattress
The Advocacy Project
The Hurlingham Club
The White Company
Tiger Lilies
Tiney
United Living
UniTrust Protection
Unitu
University Partnership Programme (UPP)
Urban Outfitters
Wagamama
Waterlilly
Wates
WCKD RZR
West London College
Westfield
Yarrow
Young Engineers
Yummy Food

Appendix 3: Disability Confident Registered Employers based in H&F

- 245 Hammersmith Road Partnership
- Accor Hotel services UK Limited
- Action on Disability
- Adaptista Limited
- Adhunter Limited
- Adult Learning and Skills Service
- Adzuna Testing account
- Afreeka LTD
- Agilisys
- Anti-Tribalism Movement
- Arrival Limited
- Arum Systems Limited
- At Your Service Event Staffing
- Bigger Bang Communications Limited
- Bleeding Edge Labs Limited
- British Safety Council
- Bush Theatre
- By Miles
- Central London Community Healthcare NHS Trust
- Chelsea FC PLC
- ClearPeople
- Commonwealth Education Foundation
- Creative Artists Agency UK
- dunnhumby
- Gradprentice Ltd
- Hammersmith & Fulham Volunteer Centre
- Hammersmith and Fulham Council
- Healthy Living Support
- HSES Consultancy Limited
- Just Digital Marketplace Limited
- Kaplan International
- Liberty Global
- Lyric Hammersmith Theatre
- Mentorn Media Limited
- Mildon Limited
- Mother and Child Welfare Organisation
- Pioneer Productions Limited
- Sunset and Vine Productions
- The Green
- Turtle Key Arts
- UKTV
- Virgin Media

Appendix 4: Apprenticeship levels and headline entry requirements

Intermediate: Employers often ask for GCSEs – requiring at least grade 4/C in maths and English is quite common.

Advanced: You'll typically only need level 2 qualifications – GCSEs at grades 9–4 or A*–C are commonly requested, often including English and maths. Occasionally an employer will ask for level 3 qualifications such as A levels.

Higher: Higher apprenticeships also involve studying at university level, although they don't always lead to a full (bachelors) degree – for example, you might work towards an HNC, HND or a foundation degree. You'll typically only need level 2 qualifications – GCSEs at grades 9–4 or A*–C are commonly requested, often including English and maths. Occasionally an employer will ask for level 3 qualifications such as A levels.

Changes in 2020/21

In the 2020/21 academic year ***Standards*** have also replaced ***Frameworks.*** This has implications for employers. From 1 August 2020 all new learners must start on new, employer-designed standards.

LONDON BOROUGH OF HAMMERSMITH & FULHAM

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

Date: 23 March 2022

Subject: Imperial College Healthcare NHS Trust – Update on adult musculoskeletal physiotherapy hydrotherapy services

Report author: Mick Fisher, head of stakeholder relations

Responsible Director: Anna Bokobza, programme director – integrated care

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SUMMARY

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Imperial College Healthcare NHS Trust ('the Trust') provides an update on changes to the way adult musculoskeletal physiotherapy hydrotherapy services are provided at Charing Cross Hospital and pilot trials undertaken to support a change in delivery.

This change in service delivery is based on the potential solutions and pilot trials suggested by the London Borough of Hammersmith & Fulham and has been developed by the Trust's physiotherapy team. It follows a safety and effectiveness review prompted by the combined challenge of maintaining and running the hydrotherapy pool at Charing Cross Hospital which was covered in a previous report submitted to the Committee in April 2019.

RECOMMENDATIONS

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

Wards Affected: All

Contact Officers

This paper is provided by Imperial College Healthcare NHS Trust
Mick Fisher, head of stakeholder relations
mick.fisher@nhs.net

LIST OF APPENDICES

Update on adult musculoskeletal physiotherapy hydrotherapy services: Report from Imperial College Healthcare NHS Trust to the London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee

Imperial College Healthcare
NHS Trust

Update on adult musculoskeletal physiotherapy hydrotherapy services

Report from Imperial College Healthcare NHS Trust to the London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee

1. Introduction

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Imperial College Healthcare NHS Trust ('the Trust') provides an update on changes to the way adult musculoskeletal physiotherapy hydrotherapy services are provided at Charing Cross Hospital and pilot trials undertaken to support a change in delivery.

This change in service delivery is based on the potential solutions and pilot trials suggested by the London Borough of Hammersmith & Fulham and has been developed by the Trust's physiotherapy team. It follows a safety and effectiveness review prompted by the combined challenge of maintaining and running the hydrotherapy pool at Charing Cross Hospital which was covered in a previous report submitted to the Committee in April 2019.

The Committee is asked to note and comment upon the report.

2. Imperial College Healthcare NHS Trust overview

At Imperial College Healthcare NHS Trust we provide acute and specialist healthcare for over one million people a year. Formed in 2007, we are one of the largest NHS trusts in the country, with more than 14,500 staff.

Our five hospitals in central and west London – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye – have a long track record in research and education, influencing care and treatment nationally and worldwide. We are developing a growing range of integrated and digital care services and offer private healthcare in dedicated facilities on all our sites.

The Trust is currently rated overall as 'requires improvement' by the Care Quality Commission (CQC); it is rated overall as 'good' for the caring and effective domains, and 'requires improvement' for the safe, responsive and well-led domains. Trust services were last inspected in February 2019 (report published in July 2019) – eight core services were inspected and the CQC increased its ratings for six of them, all of them were rated as 'good' or 'outstanding' and the overall rating for Queen Charlotte's and Chelsea Hospital was increased to 'outstanding'. A separate 'well-led' inspection in April 2019 increased our overall well-led rating to 'good'.

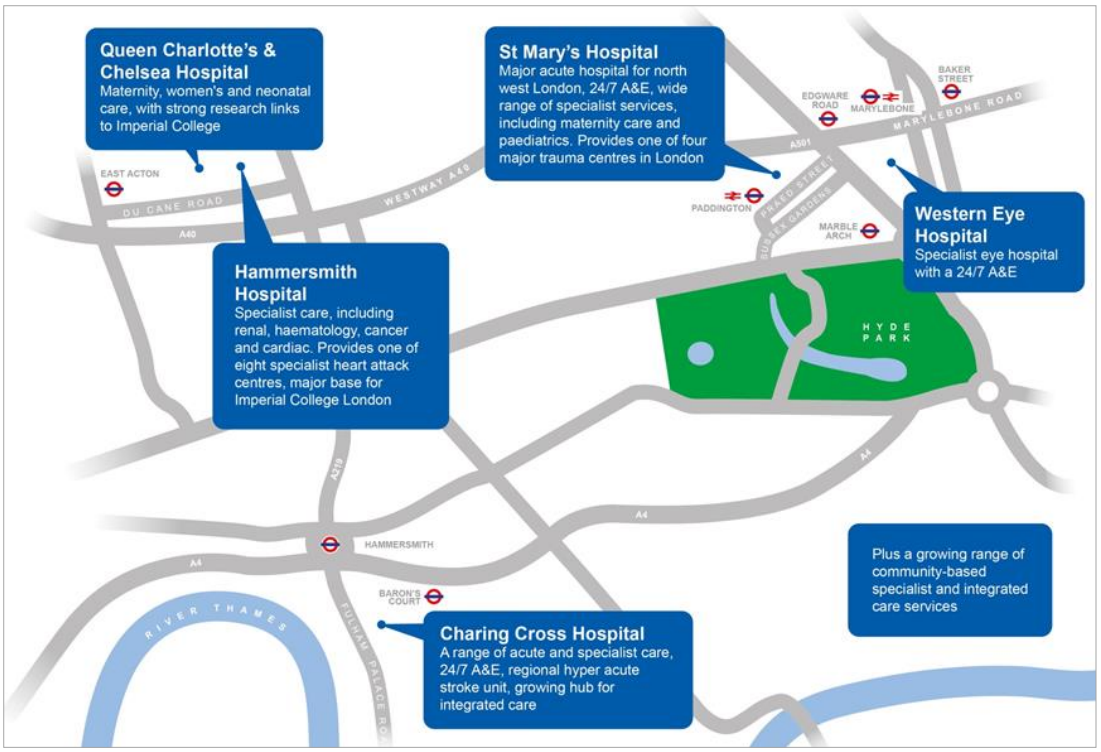


Figure 1 – Map of hospitals in Imperial College Healthcare NHS Trust

3. Trust physiotherapy services

Our Trust's physiotherapy services provide rehabilitation for inpatients and outpatients at Charing Cross, Hammersmith, Queen Charlotte's & Chelsea and St Mary's hospitals and various community locations.

The inpatient service provides expert physiotherapy assessment, treatment and advice for all inpatients requiring physiotherapy to facilitate recovery following acute illness or surgery and to facilitate discharge home or onward referral for rehabilitation.

We offer inpatient physiotherapy services within all speciality areas provided by the Trust. Our physiotherapists are allocated to specific hospital wards according to the specialty skills of each therapist. All hospital departments can discuss the specific physiotherapy needs of a patient and referrals with their ward-based therapist. Our physiotherapists attend the board rounds and multidisciplinary team meetings on the wards to assist our medical teams in the planning of on-going inpatient care.

