

London Borough of Hammersmith & Fulham

Health & Wellbeing Board Minutes



Wednesday 20 March 2019

PRESENT

Committee members:

Councillor Ben Coleman (Chair)
Janet Cree, H&F CCG
Steve Miley, Director of Children's Services
Keith Mallinson, H&F Healthwatch Representative
Anita Parkin, Director of Public Health
Dr Tim Spicer
Sue Spiller, Sobus

Nominated Deputies Councillors: Lucy Richardson

Officers / guests: Martin Calleja, Head of Health Partnerships, ASC; Jim Glennon, Training and Consultancy Manager Opening Doors London; Richard Jackson, Ambassador, Opening Doors London; and Maggie Jones, Ambassador, Opening Doors London

172. MINUTES AND ACTIONS

Janet Cree clarified with reference to the comment on establishing a citizen's panel, this was in the early stages of being developed and they had not reached the point at which the panel could be established and that she would share the details when they were ready. She also clarified that the proposed change to UCC would be determined by the outcome of the consultation, which was yet to be undertaken. Finally, it was confirmed that Vanessa Andreae had discussed the idea of holding a "thinkathon" event and that the governing body were happy to support this, provided that it utilised existing collaborative networks.

NHS England had allocated funding to Central London CCG, to facilitate the work of Healthwatch on co-production, to deliver two consultation events per borough. This aligned with the Long-Term NHS Term Plan and there were many other engagement events also taking place, details of which would be shared when available.

Councillor Coleman reported that he would work more closely with other boroughs to address increased concerns regarding the combing of the CCGs and that further updates would be provided.

Discussing the changing aspects of delivering local, strategic healthcare Dr Spicer commented that local provision could in future be determined by residents and that it was important to prioritise the needs of the community. Keith Mallinson observed that it was essential that the views of residents were critical in shaping future provision.

With reference to the CCG financial deficit, Councillor Coleman found it difficult to understand how the development of new, emerging networks would be better for H&F residents. He asked whether any funds from the other CCG's could be distributed to address the H&F CCG deficit. Dr Spicer confirmed that this had been discussed but Janet Cree cautioned that seven out of eight of the CCG's were experiencing significant financial difficulties.

ACTION: The CCG to develop a piece of work around the primary configuration of the new and emerging networks, for either June or September HWB.

RESOLVED

That the minutes of the previous meeting be agreed.

173. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Connell, Councillor Patricia Quigley, Lisa Redfern and Vanessa Andreae.

174. DECLARATIONS OF INTEREST

None.

175. OPENING DOORS LONDON

Councillor Coleman welcomed Jim Glennon, Richard Jackson and Maggie Jones from Opening Doors London. Explaining their interest and involvement with LGBT+ (Lesbian, Gay, Bisexual or Transgender) issues. Both Richard Jackson and Maggie Jones shared their personal stories which had eventually led to their association and work with Opening Doors London ODL. As volunteer ambassadors for ODL, they had worked with older LGBT+, people, providing support, friendship and help in navigating local health and social services. They had helped facilitate workshop events for older, LGBT+ people, fundraising and raising awareness at corporate training events.

Jim Glennon provided a detailed presentation regarding the work of ODL. Support was provided to over 2000 members, facilitating social groups across London in safe places. An outreach and befriending programme that complied with international equality standards ensured that support was

available to a generation of older LGBT+ who had previously experienced abuse and rejection, during a time when had not been possible to be open about sexuality or gender within a hostile climate. Jim Glennon outlined the extensive range of activities supported and facilitated by ODL, which offered a safe and tolerant environment in which older LGBT+ people could share experiences and support others.

Richard Jackson recounted how electro medical treatment had been intended to “cure” LGBT+ and had been developed by the Maudsley hospital. It was removed after twenty years, having been recognised as ineffective. This controversial, conversion treatment had been delivered without aesthetic and aimed to make people feel repulsed by other gay people. Homosexuality was a punishable offence, and those found guilty were given the option of imprisonment or medical treatment. Side effects included scarring and memory loss, and many people either self-harmed or were suicidal.

Maggie Jones explained that many people from the older generation were subjected to abuse, and that this impacted on those in care homes as some individuals of that generation harboured homophobic attitudes. The issue was to ensure equity for LGBT+ groups, as distinct from equality, and therefore parity in treatment. It was explained that there was evidence to indicate that people were being treated differently and that CQC inspectors were aware of the issue. Care homes had improved their awareness and better increasingly better at understanding experience of LGBT+ older people through training.

