

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Draft Minutes



Wednesday 21 November 2018

PRESENT

Committee members:

Councillors Ben Coleman (Chair) and Larry Culhane
Vanessa Andreae, H&F CCG
Janet Cree, H&F CCG
Steve Miley, Director of Children Services
Anita Parkin, Director of Public Health
Keith Mallinson, H&F Healthwatch Representative
Lisa Redfern, Strategic Director of Adult Social Care and Public Services Reform

Nominated Deputies Councillors:

Lucy Richardson, Patricia Quigley

Officers: Martin Calleja, Head of Health Partnerships; Simon Cave-Brauner, CCG Transformation Lead, NW London Collaboration of CCGs; Katie Estdale, Service Development, Policy and Governance Manager; Charly Williams, Strategic Commissioner, Wendy Lofthouse, Mental Health Commissioning Manager, H&F CCG; Sarah Rushton, Director of Local Services West London NHS Trust

156. MINUTES AND ACTIONS

Clarity was provided regarding minute No. 152, membership of joint delivery boards, and coproduction. Martin Calleja confirmed that the aim was to ensure that residents were involved in developing services. Invitations would be sent to finalise membership for the boards for the next board meeting in early 2019 with the process led by and supported by Public Service Reform who are leading on this. Councillor Quigley stated that coproduction should be integral to the process of determining membership from the outset. Councillor Coleman agreed that there should be people with disabilities involved in the recruitment and selection process and acknowledged that despite the challenges of co-production, this should be started at the earliest opportunity. Officers would continue to work in consultation with policy officers and members of the Disabled Peoples Commission, and had successfully recruited five people who will be part of the implementation group.

Vanessa Andreae requested that the commitment to establish an action tracker to compliment the minutes be established for the next board meeting and this was agreed.

RESOLVED

1. That officer representation on the joint delivery boards would be coproduced and that having disabled representation would be assured.
2. An action log tracker will be established for the next board meeting;
and
3. That the minutes of the previous meeting be agreed.

157. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Tim Spicer, H&F CCG (Vice-chair) and Sue Spiller.

158. DECLARATIONS OF INTEREST

None.

159. HAMMERSMITH & FULHAM ADULTS MENTAL HEALTH SERVICE OVERVIEW

Sue Roostan introduced the report which provides the first complete overview of the mental health provision across agencies to be completed in some time and serves as a good starting point for the Board's chosen 2018/19 mental health focus. The current report details services for adults aged 18 to 65. Overviews for Child and Adolescent Mental Health Services (CAMHS) and services for residents aged 65+ will follow by the end of the financial year. These will be prepared jointly by the Council and the CCG following the same format.

It was acknowledged that the review had been a challenging process, involving a high number of sources and individuals involved and should be considered 'ongoing'. A range of key strengths were highlighted including improvements to acute bed management and discharge, access to urgent care, early intervention and psychological services. A range of challenges and opportunities were also clearly set out that had both a service and financial impact. These included the need to reduce dependency on high cost placements and strengthen and better co-ordinate the social care, community support and primary care offer.

The following key issues were discussed;

Bringing the work of the West London led programme and local Joint Delivery Board together and consolidating co-production.

The review recognised that West London Mental Health Trust was delivering a programme of service development across H&F, Ealing and Hounslow CCGs and a local Joint Delivery Board had been established to support and compliment this programme of work. A strong commitment to co-production was highlighted and the review set out a wide range of initiatives across

sectors that were already up and running – bringing together this work was a key requirement.

Keith Mallinson welcomed the commitment to co-produce, observing that there were many voices not represented in shaping services. He asked about the West London local services transformation programme, which “continue to implement the shifting settings of care” and asked whether this was on-going? It was clarified that this was a live programme and was being supported through patient involvement and co-production for key areas e.g. the review of standards for acute services.

Janet Cree clarified that the likeminded strategy was part of the overall strategy for H&F, and across NW London. Martin Calleja added that the Council had participated in preparing about this vision and it had been coproduced with residents although its implementation could have benefited from closer involvement of ASC. It was agreed bringing together the continuing programme with the work of the local Joint Delivery Board would resolve this issue. address the gap.