Referrals for physiotherapy services include inpatients with the following conditions:

- orthopaedics – trauma and elective surgery
- respiratory – acute and chronic respiratory disorders and critical care
- stroke and adult neurology/neurosurgery
- neuro-rehabilitation
- major trauma – head injuries and multiple fractures
- elderly medicine – patients that have fallen or have mobility problems
- obstetrics
- gynaecology
- cancer
- vascular and amputees
- renal
- children's services

The outpatient physiotherapy service receives referrals consultants within the Trust for patients requiring further expert assessment and treatment and for rehabilitation (we are unable to accept referrals directly from GPs). We offer outpatient services for:

- musculoskeletal (MSK) conditions e.g. back and neck pain, other joint pain, soft tissue injuries
- post-orthopaedic surgery
- rheumatology conditions
- chronic pain
- vestibular disorders
- hand injuries and conditions
- intermittent claudication – classes
- amputees – prosthetic rehabilitation
- obstetrics – antenatal and postnatal assessment, treatment and advice for back pain, continence and urogynaecological problems
- gynaecology – conservative management for women with continence and urogynaecological problems
- advanced practitioner service in orthopaedic clinics, pain clinics, chronic respiratory care, and HIV clinics
- chronic pulmonary illness and post-COVID-19 clinics
- neurological conditions – expert opinion and signposting to appropriate services only

Treatment includes education, advice and exercise to maximise our patients' independence and self-management. The treatments we offer are:

- Postural and ergonomic advice and back care education
- Gait re-education to improve mobility
- Manual therapy to mobilise the joints and soft tissue
- Teaching specific exercises to improve strength or flexibility
- Joint management
- Self-management strategies and healthy lifestyle choices
- Aquatic/hydrotherapy
- Strength training regimes
- Functional task practice
- Respiratory and cardiovascular exercise regimes
- Group exercise sessions

4. Proposal to change our physiotherapy hydrotherapy services

4.1 Background and engagement

Following a safety and effectiveness review, we developed the proposal for a planned and managed approach to the permanent closure of the hydrotherapy pool at Charing Cross Hospital.

An options appraisal on the future of the hydrotherapy pool was completed in October 2018. This was a result of changes in aquatic therapy guidelines and persistent estates maintenance issues resulting in frequent unplanned pool closures. The recommendation of the Trust executive in February 2019 was to engage with service users, staff and stakeholders on a preferred recommendation to close the hydrotherapy pool at Charing Cross and reallocate the physiotherapy staff to provide land-based adult musculoskeletal physiotherapy.

The Trust engaged with patients, staff and other stakeholders over a 12-week period (11 March – 31 May 2019). We received over 30 individual pieces of feedback via email on the proposal. All the responses were acknowledged and responses provided where specific

questions were asked or further information was requested. We also noted the feedback received through face-to-face meetings.

The main issues raised are listed below:

1. Alternative options to this proposal that have been considered by the Trust
2. Clinical improvements associated with hydrotherapy and evidence base
3. Hydrotherapy forming the only means or exercise for some patients or former patients
4. Psycho-social benefits of hydrotherapy for some patients
5. Information on the location of other hydrotherapy provision across the surrounding area
6. Lack of appropriate similar resources/facilities in the surrounding area
7. Moving to land-based therapies and impact on waiting times
8. Impact on current physiotherapy staff
9. Further information on the Quality Impact Assessment and Equality Impact Assessment
10. Clarification of the referral process for the Trust physiotherapy services
11. Potential impact on the reablement services provided by Hammersmith & Fulham Council
12. Further information on the operating costs and cost of capital investment required to repair the hydrotherapy pool
13. Clarification on whether the Trust's safety and effectiveness review was carried out under the Health and Safety at Work Act 1974 or a financial review as described in the Health Act 2006
14. Information on future use of the clinical space currently occupied by the hydrotherapy pool
15. Information on the engagement process and decision-making

After the conclusion of the patient and public engagement and follow-up of suggestions made by the London Borough of Hammersmith & Fulham and North West London clinical commissioning group (CCG) partners regarding a range of potential solutions, a paper was considered and accepted by the Trust executive team, proposing the following:

1. To work in partnership with the Jack Tizard school in Shepherd's Bush to lease their hydrotherapy pool on a sessional basis, enabling the Trust to continue to deliver hydrotherapy in an improved environment
2. To work in partnership with the Charing Cross sports club and Swim England to run group, water-based physiotherapy sessions on the Charing Cross site, enabling the physiotherapy team to support patients in the transition into self-directed exercise
3. Once both of these are in place and the concept proven, to close the existing hydrotherapy pool on the Charing Cross site and reallocate the space to clinical use

Due to the Covid-19 pandemic the planned pilots of the hydrotherapy services at Jack Tizard School and Charing Cross Sports Club were delayed until November 2021 and then had to be paused due to the Omicron variant third wave. The pilots re-started / commenced in February 2022. All patients who were attending the Charing Cross Hospital hydrotherapy service prior to the onset of the pandemic and whose appointments were cancelled have since been contacted and offered land-based treatment.

4.2 Patient impact

Aquatic / hydrotherapy is one of several forms of treatment that has historically been offered to patients under the care of our outpatient services. The aquatic / hydrotherapy service at Charing Cross Hospital predominantly treated a mix of NHS patients with a variety of conditions such as:

- musculoskeletal presentations, for example, back and neck pain, other joint pain, soft tissue injuries
- following orthopaedic surgery
- rheumatology conditions
- chronic pain

In addition, a small number of women with pregnancy related pelvic or low back pain were previously treated in the hydrotherapy pool and two private companies also hired the pool.

There was no Charing Cross Hospital hydrotherapy service offered throughout 2020/21 and 2021/22 due to the Covid-19 pandemic. We treated a total of 368 NHS patients in the Charing Cross hydrotherapy pool in 2017/18. This reduced to 179 NHS patients in 2019/20. Previously the majority of patients came from the eight north west London boroughs, although some patients are seen from outside north west London. On average, approximately 30 per cent of all patients are from the borough of Hammersmith & Fulham.

Clinical Commissioning Group	**2019/20**	
	Patients	**Contacts**
NHS EALING CCG	52	309
NHS HAMMERSMITH AND FULHAM CCG	50	336
NHS BRENT CCG	25	126
NHS WEST LONDON CCG	22	108
NHS HOUNSLOW CCG	11	49
NHS CENTRAL LONDON (WESTMINSTER) CCG	9	59
NHS HILLINGDON CCG	5	26
NHS HARROW CCG	5	17
TOTAL	**179**	**1030**

Table 1 – Charing Cross Hospital hydrotherapy pool patient numbers and contacts by NWL CCG for 2019/20 (Accessed 3/3/2022)

4.3 Hydrotherapy pool standards

Hydrotherapy pools are required to operate to particular standards to ensure they are safe and effective. Recently updated national aquatic standards require pool air temperatures to be maintained at 25-30 degrees centigrade, as well as meeting stringent microbiology testing and providing a functioning hoist facility.

The Aquatic Therapy Association of Chartered Physiotherapists (ATACP) produced Guidance on Good Practice in Aquatic Physiotherapy (2015). The guidelines were reviewed in February 2018, with the following amended, based on Swimming Pool Water Treatment and Quality Standards (2017):

1.2 The ambient temperature in the pool hall is maintained within the range 25 to 30 degrees Celsius.
1.4 The atmospheric humidity level is maintained within the range 50 to 60% with a preferred maximum of 60%.
1.6 Disinfectant levels are maintained within the following parameters:
If disinfected using chlorine only:

- *Free chlorine within the range 0.5 to 3.0 parts per million (ppm) ideally 1-2ppm*
- *Total chlorine within the range 0.5 to 4.0 ppm*
- *Residual chlorine is never more than 1.0 ppm and is less than half the free level. 1.8 The total alkalinity is maintained within the range 80 to 200 ppm.*

1.9 The calcium hardness is maintained within the range 80 to 200 ppm.

4.4 Unplanned hydrotherapy pool closures

Over the years before the start of the Covid-19 pandemic, health and safety issues led to repeated unplanned closures of the hydrotherapy pool, often at short notice and for prolonged periods, affecting the quality of care for patients and causing inconvenience to all users, resulting in increased complaints.

The root cause for these repeated closures was that, after many years of operation, the hydrotherapy pool was in poor condition, making it very difficult to meet modern health and safety standards. Examples of specific reasons for closures and complaints included:

- failed microbiology tests resulting in the need for drainage and cleaning
- failed water analysis tests revealing water standards outside of safety parameters
- low air temperature poolside
- plant and pool equipment failure
- hoist failure.

4.5 Operational and financial impact

The impact of these issues was that hospital-initiated rescheduling of appointments increased, which is outlined in Table 2. The average hospital cancellation rate in 2019/20 was 32 per cent, however the range varied between 2 per cent (December 2019) up to 76 per cent (September 2019).

Financial Year	Hospital initiated cancellation rate
2016/17	7 per cent
2018/19	18 per cent
2019/20	32 per cent

Table 2 – Charing Cross Hospital hydrotherapy pool appointment cancellation rate (hospital-initiated)

There is nothing to suggest that unplanned, repeated and indefinite closures of the pool on health and safety grounds will be any less in the coming years without significant investment into the pool estate.

The service was previously running at a financial loss, even when the pool was fully functional, and the level of capital investment and on-going revenue required to bring the pool up to the required standard is significant.

5. Pilot trials

Two pilot trials have been implemented to examine the impact of alternative locations on patient experience and service efficiency. The first pilot trial commenced in November 2021 at Jack Tizard School (JTS), in Hammersmith. Initially planned for three months across two six week blocks, it was unfortunately interrupted by the impact of the Omicron variant and pandemic third wave. The onset of a similar trial at Charing Cross Sports Club (CCSC) was also delayed due to the impact of the Omicron variant. These pilots were re-instated in February 2022.

