

Health and Adult Social Care Policy and Accountability Committee Minutes

Monday 17 November 2025

PRESENT

Committee members:

Councillor Natalia Perez (Chair)
Councillor Genevieve Nwaogbe
Councillor Lydia Paynter
Councillor Jackie Borland

Co-opted members:

Victoria Brignell
Jim Greal

Other Councillors:

Councillor Alex Sanderson (Deputy Leader and Cabinet Member for Children and Education)
Councillor Kwon (Cabinet Member for Adult Social Care and Health)

Officers:

Jacqui McShannon (Executive Director – People)
Katharine Willmette (Director - Adult Social Care)
Caroline Farrar (Managing Director – Hammersmith and Fulham Place Partnership)
Donna Barry (Assistant Director – Neighbourhoods)
Ian Jones (Head of Clinical Services - Hammersmith and Fulham Planned Care)
Fiona Bateman (Independent Chair of Safeguarding Adults Board)
Matt Ayres (Hospital Director – Charing Cross Hospital)
Jenny Parker (Action on Disability Co-Producer)
Jack Hill (Action on Disability Trustee & Co-Producer)
Elizabeth Eagle (Substance Misuse Lead)
Dr Mayada Abu Affan (Director – Public Health)
Liam Oliff (Committee Coordinator)

1. APOLOGIES FOR ABSENCE

Apologies for Absence were submitted by Lucia Boddington.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 8 July 2025 were agreed as an accurate record.

4. HAMMERSMITH AND FULHAM HEALTH AND CARE PARTNERSHIP UPDATE

Caroline Farrar (Managing Director – Hammersmith and Fulham Place Partnership), Donna Barry (Assistant Director – Neighbourhoods) and Ian Jones (Head of Clinical Services - Hammersmith and Fulham Planned Care) introduced the item which outlined the most recent update from the Hammersmith and Fulham Health and Care Partnership. The report included the refreshed approach to working collaboratively to improve health and wellbeing across the borough with a particular focus on integrated care efforts and the development of the Integrated Community Access Point (ICAP). ICAP was an alliance of clinicians and professionals across organisations working with people with the most complex needs, it had been developed in response to the fragmentation of services across multiple providers. The Integrated Community Access Point was a core team of professionals working together across organisations and disciplines, to support people with complex needs. Any adult with a combination of physical health, mental health and social needs could be referred.

Councillor Jackie Borland asked whether there were restrictions on who could refer people to the ICAP scheme, as if anyone was able to refer someone, then the ICAP team would have far too many referrals than there would be capacity for. Ian Jones explained that it was only Health Professionals that could refer people to the ICAP scheme and that so far, it had mainly been GPs. He added that you needed two or more disciplines of Health Professional to refer someone. He mentioned that they had positive data from their testing in the South of the Borough regarding capacity, but that it was being reviewed constantly.

Jim Grealy (Co-Optee) noted that this report had been primarily professional-focused, with other items on the agenda centred on co-production. He mentioned that a Patient Participation Group (PPG) in the south of the borough was meeting that evening, and there was uncertainty as to whether they were aware of this matter, beyond professionals, most people would not know about the scheme, and it remained at a distance from patients. Jim Grealy commented that they could not see an entry point as a patient. Caroline Farrar referred to both local and national evidence, highlighting that

patients often had to repeat their stories too many times, which the plan sought to address. For this cohort, co-production had been incorporated into the development of the plan, she explained that the situations were complex and that a prototyping approach was being used, working with patients to identify what was effective and what was not.

The Chair asked for examples where patients had given feedback directly to shape the plan. Ian Jones confirmed that there had been opportunities for feedback from patients and that responses had been positive, the team continued to seek honest feedback. Jim Grealy expressed concern that feedback was being gathered now but had not been sought at the outset. He was surprised to have only become aware of the matter upon reading the agenda and suggested that the issue should be taken to PPGs soon to gather their input. The Chair asked whether PPGs could be incorporated for when introducing ICAP in other areas. Katharine Wilmette (Director – Adult Social Care) advised that GPs were aware as they were making referrals and emphasised the need for a starting point based on evidence. She added that the team had undertaken significant work to share the information as widely as possible.

Councillor Lydia Paynter referred to the National Government's ten-year health plan, which aimed to move towards neighbourhood health centres. She noted that this approach relied on GPs knowing patients well and warned of the risk that a good scheme might not be fully utilised. Caroline Farrar noted this point but said it was hard to say what the effect would be for future contracts. Ian Jones added that proactive case finding took the reliance away from GPs.

Victoria Brignell shared her recent experience with Health Professionals, she said that one professional she dealt with had been great and the other was not good. She noted that there was a variation in the quality of care. She added that hospitals now had Martha's Law, which allowed patients to request a change of professional and commented that this should be a possibility in the community.