Martin Calleja clarified that around 60% of the £44 million was spent on acute services. The level of need would have to be serious, if residents were to try and access those services. In terms of shifting settings of care, many residents wanted to remain in their own homes while accessing services. Sarah Rushton added that there were a high number of patients who were in receipt of community services, who could also receive primary health care services. It was possible to move through services by discharging from community services, and finding primary care services to support them. It was noted that the primary care team for H&F was not large, had operated with a large caseload although demand and resource levels needed further consideration.

ACTION: Martin to work with CCG and Trust leads to ensure the West London Programme effectively interfaces with local work.

Further analysis including resident experience, levels of funding and needs.

It was recognised the review was service, finance and performance led and the voice of residents and associated insights were not present. It was agreed a complimentary piece of work was needed to provide a full picture.

Councillor Coleman welcomed the helpful comments made and added that there was an issue for the Council as to how residents engaged with services, and satisfaction levels. In terms of a future focus, more work should be done on evaluating satisfaction, to review and strengthen future services. With reference to page 18, the map did indicate areas with the highest number of residents in receipt of mental health services but with no detail as to why. Understanding why would help tailor preventative services and support, a level of detail that was not currently provided by the JSNA. He also asked

about the why there was a frequency concentrated in certain areas, which was partly understood to reflect where services were located, for example, care homes.

Lisa Redfern referred to page 17 of the Agenda, 1.3, and how NHS and Social Care spend in H&F compared to other boroughs. It was understood that a closer analysis of this data was required to consider the balance of investment across other boroughs. Martin advised that there was further analysis to do in this area.

Lisa referred to page 29 of the Agenda and acute in-care patient admissions. H&F performance on delayed discharges of care has improved significantly. Janet Cree referred to comparative investment data across the three boroughs and responded that H&F contribution to supported housing was relatively higher, compared to the other boroughs, which indicated a level of disparity in terms of CCG funding.

Lisa Redfern stated that CCG spend on supported housing exceeded £1 million for WCC and RBKC, and represented a severe underinvestment compared to the level of investment in the other boroughs.

Wendy Lofthouse responded noted that the whole investment picture needed to be considered and that the % CCG funding on all rehabilitation and placements compared with or was higher in H&F than WCC and RBKC i.e. that was where the money was tied up and work needed to be done to reduce use and lengths of stay. The need to enhance clinical and support levels in supported housing was highlighted as a major priority to support this and a business case was being developed.

ACTION: PSR to set out further analysis work – including the development of key business cases - that will be undertaken in Q4 taking on board the key points raised.

Understanding of and access to services by residents – counselling services

Councillor Quigley referred to page 16 of the Agenda and asked about local needs and access to counselling services - using the example of if a person consulted their GP about depression type symptoms. She asked how easy would it be for them to get support and the period spent on a waiting list. Janet Cree responded that there were two issues with this highlighted reference, where severe and high mental health needs were indicated, with two different cohorts. A GP could consider depression and anxiety, and determine the severity of need which would inform the pathway and prioritisation of services.

Councillor Quigley was aware of residents who had waited over 10 weeks for counselling treatment. Vanessa Andrea confirmed that the service KPI (key performance indicator) for this provision was a maximum of six weeks and that this was being monitored with Hammersmith and Fulham performed well compared to many other areas. She also advised that the GP would 'hold' the case through the waiting time providing other services to support the patient

**ACTION: CCG to confirm patient waiting times
for counselling treatment**

Keith Mallinson commented that depression could be prompted by non-clinical issues such as debt, or poor housing. Martin Calleja added that one of the key conclusions from the review was that there was a need for a joined-up plan for tier-one services and that, if feasible, for Public Health and primary care commissioners to undertake a piece of work on this.

Lisa Redfern highlighted the need to be clearer about what might a resident of H&F could expect in terms of services if they have depression or anxiety in terms of primary care.

Lisa Redfern added that GP and mental health leads needed to develop the mental health offer further, setting out how these could work in conjunction with secondary mental health services. It was suggested that there was a lack of clarity and information available on this and about what a resident can expect. Although there was no implication that services had been inaccessible, anecdotal feedback from residents has suggested improvement in understanding of that the offer is and how to access services was needed. Vanessa Andreae referred to a fully interactive portal through which residents could understand what was available in the area on the primary care side.