5.1 Venues

JTS is a day school offering education to children and young people with severe learning difficulties between the ages of two and 19.

CCSC is located on the grounds of Charing Cross Hospital and is owned and operated by a private provider.

A summary of the pilots and the pool location are outlined below (Table 3, Figure 1).

Characteristics	Jack Tizard School	Charing Cross Sports Club
Depth	1.3 metres	0.9 metres
Temperature	33.5 degrees Celsius	29 degrees Celsius
Patient capacity	Currently 4 patients per hour due to Covid-19 restrictions. *Expect to increase to 8 patients per hour when restrictions ease.*	12 patients per hour
Change rooms	Individual	Communal
Timing of sessions	Thursdays, 15:30 – 18:00	Tuesdays, 10:00 – 12:00
Access to location	Street parking is free after 17:00. Nearest tube stations: White City (Central Line) 0.5 miles away, Wood Lane (Circle, Hammersmith & City) 0.6 miles away. Nearest overground: Shepherd's Bush, 1 mile away. Bus routes via South Africa Road 220 / 283.	Adjacent to Charing Cross Hospital
Access to pool	Ramp access	Ladder and hoist access
Other:	Sessions are not offered during half-term weeks as JTS is unable to provide an emergency poolside responder during these times.	Patient access outside and beyond hydrotherapy sessions to perform independent exercises and rehabilitation

Table 3. Summary of pool characteristics and pilots service provision

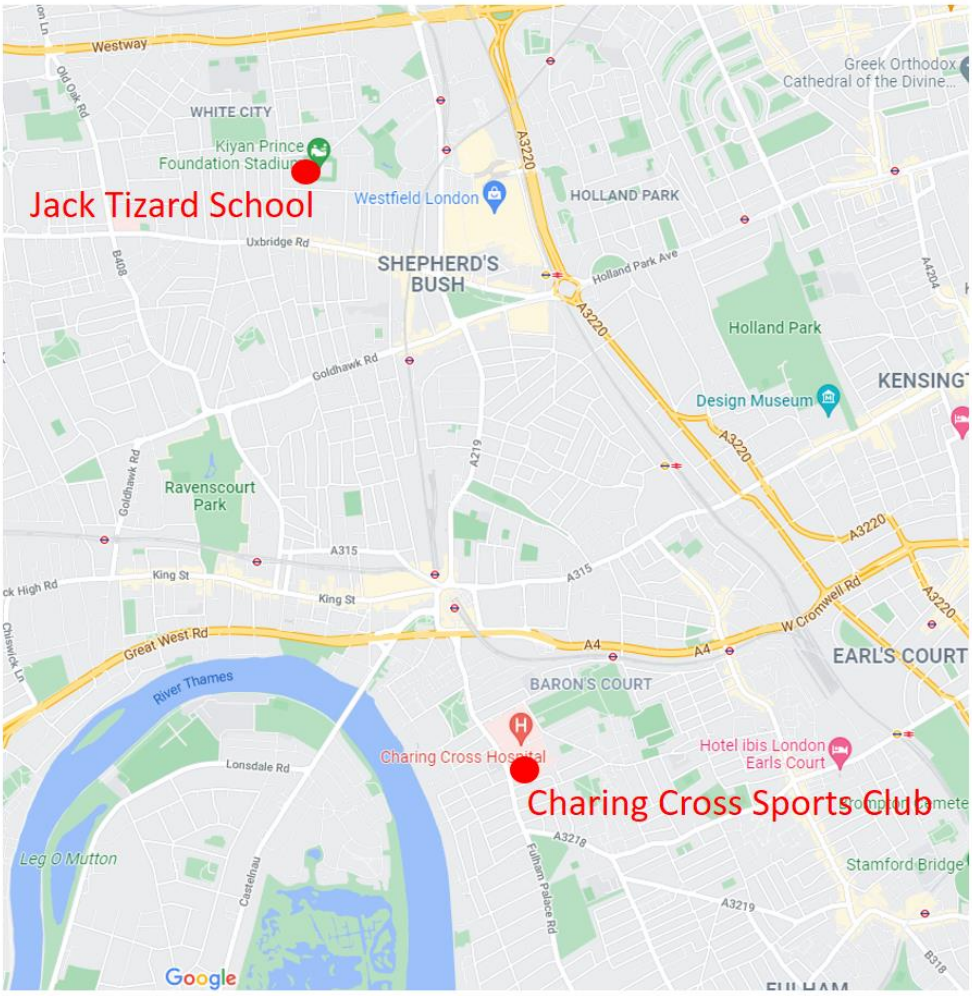


Figure 1. JTS and CCSC locations

5.2 Service capacity and delivery

We are currently offering eight appointments per week at JTS – this is expected to increase to 16 appointments per week as Covid-19 restrictions at the venue are lifted. Twenty four appointments are available per week at CCSC – delivering a total of 40 appointments per week across both sites. This amounts to approximately 2,000 appointments per year (after the lifting of Covid-19 restrictions).

Between 2018 and 2020, the Charing Cross Hospital musculoskeletal (MSK) service was planned to deliver 47 appointments per week, or approximately 2350 per year, through a mix of 2:1 (patient:staff) ratio and classes. The pilots on both sites have been structured to deliver care in group / class formats whilst still individualising advice, support and exercises to specific patient presentations and conditions. It is our intention to explore further sessions at both venues, including re-introducing pelvic health physiotherapy sessions and female only sessions.

5.3 Results

The first session was offered at JTS on 4 November 2021. Due to the interruption of the Omicron variant, the pilot was paused on 9 December 2021. Sessions resumed on 3 February 2022 and ten sessions have been delivered. In addition to the pause due to Omicron, there was no session offered on 27 February at JTS due to it being half-term week.

As of 3 March 2022, 26 patients have been referred to the service. Twenty three patients have participated or are planned to participate in the service. One declined after referral, one was unable to independently enter the pool via the ramp and the CCSC pilot (with a hoist) was not running at that time, and one failed to respond to our attempts to contact and

confirm attendance. Thirty eight per cent of referred patients have long term conditions and 62 per cent have acute trauma or post-surgical presentations.

To date, 79 appointments have been offered. The service did not attend (DNA) rate is 12 per cent. Hospital initiated cancellations are 2 per cent and patient initiated cancellations are 4 per cent.

Patient feedback (see Figure 2 below) has been positive, although it must be recognised that a small number of patients have provided feedback to date. Eight patients have responded to our requests for feedback – three attending JTS and five attending CCSC. Of the patients who indicated that they found accessing the hydrotherapy service 'somewhat difficult', one attended JTS and the other CCSC. The patient attending CCSC elaborated on their difficulty, citing the distance to walk along the poolside from the change rooms to enter the pool, as well as the communal nature of the changing space. They also raised concerns about a lack of disabled access toilets at this venue.

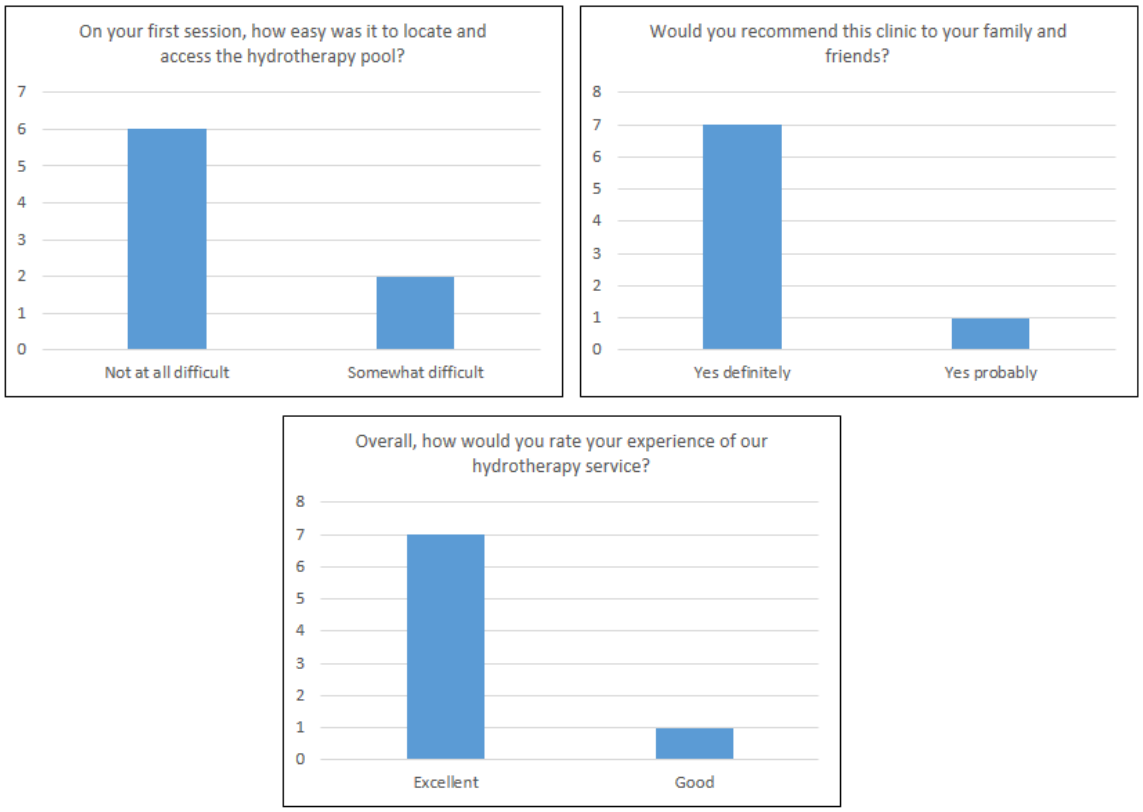


Figure 2. Patient satisfaction feedback

5.4 Financial costs

The cost per term to use the JTS swimming pool for one afternoon / evening per week is £2,275 and £9,100 per year. There is no charge for the use of CCSC.