Social isolation and loneliness were key issues for many older LGBT+ people, who did not have children, or had become estranged from their families. They might have moved away from where they once had lived and were likely to live alone. They were also more likely to have experienced mental health problems, had higher rates of suicide, alcohol or drugs abuse, compared to heterosexuals. There was no suggestion that to be LGBT+ was to be mentally ill, but that this had resulted from the impact of the pressure, abuse and treatment experienced by LGBT+ people. There was a fear of going out into the community and an individual who was not robust, would find it difficult to support themselves and became quickly isolated. The befriending service offered by ODL helped individuals build trust, confidence and helped them to engage in the community around them. This was a counter-balance to their previous experiences and lack of trust. LGBT+ often had higher medical and social needs compared to heterosexuals, as they invariably lived alone and were therefore more reliant on local health and social care services.

Keith Mallinson welcomed the presentation from ODL observing that the Council had a history of being progressive on for example, homophobia and HIV issues. He recounted his experience with one GP who had continued to refer to a trans-gender patient as ‘he’ rather than ‘she’, which had been a contributory factor when she eventually took her own life.

It was recognised that it was important for the Council to know how to support the wider, LGBT+ cohort, ensuring that staff were trained and informed about LGBT+ issues. For example, older LGBT+ people in sheltered

accommodation have sometimes experienced hostility from other residents, where training would have been helpful. Jim Grealy (Save Our Hospitals) commended the presentation and commented that it was often a matter of small things such as understanding how to sensitively ask questions about whether a person has a partner, rather than asking a gender specific question. The issue of identifying more precise numbers was complex, as sexuality remained hidden, which also made it difficult to measure. It was noted that the government action plan to address LGBT+ inequalities included the appointment of an LGBT+ tsar, and that the Care Quality Commission (CQC) had also recognised that inspections should address and develop better quality care standards for LGBT+ communities.

Janet Cree welcomed the presentation and commented on the North West London perspective. She reported that Bethany Golding had led on a pride and practice initiative which was about to start. This was a fifteen-month long pilot working with LGBT+ groups and funded by the government equalities office, highlighting easy access to care and identifying issue that presented obstacles to care for LGBT+ communities. They would also be offering access to training and quality standards, sign-posting social prescribing. This was the optimal time in which to draw these issues together.

ACTION: Bethany Golding to link with ODL, to inform delivery of pride and practice initiative

Dr Spicer observed that the presentation went to the heart of the matter. The Long-term plan was to help people age well and to improve the standards of care in residential care homes. This presented a timely opportunity to ensure that this area of work remains on the agenda and could be included as part of the current training programme that had recently been implemented. The first tranche of training care home managers to enhance their skills had just concluded but there was an opportunity to build this into the course. It was acknowledged that there was a joint incentive for both commissioners and providers to consider how this could be influenced by developing measures that the CQC could build into the inspection's framework.

Councillor Coleman asked how ODL were able to identify people that needed help. It was explained that ODL placed adverts in the press and worked with LGBT+ networks throughout London, using venues that were recognised as "safe" places. Richard Jackson added that there was a training course for people who wanted to volunteer with ODL. Maggie Jones reported the story of a 90-year-old person with cancer, who now had a support network in place, orchestrated through coming to the coffee mornings. These events were held in over 30 various London locations, that were small, shared spaces that could be nurtured.

176. WORK PROGRAMME

None.

177. ANY OTHER BUSINESS

Consultation on Urgent Care Centres (UCC) and Extended Hours

Janet Cree provided a short update to the consultation on UCC and extended hours. The NHS Long-Term Plan indicated long-term investment in extended opening hours. It was explained that the intention was that from July 2019, extended hours would be delivered through direct enhanced services (DES) with the expectation that the CCG continued to commission that provision through the GP primary care network. The CCG will continue to commission local hours for the first quarter of 2020.

Further guidance from the NHS was expected however, the DES was expected to further develop and this had necessitated the need to change the scope of the GP contract. Janet Cree explained that it was not possible to include consultation on DES but that the consultation would still look at extended care and that this had been the reason in part for the delay to the commencement of the consultation.