Fiona Bateman (Independent Chair – Safeguarding Adults Board) mentioned that she was happy to share her findings from their work on the Safeguarding Adults Board regarding proactive case finding.

RESOLVED That:

The Health and Adult Social Care Policy and Accountability Committee noted the report.

5. H&F SAFEGUARDING ADULTS BOARD REPORT 2024/25

Fiona Bateman introduced the report which outlined the H&F Safeguarding Adults Board (SAB) Annual Report 2024/25. This included that the SAB had delivered its statutory duties including summary of Safeguarding Adults Review under Section 44 of the Care Act and exploration of how the partnership had sought to progress its objectives under the three key priority

areas: Effective systems and processes, creating a culture of learning and communication and partnership. This report highlighted the proactive efforts of partners to continue to improve professional responses to support adults with care and support needs who are at risk of abuse and neglect. The SAB was now moving into the final year of its three-year strategy, with the focus in the next year being on reviewing its impact and strengthening assurance mechanisms.

Jim Grealy commended the report, noting that staff had been hard-working and resilient. Attention was drawn to page 33 regarding the response to staff abuse, with an increase in racial abuse referenced. It was reported that GP practices were experiencing abuse that they had not encountered before, particularly concerning staff members' country of origin. Jim Grealy stressed the need for a strategy to support staff and called for a strong statement on this matter. Fiona Bateman observed a rise in hate crime linked to international issues and mentioned work undertaken by the charity Hope Not Hate. The Brian case in the report was cited as an example of practitioners providing support in cases of abuse. Jim Grealy requested that next year's report include reference to this issue and provide an update on work undertaken to address abuse towards staff. Councillor Alex Sanderson (Deputy Leader and Cabinet Member for Children and Education) noted that this would put pressure on the SAB to produce evidence. Fiona Bateman suggested reaching out to staff who were experiencing difficult situations. Victoria Brignell expressed support for Jim Grealy's comments and proposed that next year's Unity Day place particular emphasis on celebrating staff from all backgrounds and their contributions to the Health and Social Care sector.

The Chair raised a question regarding information sharing and how this was being addressed. Fiona Bateman explained that the Safeguarding Adults Review looked into specific cases to ensure that the type of abuse was correctly identified and to consider what proactive measures could have been implemented. She acknowledged the complexity of the systems involved but confirmed that efforts were being made to establish effective information sharing as standard practice across all services. Fiona Bateman added that an increase in referrals might not indicate reduced safety but could reflect greater awareness of where to report concerns.

Councillor Alex Sanderson described the paper as positive, noting that rising numbers were likely due to increased confidence in the system. She queried how the impact of these measures would be tested this year. Fiona Bateman responded that the focus was not solely on identifying failures but also on recognising improvements. She stated that people were becoming more confident in discussing safeguarding and abuse.

It was confirmed that from January onwards, work would commence on the next strategic plan. Fiona Bateman noted that there had been significant changes among partners and personnel and emphasised that continuity of care would be crucial throughout this period of transition.

RESOLVED That:

The Health and Adult Social Care Policy and Accountability Committee noted the report.

6. CHARING CROSS HOSPITAL CO-PRODUCTION

Matt Ayres (Hospital Director – Charing Cross Hospital), Jenny Parker (Action on Disability Co-Producer) and Jack Hill (Action on Disability Trustee & Co-Producer) introduced the report which outlined work undertaken at Charing Cross Hospital alongside Action on Disability (AoD). A report went to Health and Adult Social Care Policy and Accountability Committee in 2024 from AoD that outlined their experience of using the NHS. Representatives from Action on Disability visited the Hospital to provide input on ways it could be made more accessible. Key findings from these visits included poor signage and inconsistent wayfinding, long waiting times and lack of quiet areas, Physical barriers (corridors, toilets) and limited wheelchair access, staff were generally open to feedback, the radiotherapy team were praised for person-centred care. Suggestions made included clear signage and improved navigation, sensory-friendly waiting areas, refresher disability awareness training for staff and ongoing involvement of Disabled residents in redesign.

Victoria Brignell expressed thanks to all those involved in the process.

Councillor Genevieve Nwaogbe mentioned that some staff that made mistakes were doing it from a good place, for example cleaners thought they had been addressing trip hazards by tidying away pull for help cords. Matt Ayres stressed the importance that involvement of people had and stressed that those delivering training needed to engage directly with patients. Jenny Parker emphasised the importance of starting with patients at the beginning of the process and commencing training as soon as staff began working.

Councillor Genevieve Nwaogbe noted positive feedback and referred to a case involving a radiotherapist. Jenny Parker explained that when staff had spoken to them, they acknowledged that the changing room was small and had offered an alternative area that was larger. Jenny Parker added that some staff were unfamiliar with the sunflower lanyard and its meaning, which indicated the need for awareness of what to look out for.