The cost of restoring the Charing Cross hydrotherapy pool and annual running costs were last explored in 2019. At this time the capital investment forecast was estimated to be £480,000 and annual delivery cost to be £62,000.

5.5. Limitations of the pilot trials and proposed venues

Unfortunately the planned pilot trials were interrupted by the increase in Omicron variant cases of Covid-19 and the impact on social distancing with increased restrictions in December 2021. This affected the continuity of patient care in the hydrotherapy pilots and current limitations include:

1. Limited availability of data, including patient feedback, however we are confident an ongoing iterative approach with regular review of data and feedback will lead to an improved substantive service
2. The pilot trials limited the offer of hydrotherapy to specific patient groups and sessions as part of re-setting the service following the Covid-19 pandemic. For example, hydrotherapy was previously offered three days / week with morning and afternoon sessions, and included pelvic health physiotherapy classes and female only classes. There is scope to explore other possibilities, including widening inclusion criteria, expanding days / times and offering female only classes.
3. JTS access and location:
    i) Access to the swimming pool at JTS is limited to outside of regular school hours and is not available during school holidays. This restricts the times available to run hydrotherapy at this venue. For example, morning sessions are not available.
    ii) The location of this site from Charing Cross and St Mary's hospitals requires travel time for physiotherapy staff. This adversely affects clinical time in the service however we have mitigated for this by offering group rather than 1:1 or 1:2 patient sessions.
    iii) Lack of hoist access for less mobile patients – however ramp access is available for those patients who are able to mobilise without walking aids
    iv) We have also been limited by restrictions required by JTS on the number of patients allowed through the premises at the current time. This was previously greater prior to the Omicron variant, and we expect it to increase again in the near future.

    The JTS pool has the benefit of being heated to 33.5 degrees Celsius which patients find to be soothing during exercise.

4. CCSC access:
    i) There is no ramp access to the pool at CCSC and patients must be able to use a ladder entry or can use the hoist. Working with the CCSC to install a 'pool pod' has been raised as a potential opportunity to improve access.
    ii) One patient has raised concerns about communal changing rooms and a lack of accessible facilities.

    CCSC is open to the public and our physiotherapy staff encourage patients to access the pool outside of their booked sessions. CCSC has previously been open to pursuing the option of offering access at a discounted rate to patients and we hope to explore this with them again in the future.

6. Proposal summary

Our proposal developed by the Trust's physiotherapy team, which is subject to completing the pilot trials and presenting recommendations for the Trust's executive team to consider, is to continue the closure of the hydrotherapy pool at Charing Cross Hospital and replace it with a service running on local out-of-hospital sites at Jack Tizard School and Charing Cross Sports Club.

This proposal was developed following a safety and effectiveness review prompted by the combined challenge of maintaining and running the pool and engagement with users and the local community. Despite restrictions in running the pilot trials we are confident that continued review and iteration of the service will ensure it meets the needs of local patients.

Whilst the venues for the pilot trials each have their own limitations in terms of access we anticipate greater stability and consistency of service delivery compared to previous years, at a significantly reduced cost to the Trust. In addition the Trust will be able to use the

existing Charing Cross Hospital hydrotherapy pool space to provide much-needed capacity for other clinical services.

The key benefits to be gained from this proposal include:

- a continued offer of hydrotherapy in two different local locations for those patients who would benefit
- prevent poor experience of hydrotherapy service users through repeated, unplanned and indefinite closures of the Charing Cross Hospital hydrotherapy pool
- re-allocate the existing space occupied by the Charing Cross Hospital pool for alternative clinical space
- re-allocate estates resource from pool repairs to other important areas of hospital maintenance
- avoid recurring financial operating loss.

LONDON BOROUGH OF HAMMERSMITH & FULHAM

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

Date: 23 March 2022

Subject: Imperial College Healthcare NHS Trust – Workforce Sustainability

Report author: Mick Fisher, head of stakeholder relations

Responsible Director: Prof Tim Orchard, chief executive

SUMMARY

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Imperial College Healthcare NHS Trust ('the Trust') provides an update on workforce sustainability in the organisation with a focus on the specific following areas as requested:

- Safe staffing and vacancy rates
- Recruitment and retention
- Staff health and wellbeing initiatives
- Equality, Diversity and Inclusion

RECOMMENDATIONS

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

Wards Affected: All

Contact Officers

This paper is provided by Imperial College Healthcare NHS Trust
Mick Fisher, head of stakeholder relations
mick.fisher@nhs.net

LIST OF APPENDICES

Workforce Sustainability: Report from Imperial College Healthcare NHS Trust to the London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee

Imperial College Healthcare
NHS Trust

Workforce Sustainability

Report from Imperial College Healthcare NHS Trust to the London Borough of Hammersmith & Fulham Health, Inclusion and Social Care Policy and Accountability Committee

1. Introduction

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Imperial College Healthcare NHS Trust ('the Trust') provides an update on workforce sustainability in the organisation with a focus on the specific following areas as requested:

- Safe staffing and vacancy rates
- Recruitment and retention
- Staff health and wellbeing initiatives
- Equality, Diversity and Inclusion

The Committee is asked to note and comment upon the report.

It was ultimately the hard work, commitment and expertise of our 14,500 Trust staff that enabled us to respond to the Covid-19 pandemic and to save the lives and health of so many.

Drawing on insights from staff, patients and wider stakeholders about our response to Covid-19 as well as our pre-pandemic challenges and opportunities in relation to our strategic goals, we developed an integrated business plan for 2021/22 with three core priorities, to:

- ensure all our patients who are waiting for acute and specialist care get the advice, guidance and/or treatments/operations they need as quickly as possible
- **build a sustainable workforce – through improvements in health and wellbeing, recruitment, equality, diversity and inclusion, career pathways and retention**
- advance our plans to redevelop our estate across each of our sites.

Our aim in this report is to provide an overview of some of the wide range of activities and performance metrics which come together to create our strategic approach to building a sustainable workforce in our Trust.

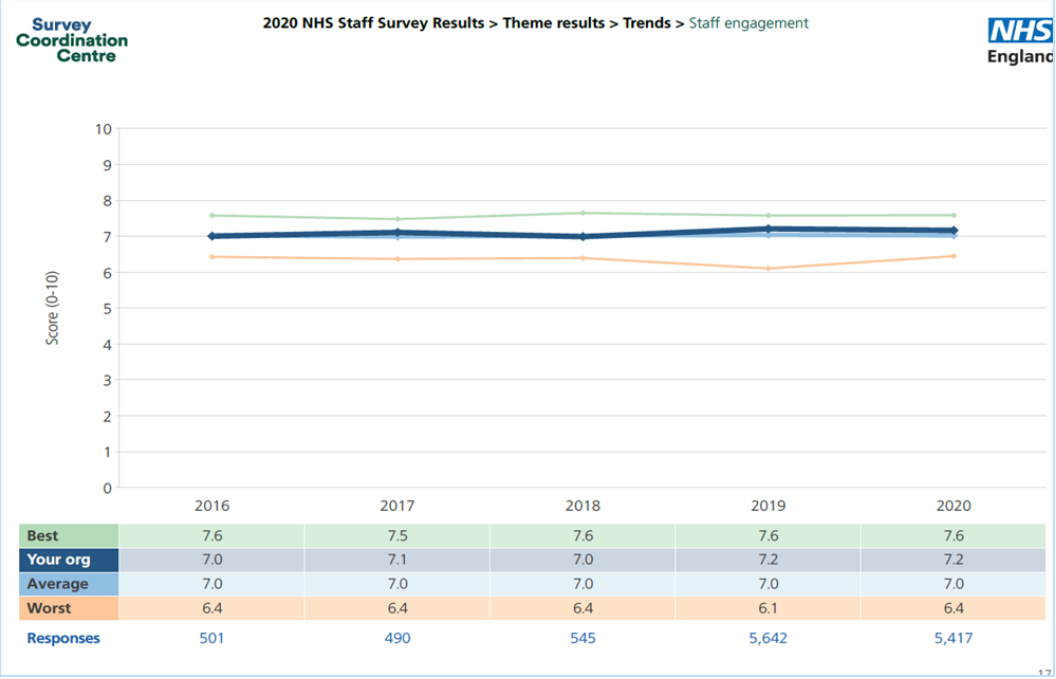
The Trust set out seven People Priorities for 2021/22, three of which are Trust-wide Priority Programmes*:

i. Developing a Sustainable workforce
ii. Equality, Diversity, and Inclusion*
iii. Remote, Agile and Flexible working
iv. Health and wellbeing*
v. Improvement through our People Management*
vi. Values and behaviours, team working and conflict
vii. North West London System working

We know there is more to do and we still have a long way to go. One of the most striking aspects of Covid-19 has been the differential impact it has had on some communities – within our local population and our own workforce. We had already prioritised making improvements to staff equality and diversity before the pandemic – and had achieved some good progress in making our disciplinary processes fairer for our black, Asian and minority ethnic (BAME) staff and raising awareness and understanding through, for example, reverse mentoring programmes for senior leaders and establishing and supporting a range of staff networks. Our most recent staff survey shows that many of our BAME staff in particular have yet to feel any direct improvement to their working lives.