It was agreed that there needs to be an easier way to access services, for example, an advice station that could offer a single point of contact, with a dedicated support officer who could help signpost services. Access difficulties applied equally to those who had prematurely discharged because of a missed appointment, and the question was asked as to how these patients could be more easily identified, particularly if they hoped to continue to seek treatment. Councillor Richardson reported that she was aware of a resident who had been medicated as part of their treatment for psychosis, but had received no help, advice, or guidance.

Vanessa Andreae suggested that it would be helpful to invite Dr Beverly Macdonald to the next board meeting where MH is a substantive item.

**ACTION: PSR to ensure that one of the key focal points for co-
production is a review of how local MH services are communicated and
accessed.**

Child and Adolescence Mental Health Services

Steve Miley highlighted the need to identify mental health triggers for children and at-risk groups such as refugees and looked after children and was

concerned about how they could be helped. Social workers had reported significant concerns about this sub-group of children, partly because of their traumatic experiences.

ACTION: This area of service to be time tabled for presenting to a future board meeting led by the Trust – including the position on at risk groups.

S136 Holding Suites

Lisa Redfern highlighted a further area of work around Section 136 holding suites and the reduction of these in London. These suites were areas of safety, where the police could exercise powers of detainment (technically an arrest), and detain individuals in them, as the nearest place of safety. Here, they would be assessed, receive treatment, or be released. There was a concern that there were insufficient suites in the area that meet required standards and that an action plan for North West London was needed to address the issue. The aim was to ensure sufficient, good quality spaces in a safe environment with continuity of care. It was noted that the number of suites in North West London would reduce from three to one and that further discussion about this was required, given the concerns expressed by ADASS (Association of Directors of Adult Social Services) members, who had formally opposed the planned reductions because of fears for patient safety. There was a necessity to engage in the London wide discussion about this issue, particularly in terms of how the Council could engage in the wider decision-making process underpinning the reductions.

ACTION: Lisa to identify via ADASS who the London representative is, regarding the reduction of section 136 suites in London

Potential Service Cuts

In the context of the CCG plans for financial cuts, Councillor Coleman asked if the CCG currently had any plans to reduce mental health services, as part of the CCGs financial recovery plan. Janet Cree confirmed that in terms of the review the CCG would try to ensure effective use of resources, but there were no plans now. It was reiterated that the CCG had an internal target to achieve £20 million in savings, and, £27 million in the following year, but that there was no intention to set out to reduce funding. The CCG would continue to review and evaluate their resources; however, they would be considering areas where there was no statutory requirement to deliver services.

It was acknowledged that the CCG was facing significant financial pressures. Janet Cree indicated that the CCG would try to give notice of any changes to services and that there would be transparency. As plans were developed, these would be considered by the governing body.

ACTION: Janet to provide information about the details regarding mental health service provision and any services that are regarded as non-statutory as the recovery plan develops

RESOLVED

That under Section 100A (4) of the Local Government Act 1972, the public and press be excluded from the meeting during the consideration of the following items of business, because it contains the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.

Councillor Coleman welcomed Simon Cave-Brauner to the meeting. It was explained that the CAMHS report was currently excluded from publication as this had not yet been approved by NHS England. Production of the report had also been delayed by NHS England with guidance being issued late. It was accepted that the timeframe for preparing the plan and gaining sign off from the Council could be better managed in future and to allow the HWB the opportunity to consider this more fully by including this in the Boards future work programme. It was agreed that an appropriate date for considering this next year would be agreed to avoid a repeat of this situation.

Simon Caver-Bauer explained that differences in provision usually lay in pockets of deprivation. Steve Miley confirmed that in the case of looked after children, they had begun to consider the offer and were starting to address this but some services may be provided outside of the Borough. Services would be recommissioned within the Borough for 18+ and for school aged pupils of 11+. These had been successfully piloted and were now being extended to all schools. Services for refugees will be addressed in early intervention work.