Fiona Bateman referred to the fact that AoD had a meeting upcoming with architects, she felt they would have gained significant learning from this experience and mentioned that they should submit their new designs for architectural awards. Matt Ayres cited this as a good example of giving people permission to act, such as architects engaging directly with patients. Jack Hill observed that the legally required minimum was often insufficient for most disabled people.

Jim Grealy mentioned the Acute Board in Common meetings that take place every 3 months, and that there is always a patient story. He felt that what had been done at Charing Cross would make decision makers think differently about the way to run health services. He added that AoD should contact the

acute board and provide information on their learnings as AoD are in the best position to share learnings and needs regarding disabled residents.

Councillor Alex Sanderson thanked all involved and queried whether co-production would be governed and whether there were links between this and other Imperial sites. Matt Ayres responded that the team had decided to proceed without delay but acknowledged that sustaining progress required more than enthusiasm. A volunteer programme was being developed to spread the initiative throughout the trust.

Councillor Lydia Paynter suggested stepping back to consider what could have improved the process undertaken. Jenny Parker stated that identifying where to start was crucial and noted that without an AoD user, support would not have been possible. Jenny Parker questioned how many panels included a wide range of disabilities from the outset and referred to the role of the patient liaison service. Jack Hill concluded by stressing the importance of having someone like Matt Ayres, who had listened to challenging feedback.

RESOLVED That:

The Health and Adult Social Care Policy and Accountability Committee noted the report.

7. DRUG STRATEGY

Elizabeth Eagle (Substance Misuse Lead) and Dr Mayada Abu Affan (Director – Public Health) introduced the report which highlighted the upcoming Hammersmith and Fulham Drug Strategy. The report included 3 main themes which were breaking drug supply chains (enforcement), making it harder for organised crime networks to operate in our borough, disrupting all parts of the supply chain and reducing associated violence and exploitation. World class treatment services, treating addiction as a health problem, recognising the role played by adverse personal circumstances such as trauma, poverty and mental health conditions, breaking down stigma and saving lives. Achieving a generational shift in the demand for drugs, trying to reduce demand, giving residents the best possible start in life, and working with young people in the borough to change attitudes to drug-taking.

Jim Grealy commented that the report had been distressing to read but heartening to see the progress made. He suggested considering how the strategy could be introduced into schools and colleges, including through the Youth Parliament. Elizabeth Eagle confirmed that, as part of the strategy, engagement had taken place with the Youth Council.

Councillor Bora Kwon asked whether the report was intended to go to the POB. Councillor Alex Sanderson clarified that it would be presented at Health and Adult Social Care Policy and Accountability Committee first and then across other committees. Councillor Bora Kwon noted that it should be distributed to other Chairs.

Councillor Jackie Borland raised a question regarding the approach to cuckooing. Elizabeth Eagle explained that work was being enhanced through the existing cuckooing risk panel and that a trial had been undertaken to include a substance misuse worker within the cuckooing team, building support and specialism from the inside out.

The Chair asked how success would be measured across treatment and prevention. Elizabeth Eagle responded that success would be assessed through measurable statistics, including an increase in the number of people in treatment and improved access to detox and rehabilitation services.

A resident highlighted a generational shift in drug use and referred to school exclusion lists and asked where people go to access support when they're excluded. Elizabeth Eagle confirmed that the Young People's Drug Service, Resilience, was available for young people experiencing substance misuse issues. When asked whether Resilience was linked to schools or the London Borough of Hammersmith & Fulham, Elizabeth Eagle clarified that it had been commissioned by Public Health but they did have workers who provided support to schools.

Councillor Alex Sanderson summarised that the current rate of drug-related offences remained too high but stated that this was the best Drug strategy developed to date. Jenny Parker stressed the need to consider residents with addictions who were wheelchair users or had mental health conditions, noting that the strategy should be broader in addressing complex needs. Councillor Alex Sanderson agreed, stating that this feedback would be taken on board and that the strategy needed to be explicit in recognising that disabled people faced unique risks and had diverse needs.

It was agreed that the strategy would be distributed to other PAC Chairs and it would be confirmed as to whether the strategy was due to be on a future Policy and Oversight Board Agenda.

Action: Liam Oliff

RESOLVED That:

The Health and Adult Social Care Policy and Accountability Committee noted the report.

8. DATES OF FUTURE MEETINGS

The Chair mentioned the upcoming Healthy Minds Workshop and encouraged attendance.

Councillor Alex Sanderson welcomed Dr Mayada Abu Affan as the new Director for Public Health. She also thanked Katharine Wilmette for her work on the Committee as it was to be her last meeting.

The following dates of future meetings were noted:

- 27 January 2026
- 22 April 2026

Meeting started: 7:02pm
Meeting ended: 9:38pm

Chair

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