We want our organisation to be an anchor institution rooted in our local community to meet the acute and complex needs of a growing, diverse and deprived local population – helping address the social and economic issues that widen health inequalities.

The results of the latest annual NHS staff survey for our Trust, received in March 2021, showed a third successive increase in the proportion of staff who would recommend the Trust as a place to work and as a place to be treated. Our focus on ensuring the health and wellbeing of staff coincided with an improved survey score in this area and we maintained our overall staff engagement score of 7.2, which remains above the average for acute trusts.



	2016	2017	2018	2019	2020
Best	7.6	7.5	7.6	7.6	7.6
Your org	7.0	7.1	7.0	7.2	7.2
Average	7.0	7.0	7.0	7.0	7.0
Worst	6.4	6.4	6.4	6.1	6.4
Responses	501	490	545	5,642	5,417

Figure 1 – 2020 NHS Staff Survey Results – Staff engagement

However, our 2020 staff survey scores decreased in three key areas: equality, diversity and inclusion, immediate managers and team working. The scores for morale and creating a safe environment (against bullying and harassment) remained unchanged from the previous year.

We have an early sight of the new 2021 staff survey results and are reviewing them internally in line with the national NHS England embargo on publication until the end of March.

2. Imperial College Healthcare NHS Trust overview

At Imperial College Healthcare NHS Trust we provide acute and specialist healthcare for over one million people a year. Formed in 2007, we are one of the largest NHS trusts in the country, with more than 14,500 staff.

Our five hospitals in central and west London – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye – have a long track record in research and education, influencing care and treatment nationally and worldwide. We are developing a growing range of integrated and digital care services and offer private healthcare in dedicated facilities on all our sites.

The Trust is currently rated overall as 'requires improvement' by the Care Quality Commission (CQC); it is rated overall as 'good' for the caring and effective domains, and 'requires improvement' for the safe, responsive and well-led domains. Trust services were last inspected in February 2019 (report published in July 2019) – eight core services were inspected and the CQC increased its ratings for six of them, all of them were rated as 'good' or 'outstanding' and the overall rating for Queen Charlotte's and Chelsea Hospital was increased to 'outstanding'. A separate 'well-led' inspection in April 2019 increased our overall well-led rating to 'good'.

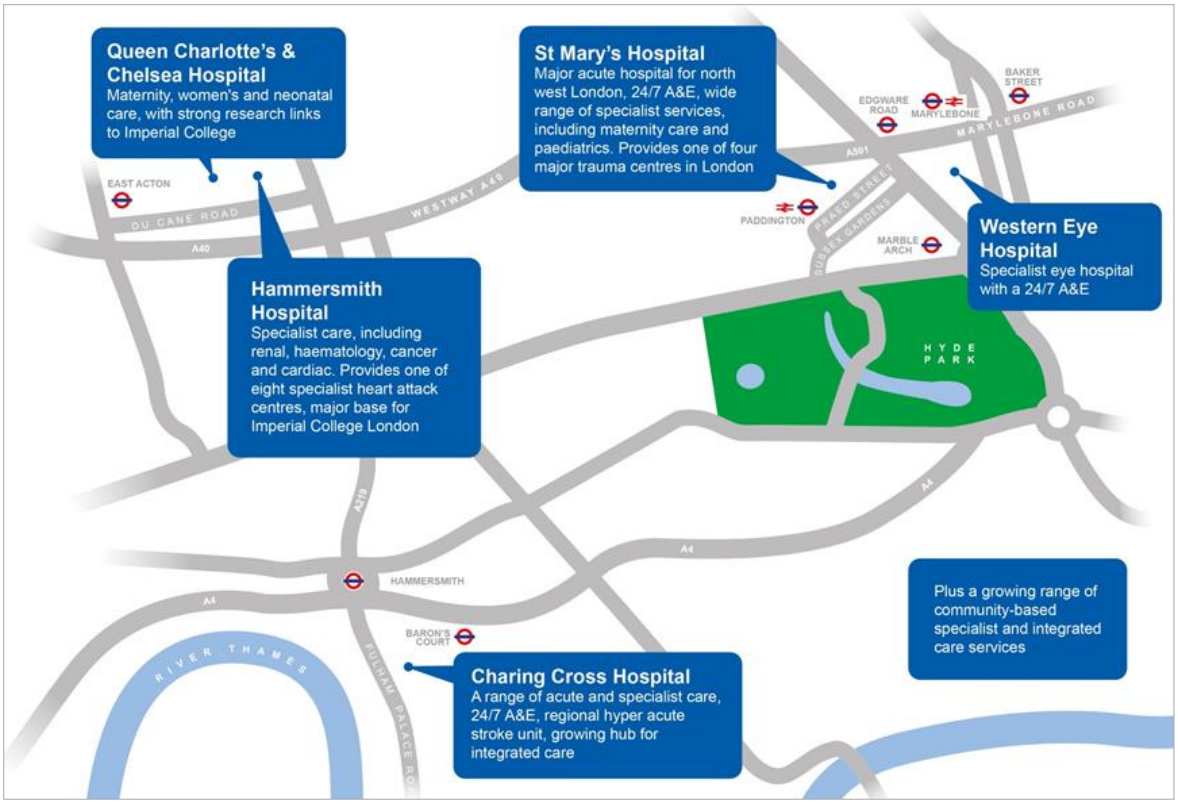


Figure 2 – Map of hospitals in Imperial College Healthcare NHS Trust

With our partners, Imperial College London, The Institute of Cancer Research, London, The Royal Marsden NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust, we form Imperial College Academic Health Science Centre (AHSC). We are one of eight academic health science centres in England, working to improve health and care through the rapid translation of discoveries from early scientific research into benefits for patients.

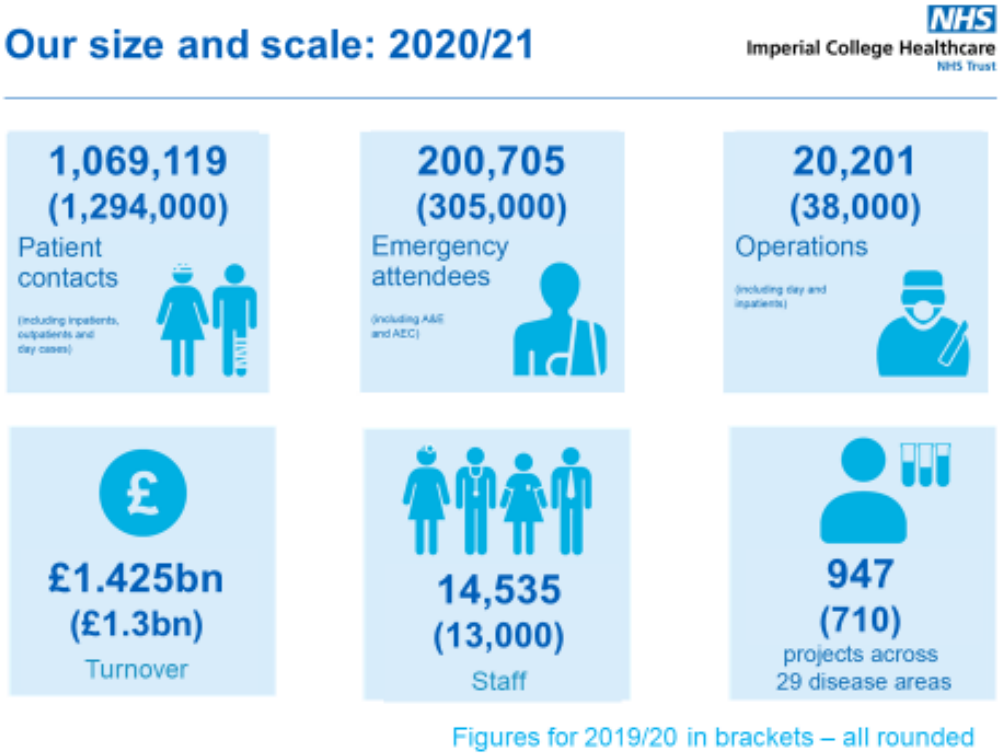


Figure 3 – Imperial College Healthcare NHS Trust size and scale 2020/21

We are part of the emerging North West London Integrated Care System. In March 2021, the four acute NHS trusts in north west London – Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust – came together to establish a joint acute care board and programme to guide and coordinate developments across all of our key operational areas.

The effectiveness of our response to the pandemic has demonstrated that we can – and should – do more to harness our collective resources, join-up our care and reduce unwarranted variations in access and outcomes. Our chief executive chairs the system's acute care board and programme, made up of the four acute provider trusts in the sector.

The appointment of Matthew Swindells as joint chair of our four trusts is a key next step in strengthening collaboration as we move towards becoming a formal acute care collaborative in line with national NHS policy. While remaining separate organisations, we will seek to maximise our potential for joint working for the benefit of our local population, patients and staff. Matthew will take up his position on 1 April 2022.