ACTION: Agreed that the CCG and Children's Services provide a report on intervention work supporting refugees

Councillor Coleman briefly outlined concerns about lack of involvement of the voluntary sector. It was acknowledged that the CCG had consulted broadly, engaging with diverse community groups such as LGBTQ, BAME and learning-disabled groups. Referring to a recent email, Councillor Coleman expressed concern that the email indicated that the voluntary sector had largely been ignored. Councillor Coleman queried the whether the eight CCG collaborative arrangement was operationally working, if there was no one to identify in terms of engagement.

ACTION: It was agreed that Janet Cree would contact Mark Easton regarding better utilisation and involvement of the voluntary sector

RESOLVED

That the report be noted.

160. ISOLATION AND LONELINESS

Charly Williams provided a brief report on the recent Social Isolation and Loneliness (SIL) workshop, which was held on 14 November 2018. The meeting was attended by 35 people representing a wide range of interests and was used to generate and share ideas. The overall aim had been to kick start a community based project to tackle SIL. Feedback from the meeting was positive – dialogue had been challenging and residents were encouraged to co-produce their own solutions with ideas ranging from ‘wellbeing on wheels’ to a ‘dragon’s den’ style approach’. Analysis of actions arising from the event was on-going, but it was hoped that there would be some innovative outcomes that could be developed further.

In terms of actions, Councillor Coleman confirmed that there would be a focus on one main theme. Some of the ideas suggested will certainly be taken forward such as awarding micro grants, recognising that a small amount of funding would be required to go a long way. Anita Parkin added that clarity was required around actions and that the two workshops had generated good ideas that they hoped to implement, continuing the momentum gained so far. Councillor Coleman suggested that Council staff themselves may have their own contributions and suggestions for alleviating SIL. In discussing the Frome GPs, Vanessa Andreae offered to contact the H&F GP Federation, as experienced professionals based on the frontline, working with residents.

The discussion moved to social prescribing. Janet Cree confirmed that there wasn’t any current funding for social prescribing but that there had been two pilot projects. There were no current plans to sustain these beyond the period of the project but there was work currently being undertaken at ICP (integrated care partnership) level. It was acknowledged that some of the smaller socially prescribed projects had been quite successful. Councillor Coleman was keen to explore ways in which small grant funding could be sourced from Public Health funding to help kick start social prescribing within the Borough, recognising that there were many local businesses within the Borough that were keen to contribute. It was a challenge to develop something that was sustainable as part of core services. In terms of practical actions, Martin Calleja suggested that a report from Public Health, identifying how individuals could be referred to services might be helpful. This information could be provided in a booklet format highlighting local voluntary sector services for residents to access. These could be provided to every GP practice and could formulate part of the ‘making every contact count’ approach.

ACTION: HWB to further consider future development of social prescribing.

Additional Issues raised around financial management

Councillor Coleman highlighted concerns around the way in which the CCG had addressed significant areas of financial reduction and the impact this might have on local social care provision. This was around required S75 savings and the potential for a shortfall in required CCG savings in year (up to £1.25m) to be passed directly to the Council to deal with. He and Lisa

Redfern expressed serious concern regarding the potential impact of this on residents. They advised that bringing this to the board was in line with its interest in major issues that will have an impact on local services.

Janet Cree clarified that the position on required savings was part of an ongoing process and that she felt the CCG had been clear about the need to explore and take up every opportunity for delivery of savings at the earliest opportunity and that there was still work to do. She also noted that she considered that putting this as an unscheduled item on a joint board was neither appropriate or helpful. She also felt a much wider discussion around all aspects of BCF funding was needed.

It was agreed that further and continued dialogue on these matters was required, particularly given the serious impact that the financial withdrawal of section 75 funding could have on residents. It was agreed that any further focus at the board would be scheduled so that all members were prepared for it.

161. WORK PROGRAMME

Noted.

162. DATES OF NEXT MEETINGS

The next meeting of the Board was noted as Wednesday, 30 January 2019.

Meeting started: 6pm
Meeting ended: 8.05pm

Chair

Contact officer: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 5758
E-mail: bathsheba.mall@lbhf.gov.uk