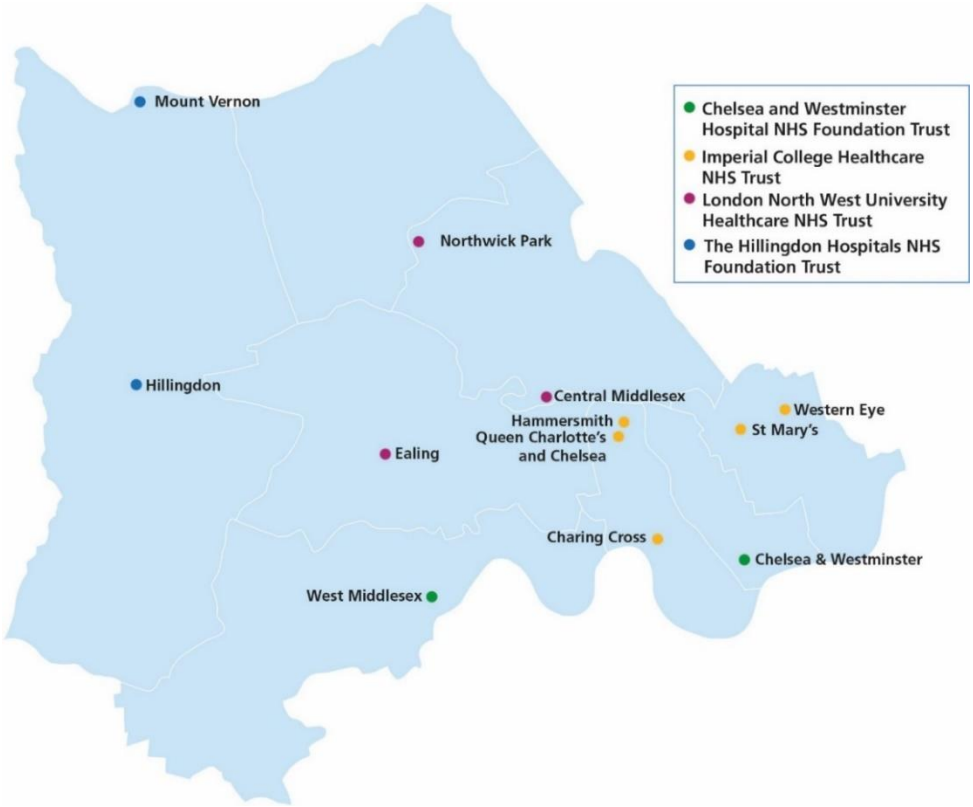


Figure 4 – North west London four acute NHS Trusts and hospitals

3. Trust ethos and values

The Trust has set out its ethos and values. To help everyone to be as healthy as they can be, we want to look out for the people we serve as well as to look after them.

We look after people by providing care, whenever and however we are needed, listening and responding to individual needs. We look out for people by being their partner at every stage of their life, supporting them to take an active role in their own health and wellbeing.

We are one team, working as part of the wider health and care community. We are committed to continuous improvement, sharing our knowledge and learning from others. We draw strength from the breadth and depth of our diversity, and build on our rich heritage of discovery.

By doing all this, we ensure our care is not only clinically outstanding but also as kind and thoughtful as possible. We are also able to play our full part in helping people live their lives to the fullest. Our promise is better health, for life.

Our values are:

Kind – we are considerate and thoughtful, so you feel respected and included.

Expert – we draw on our diverse skills, knowledge and experience, so we provide the best possible care.

Collaborative – we actively seek others' views and ideas, so we achieve more together.

Aspirational – we are receptive and responsive to new thinking, so we never stop learning, discovering and improving.

4. Workforce composition (all figures for the end of 2020/21)

By staff group:

Headcount by Trust staff group	Headcount
Admin and clerical	2,023
Allied health professional (qualified)	772
Allied health professional (Unqualified)	110
Ancillary	1,073
Doctor (career grade)	38
Doctor (consultant)	1,216
Doctor (training grade)	1,790
Nursing (qualified)	4,053
Nursing (unqualified)	1,277
Pharmacist	154
Physician associate	4
Scientific and technical (qualified)	841
Scientific and technical (unqualified)	375
Senior manager	809
Trust total	14,535

By sex:

Gender – all	Headcount
Female	10,025
Male	4,510
Trust total	14,535

Gender - Senior Managers	Headcount
Female	454
Male	344
Trust total	798

Gender - Board of Directors	Headcount
Female	8
Male	6
Trust total	14

Gender - Executive Team	Headcount
Female	7
Male	11
Trust total	18

Age Group	Headcount
16-19 years	25
20-29 years	2,836
30-39 years	4,322
40-49 years	3,353
50-59 years	2,820
60 years and over	1,179
Trust total	14,535

Ethnic Origin	Headcount
White - British	3,333
White - Irish	394
White - Any other White background	1,711
Mixed - White & Black Caribbean	98
Mixed - White & Black African	82
Mixed - White & Asian	119
Mixed - Any other mixed background	221
Asian or Asian British - Indian	1,086
Asian or Asian British - Pakistani	302
Asian or Asian British - Bangladeshi	188
Asian or Asian British - Any other Asian background	1,367
Black or Black British - Caribbean	549
Black or Black British - African	1,564
Black or Black British - Any other Black background	458
Chinese	219
Any Other Ethnic Group	1,057
Undefined	1,383
Not Stated	404
Trust total	14,535

By age and ethnicity:

5. Safe staffing and vacancy rates

5.1 Vacancy rates

The Trust's full establishment at the end of January 2022 is 14,670 Whole Time Equivalents (WTE).

The Trust's vacancy rate at the end of January 2022 was 11.9 per cent, representative of 1,894 WTE roles across the Trust. Since April 2021, the Trust post establishment has grown by 434 WTE. Without this growth, and with current staffing levels, the vacancy rate would be 10.3 per cent.

We recently reviewed the nursing and midwifery establishment activity over the last 24 months and it has increased by 258 WTE during that time.

The large majority of nursing and midwifery posts are at band 5 level – the band 5 vacancy rate has reduced to 15.9 per cent in January 2022 having risen in the first six months of the year 2021/22 to 20.2 per cent in September 2021.

Nursing and midwifery vacancies (all bands) have reduced to 12.2 per cent in January 2022 – down from 14 per cent in September and 12.5 per cent in December 2021. This continues an improving trend in the second half of 2021/22. The nursing and midwifery workforce

turnover rate has increased in the year 2021/22 and is currently 16.3 per cent. This has increased since September 2021 when we reported 15.6 per cent.

Sickness Absence for the month of January 2022 peaked at 6.4 per cent; significantly higher than previous months due to the further Covid-19 wave which began early December 2021 and peaked during January 2022. As a result, over a 12-month rolling period, the Trust's sickness absence rate increased to 4.3 per cent.

5.2 Safe staffing

Regular monitoring of our staffing provision, utilisation of temporary staffing, vacancy, turnover and absence rates, and capability is essential to the delivery of care through safe staffing, supporting excellent patient experience outcomes. Monitoring of these metrics ensures the care we provide is safe, responsive, and well-led.

The Trust's biannual nursing and midwifery establishment review process incorporates a comprehensive annual review, which forms the basis for any permanent changes in establishment and/or skill mix, and a mid-year desktop review to provide assurance that ward staffing remains safe and is utilised as planned. The last annual review took place in September 2021.

As part of the annual review, acuity and dependency data is collected and reviewed using a range of workforce tools, for example the Safer Nursing Care Tool (SNCT) an evidence based tool that is used to accurately assess patient acuity and dependency and allows benchmarking with other organisations, while providing a robust methodology for assessment. Following the National Quality Board (2016) triangulated approach, this data is combined with professional judgement and quality outcomes, and considered with other factors such as geographical layout, skill-mix, and staffing ratios, which forms the basis of the review.

The Nursing and Midwifery Workforce Strategy Meeting, chaired by the Director of Nursing, meets monthly. This meeting reviews nursing and midwifery vacancy and establishment data and scrutinises the progress of all resourcing activity.

On a daily basis our Hospital Site Directors review staffing numbers and skill mix to ensure appropriate numbers.

Throughout the period of the Covid-19 pandemic we have maintained safe staffing levels. Up to 1,000 staff were redeployed into temporary roles to meet urgent need, especially to allow our intensive care capacity to double within a few weeks. A newly established redeployment team worked to support staff to redeploy in both waves. We redeployed clinical staff to intensive care (ICU), and we supported staff from across the Trust, including those not clinically trained, to learn new skills and redeploy to a range of roles. These roles included a central proning team in critical care, ward support officers, mealtime assistants, vaccination hub staff, contact tracing, and additional administrative support for a range of teams under pressure.

6. Recruitment and retention

This section mainly covers our nursing and midwifery recruitment and retention programme as nurses and midwives form our largest staff group. We also focus recruitment activities on other professional staff groups.

6.1 Recruitment

The Trust has had a nursing supply strategy in place since July 2018 and progress has been made in reducing the nursing and midwifery vacancy rates since then. The key themes of the strategy are international recruitment, increasing student supply, introducing nurse

associate roles and retention. One of the priorities for 2022/23 will be to refresh these strategic themes to ensure that we are adopting the learning from Covid-19 workforce challenges and using innovative resourcing and retention initiatives.

International resourcing: The Trust received funding from NHS England (NHSE) to support recruitment of international nurses which has enabled an increase in the planned number of recruits. The target to recruit 365 nurses (2020-22) is on track to be achieved by June 2022. The Trust is working with three suppliers with expertise in international recruitment to ensure sufficient supply of candidates and we believe we now have a proven supply chain for international nurses that will be strong for now and future years. At the end of February 2022 we will have welcomed 175 international nurses, and there are a further 135 due to arrive between March and June. In addition, the funding has enabled 14 existing members of staff, who qualified overseas and are currently working in a non-registered capacity, to complete the language requirements and register with the Nursing & Midwifery Council (NMC). Additional candidates are progressing through the offer and interview stages which will enable us to appoint at least 41 further nurses to meet the target. We are seeking funding from NHSE to recruit a further 100 international nurses between August and December 2022.

Campaign Management and Bespoke campaigns: We run social media campaigns to improve attraction, in particular for specialist, hard to fill and senior roles. This has proved successful in yielding a high volume of applications. We are currently working with an external agency to develop a focussed advertising campaigns for maternity services and neonatal intensive care unit (NICU), involving; social media, targeted search and supported with recruitment events such as a midwifery open day. We are developing a similar social media campaign to support recruitment to our Theatres team which will include job of the month on social media and competitions to generate interest and raise awareness.

Student Nurse Conversion: There has been considerable focus on converting the number of third year students to substantive post holders and in 2021 we created a stretch target of 90 per cent conversion rate. For the most recent cohort we have converted 91 per cent.

Placement Capacity Expansion: Following Health Education England (HEE) awards of £50,000 in 2021 and again in 2022 to support clinical placement expansion, we have developed a comprehensive programme aimed at doubling placement capacity, numbers of nursing students and trainee Nursing Associates over the next four years. The target of a 25 per cent increase in 2021/22 is represented by an overall increase of 75 undergraduate degree and apprentice student nurses coming onto programme each year.

Temporary resourcing: During the winter season, we run a number of incentive programmes designed to encourage staff to join the bank or work and we saw an increase of 2.3 per cent of shifts filled. However, demand outstrips supply and so there are ongoing campaigns for qualified and unqualified nursing and midwifery staff to join our bank. This has led to the need to utilise more expensive agency nurses to try and fill shifts. In particular the demand for mental health nurses has significantly increased for providing ‘specialling’ care to patients. Where these shifts are not filled the staff on the ward are managing very challenging patients with inadequate resource. To that end a business case has been approved to build an internal mental health team to address the needs of these patients. This will be led by a senior mental health nurse.

The NW London collaborative bank was launched in December 2021. This has been designed to increase the resourcing pool available to fill vacant shifts. To date 20 individuals have been activated on the collaborative bank.

Allied Health Professional workforce: Working collaboratively across north west London we have launched an international recruitment campaign to resource a wide range of allied health professionals including Imaging and Therapy staff.
Acting as an Anchor Institution: It is our priority to build access to employment pathways with our local community. Working collaboratively with the Job Brokerage Network, Prince's Trust, CAREers for Care and Indeed, combined with our local advertising has generated a positive response from our local labour market for both bank and substantive roles. To support this further a new Resourcing Specialist role is being recruited to lead this programme of work with significant focus on working with our community groups and local resourcing routes.

6.2 Retention

Personalised Training Budgets: Confirmation of 2021/22 personalised training budget allocations was received from HEE, from their three-year plan. This replaces the previous Continuing Professional Development (CPD) system and provides each nurse, midwife, and allied health professional with access to £1,000 over a three-year period, to support their professional development. A system is in place for individuals to apply for and access their budget.

Workforce Development Funding for 2021/22 has been allocated to individual Trusts but is managed at an ICS level.

Pathway to Excellence®: We are currently in the process of implementing the Pathway to Excellence® nursing and midwifery programme, which is an internationally recognised accreditation scheme. One of the outcomes of achieving this recognition is improved nursing and midwifery retention. A key component of this programme is shared decision making councils, which creates an opportunity for frontline nurses and midwives to take a proactive role in decision making, and supports staff to develop and improve practice. Our first pilot council has been established, and this is focussing on improving the experience of new starters within the nursing and midwifery workforce.

People Promise Manager: The national NHSE Team has identified our organisation as an exemplar Trust and provided 12 months funding for a new People Promise Manager. This role is designed to develop a programme to identify the how best to embed the People Promise statements and drive improvements in retention. This post is currently in the advertising stage.

Exit Survey: In February 2022, the Trust soft launched a new exit interview system inviting staff to complete a series of questions that have been designed to line up with staff survey questions about this experience and reason for leaving. Following the first full month, we will review the process and plan to launch more comprehensively. The aim is to use the information to inform engagement and retention plans and to identify and then inform our support to teams with higher than average turnover.

Retention Working Group: From April 2022, a new Retention Working Group will be set up jointly chaired by the Director of Workforce and Director of Orgnisational Development, Health and Wellbeing. The aim is to review all retention data, information and feedback and use this to formulate a refreshed retention programme for 2022/23.

7. Staff health and wellbeing initiatives

The public's generosity, especially during the first wave of infections, in offering our staff food, travel and other support was hugely appreciated but also shone a light on longstanding gaps in how we look after our staff ourselves. We have had to think much more deeply and holistically about ensuring the health and wellbeing of our staff, not just through the worst of the pandemic and to enable them to recover, but for the long term.

In September 2020, we announced a new £1.7m programme of practical and wellbeing support directly inspired by feedback from staff after the first wave. Supported by Imperial Health Charity, the programme has been developed in recognition of the enormous contribution made by our staff in response to the Covid-19 pandemic and is designed to take a more strategic approach to ensuring the health and wellbeing of our staff for the long term. It includes improvements to staff facilities, transforming our on-site food and retail offer and expanding our mental health support service.

Rest Nests: The poor state of rest areas and changing facilities was identified by our staff as a key barrier to living our organisational values. Three fully refurbished staff 'rest nests' opened in January 2022 marking a major milestone in our staff spaces improvement programme. Rest nests are full refurbishments and fit-outs of staff breakrooms, professionally designed to transform them into relaxing sanctuaries of calm for staff on busy shifts. The first teams to benefit are the pharmacy team at Hammersmith Hospital, the intensive care team at St Mary's Hospital and Marjory Warren ward at Charing Cross Hospital, with a combined staff of around 350.

Figure 5 – Marjory Warren ward rest nest, Charing Cross Hospital

The three rest nests are acting as pilots to inform the planned roll out of premium breakrooms across the organisation. The staff spaces programme also includes improvements to more than 50 other staff spaces so far, including a mix of basic redecoration and refurbishment of breakrooms, changing areas, showers and toilets and the supply of new furniture and kitchen equipment.

In addition, we are in the process of creating large staff-only lounges at Hammersmith and Charing Cross hospitals and exploring options for a similar lounge at St Mary's Hospital. We hope to complete the Hammersmith and Charing Cross lounges this spring and the St Mary's lounge later in 2022. Over £1.2m will have been spent on the staff spaces programme in the financial year to 31 March 2022 and a decision has been made to continue with a new allocation of Imperial Health Charity and Trust funding for the financial year 2022/23 to enable more staff space improvements.

Transforming our on-site food and shops offer: A review of our retail food and shops offer was prompted by the need to make more considered decisions about the longer term future of a number of food and retail outlets that had to come under in-house management

during the pandemic as well as opportunities relating to our hospitals' emerging role as anchor institutions for their local communities and economies. We are working with specialist agency Baxendale and a range of staff and lay partners to develop a strategic vision and outline service specification for our retail food and shops.

We are working through the best way of putting that specification in place with the right range of outlets and services, considering innovations like delivery, 'click and collect' and seasonal 'pop-ups'. While it is very likely we will still want to have a mix of providers running specific services, we are clear that the whole offer needs to be managed holistically so that it delivers our vision overall and ensures equity across our sites. We'll be evaluating different models – including managing it ourselves with specialist support or through a contract or partnership with an external organisation – and determining what support and governance needs to be in place to ensure successful implementation.

Expanding our mental health and wellbeing support service: With additional funding from Imperial Health Charity we were able to almost double the number of counsellors available to support staff, both individuals and teams. The funding also allowed us to provide more training for managers and key staff in mental health awareness, compassionate leadership and psychological first aid, plus bespoke support sessions for staff who have been shielding and a dedicated Psychologist in our Intensive Care units. This has now been made permanent through Trust funding and we continue to expand our health and wellbeing offer to include:

- physical wellbeing – exercise initiatives, the expansion of cycling facilities and support and the development of a staff Physiotherapy service
- financial wellbeing – debt support, financial planning support
- spiritual wellbeing
- recognition programmes – free breakroom supplies for staff, vouchers for all staff at Christmas, free wellbeing food offers during Winter surges, a "Gratitude week festival"
- additional annual leave – all staff were awarded two additional annual leave days in 2021/22: one 'reset and recovery' day to encourage and promote wellbeing; and, the second day to be taken on or around birthdays
- wellbeing training and champions – a new package of training for our line managers in supporting psychological wellbeing, managing remote workers and training up staff to be wellbeing champions.

Figure 6 – Staff wellbeing support

8. Equality, Diversity and Inclusion

Equality, diversity and inclusion (EDI) means making sure our staff know that they belong and are valued. If equality is about making sure no one is treated worse than their colleagues because of who they are, and diversity is about recognising and celebrating our differences, then inclusion is making sure that everyone is supported, valued and feel like they belong. As an employer, the Trust has a responsibility to ensure that the people who work for our organisation are treated well, are provided opportunities and are supported to do their work.

Our workforce is very diverse and we recognise that we have much to do to ensure that this diversity is reflected fairly in all aspects of our organisation. Importantly, we also need all our staff to feel included and fairly treated. We've made progress in establishing and resourcing a multi-year programme to achieve measurable improvements. We have strengthened and widened the programme governance and created a new dedicated team to co-ordinate actions and support the organisation in achieving its EDI objectives.

Our EDI objectives are set annually in conjunction with the EDI Committee. Our six objectives for 2021/22 are:

Objective 1: (measurement for improvement) To create a suite of divisional and directorate-level diversity data to guide areas for improvement

Objective 2: (people practices) To re-design people management processes, practice and policy to create a fairer and more inclusive place to work

Objective 3: (engagement and empowerment) To continue the growth and empowerment of our staff networks

Objective 4: (focussed improvement and cultural change) To deliver the WRES 2 focused improvement on improving the likelihood of black, asian and minority ethnic staff being appointed from shortlisting

Objective 5: (education and leadership) To design a range of equality education tools and intervention for all staff

Objective 6: (WDES) to create a flexible work environment where disabled staff are treated equitably, supported and feel safe to disclose where needed.

EDI Committee: This is the formal mechanism by which the Trust can oversee its processes to eliminate discrimination on the basis of any of the protected characteristics. The purpose of the EDI Committee is to monitor the Trust's performance in relation to equality and diversity. By monitoring the Trust's performance in EDI, we will be creating an organisation where healthcare provision is accessible, responsive and appropriate, delivering on our vision of better health for life.

The EDI work programme and objectives are overseen by the EDI Committee, which is chaired by our chief executive, Prof Tim Orchard. The EDI Committee meets every two months and includes clinicians and managers from the Trust's divisions as well as representatives from the staff networks. The committee meetings serve both as a place for updates on workstreams as well as a forum for discussion.

Staff Networks: There are a range of staff networks available to our staff that offer a place for staff to come together, share experiences and facilitate learning and development. The Trust currently has five employee networks, each of which has a staff-led elected chair and an executive sponsor from the Trust's Board. The networks are not only a space of support and learning, but also an important venue where our people can share concerns and issues that affect them with the leadership teams. It's a key objective of our EDI strategy to continue the growth and empowerment of our staff networks. Our networks currently include:

- The Race Equality nursing and midwifery network
- The Race Equality multi-disciplinary network
- I-Can, the network for people with disabilities
- The LGBTQ+ network
- The Women's network

Reports: As part of the NHS, the Trust is obligated to report on what we're doing to embed equality, diversity and inclusion within the organisation. We produce an Annual Report that contains details of our initiatives, successes and learnings from the past year, and also includes these other mandatory reports:

- **Workforce race equality standard (WRES)** - a set of measures looking at our Black, Asian and minority ethnic workforce
- **Workforce disability equality standard (WDES)** - a set of measures to help us identify outcomes for our disabled staff
- **Gender Pay gap** – a set of calculations that examine the differences in pay (both ordinary and bonus) received by men and women
- **Equality Delivery System 2** – a set of nationally agreed goals and outcomes which provides a systematic way of meeting the public sector equality duty under the Equality Act 2010.

The following section highlights some of the initiatives and achievements in our EDI programme so far:

Reverse mentoring programme: Established for our senior leadership team in July 2019 – supported by expert training and support, the programme pairs each of our executive directors with a volunteer nurse or midwife from a BAME background to help raise awareness and understanding of culture, diversity and lived experience.

Inclusive recruitment: As part of the Trust commitment to the WRES action plan, we are working to improve workforce representation of Black, Asian and minority ethnic staff at senior levels. As part of this objective, the Trust Executive has committed that interview panels for roles at Band 7 and above will be inclusive and diverse and will include gender

and BAME representation. To this end, and to ensure there is oversight of the recruitment process, the Chief Executive receives feedback on the outcome and the recruitment process followed for all interviews held at Band 7 and above.

Making our disciplinary processes fairer: A senior employee relations specialist was appointed in March 2021 to conduct a full review of our practices and help us to manage individual and team conflict more promptly and constructively. We have introduced external panel members for dismissals. We have taken on recommendations from an external review by a specialist race consultancy and our employee relations and investigation team received bespoke training on race. Ways of working in the central investigations team have been overhauled to encourage informal resolution to issues wherever possible. From September 2021, all allegations of bullying, harassment related to discrimination are investigated centrally with a peer review system in place. Our 'immediate manager programme' will focus on developing managers that are able and skilled to manage diverse teams and recognise bias earlier.

White Allies Programme: We have a cohort of senior leaders partaking in this regional programme which has been designed by NHS England and Improvement London, Equality and Inclusion team, the Kings Fund and the equalities charity brap. It has three core principles: understanding that racism is systemic with no easy 'off the shelf' solution; understanding what racism is and how we can work towards addressing it and embedding cultural change across the Trust.

Calibre Leadership Programme: Calibre is a talent development and leadership programme for people who identify as neurodiverse or disabled, or who have a long-term physical or mental health condition. The programme has been developed and is delivered by Dr Ossie Stuart, an international disability consultant and academic. The Calibre programme has been designed to transform how disabled staff think about themselves and their disability, and to show them how to take control of the discussion in a constructive way. Disabled staff face unique challenges, and Calibre equips them with leadership skills that enable them to thrive in a variety of roles and positions.

Capital Nurse Nursing Programme: The programme supports the career development of Band 4-6 nurses by responding to the unique challenges affecting minority ethnic nurses. Over 12 months a group of Trust nurses are introduced to QI (quality improvement) methodology and develop their leadership skills, including; communication, unconscious bias, and coaching & mentoring. Using their acquired skills and knowledge, our nurses then design, develop and evaluate their own QI project to improve an area of work that they are passionate about such as; improving the likelihood of minority ethnic staff accessing learning and development opportunities.

Race equity training: We are rolling out race training to 400 managers, designed to enhance the understanding of the issue of race and inclusive leadership to support personal change and action to support race equity.

Equality Impact Assessment (EqIA): This is a process designed to ensure that policies, programmes or any major decision does not discriminate against groups of people, and that we are actively promoting inclusion as a Trust. EqIAs are compulsory for all new and revised policies and strongly recommended for all other major decisions such as, a project or programme.

9. Summary

As we have previously reported to this committee, the Trust is impacted by many of the same issues affecting NHS trusts across England: growing and changing care needs, especially of older people and those with long-term conditions; developing and making the

most of advances in care and treatment; difficulties in recruiting and retaining enough staff with the right skills. However, the Covid-19 pandemic has challenged all aspects of how we build and sustain a high quality workforce.

Many of our main workforce performance indicators have remained on track over the period of the pandemic despite the need to respond to Covid-19, elective recovery and increased Emergency Department attendances and admissions. We will continue to drive actions for improvement through the People Priority programmes and associated work-streams.

Another major step not covered in this report took place in April 2020, when our cleaning, portering and catering teams, known as hotel services, were brought 'in-house' with over 1,000 hotel services staff becoming employees of the Trust – all hotel services staff were given NHS basic pay rates and sick leave and access to the NHS pension scheme.

We also have a range of programmes under our other People Priorities which are progressing our work on more flexible roles and ways of working, the necessity of effective leadership at all levels of our organisation and meaningful involvement and recognition. And we are resuming our Trust-wide improvement and management approach to help all our staff to connect with our vision and goals and how they relate to a set of agreed priorities that we all have a responsibility to ensure are delivered.

We recognise that to support the NHS to deliver its ambition to reduce health inequalities across ethnic minority communities we must look at delivering equality internally for the people we employ. We want to understand the communities we serve, understand their lived experience and how this in turn affects their health outcomes. We acknowledge we must create an organisation where diversity is welcomed, the benefits understood and there is strong evidence of equality, belonging and psychological safety.

There is much to build on in terms of new ways of working catalysed by the pandemic. Our Trust and NHS staff in general are aware that there is likely to be even more work and change ahead and we need to support them to continue to provide high quality care. We have recognised the need to step up as an organisation, to provide greater support for our people for the longer term. That's why we have put and will continue to keep workforce sustainability at the top of our priorities for the future.

London Borough of Hammersmith & Fulham

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

Date: Wednesday, 23 March 2022

Subject: Work Programme

Report of: Bathsheba Mall, Committee co-ordinator

Summary

The Committee is asked to consider its work programme for the municipal year 2022/23

Recommendations

The Committee is asked to consider the proposed draft work programme (attached as Appendix 1) and suggest further items for consideration

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Wards Affected: All

H&F Priorities

Our Priorities	Summary of how this report aligns to the H&F Priorities
• Building shared prosperity	*In accordance with its constitutional terms of reference the work of the Committee will support the Council's priorities by helping to develop, shape and deliver health and social care services for the benefit of all borough residents.* *The Work Programme comprises of health and social care topics, ensuring an inclusive agenda of emerging and strategic policy areas.*
• Creating a compassionate council	
• Doing things with local residents, not to them	
• Being ruthlessly financially efficient	
• Taking pride in H&F	

Contact Officer:

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Background Papers Used in Preparing This Report

None.

List of Appendices:

Committee Work Programme 2022/23

Appendix 1

Health, Inclusion and Social Care Policy and Accountability Committee Draft Work Programme Development Plan 2022/23

Suggested items

Mental Health	**Children's**
• The impact of long Covid-19 and mental health and wellbeing • Monitoring of mental health integrated network teams (WLT)	• Children and young people – mental health • Transitions provision for young people
Community / Public Health	**Health Partners and Providers**
• Supported and inclusive employment • Palliative care review NWL • The Digital Development of Primary Health Services – GP at Hand • Brompton hospital – impact of the transfer of services*	• CAMHS update • Track and track review issues generated by the Imperial Quality Audit. • Engage with and review work being done by PCNs on the effectiveness of their work on Long Term conditions* • Dentistry – most services have been suspended for COVID (an issue that disproportionately effect the more deprived areas)* • Draft quality accounts
Policy and service provision - areas to consider	
• End of life care • Royal Brompton Hospital • Long Covid-19 • Social care white paper – People at the heart of care (December 2022) • Integrated care system – development and governance arrangements • Monitoring the implementation of the independent living strategy • Monitoring the implementation of the Disabled Peoples Housing Strategy 2021 • Monitoring the implementation of the Equalities Plan 2021-25	