Healthwatch had been very helpful in reviewing the consultation materials and work on developing this had progressed well. This had been a large, joint piece of work and following discussions, the layout and content had been refined. Final adjustments were required and then content would be available in a variety of formats online. The documents would be in plain English and included a short, A5 leaflet, a brief overview, an easy read version of the consultation document, a poster, adverts and social media activity. It was anticipated that the launch could take place the following week, once formal assurance had been provided by NHS England. The CCG had also been in contact with the Councils communications team for guidance on how best to reach residents. It was thought that it would not be possible to send text alerts or information by text message due to both potential legal and financial constraints.

Councillor Coleman enquired about the methods by which residents might be informed of the consultation. Janet Cree explained that the consultation would last approximately seven weeks and had been slightly extended due to the Easter holiday period. Details as to the location of posters could be provided but these currently included libraries, GP practices and UCCs to ensure that service users would be aware of the proposed changes.

Councillor Coleman queried the anticipated savings, that might follow the implementation of service changes. Janet Cree indicated that this could amount approximately £600,000 each, for both changes to UCCs and GP extended hours if the proposed changes were accepted, so potentially £1.2 million. Discussing the possible cost of the consultation, it was noted that this was limited to the cost of printed materials. Janet Cree explained that the CCG had taken advice on how to raise awareness with residents as well as to ensure that the consultation document was accurate.

Referring to the length and range of any consultation, Councillor Coleman highlighted two concerns. The first, was about the consultation itself and what it was nature of the consultation, with the intention to make savings, not cuts.

Secondly, the manner of the consultation. He welcomed and was encouraged by the progress of the consultation and suggested that the Board collectively undertook further work to discuss and develop a more cohesive approach to consultation for future reviews. The NHS defined what constituted a full, public consultation and he welcomed further dialogue about this. Comprehensive consultation hinged on the definition of what constituted a substantial variation in services. How a proposed change was defined influenced the level of engagement. It was important that the Council was made aware of whether a change could be regarded as substantial early on and Councillor Coleman suggested the Council's Health, Inclusion and Social Care Policy and Accountability Committee (PAC) as a potential forum through which this could be managed. Janet Cree concurred and stated that the CCG would fulfil its statutory functions.

Councillor Coleman continued and asked that in future, the scale and scope of any proposals set out whether potential service changes constituted a substantial variation, and, whether a full consultation was required. Councillor Coleman sought agreement that such decisions would be reached through collaborative work undertaken with the Council and the PAC. He acknowledged that the Council had received notice of what the CCG was consulting upon, but that there had been an absence of dialogue as to the breadth and scope of the proposed consultation. Councillor Coleman pointed out that according to NHS guidance, the determination as to whether a change constituted a substantial variation was a matter for agreement with the local authority.

Janet Cree took the view that the CCG had sought a challenge of their consultation proposals when they had presented the issue at the 4th December meeting of the PAC, considering the specific details of the proposals. Councillor Coleman felt that there had been initial discussion about consultation details but no explicit agreement as to the scope of the consultation and this should have been the conversation taking place. Janet Cree confirmed that this had been also been the CCGs intention. Addressing a comment from Keith Mallinson, Janet Cree continued that it had always been the CCGs intention to undertake a full consultation, including consultation with Healthwatch.

Jim Grealy welcomed the progress made on the consultation work and commented that it took time to undertake consultation well. He enquired if a year-long plan was being developed to address future changes. Janet Cree confirmed that there was no intention to do this and that they would be working on a case by case basis. All changes would have an equalities impact assessment.

Councillor Coleman considered that agreeing the scale of a service change and if it was a substantial variation would determine, in turn, the most appropriate level of consultation. He suggested that this was a new way of working and that it would determine the scale of change. This would be the first stage of any discussion in attempting to achieve consensus.

Sue Spillar suggested that a public engagement strategy be developed to consider the likely impact of changes in services on residents. She enquired if the CCG were consulting on a range of possible options or would these be developed with broader co-ordination. It was noted that this would be determined and shaped by the response to the consultation.

In concluding the discussion, Councillor Coleman recapped that in future, services changes would be notified to the PAC, as part of developing how consultation on such changes be undertaken.

Supported Employment

Councillor Lucy Richardson outlined her discussions with the West London Alliance regarding the development of an improved supported employment offer for local residents. There was interest in getting help with referrals and getting people into work. It was suggested that a workshop event be facilitated with health professionals and that this could be hosted at the Town Hall. It was agreed that Councillor Richardson provide further details to Janet Cree.

178. DATES OF NEXT MEETING

The date of the next meeting was noted as 25 June 2019.

Meeting started: 6pm

Meeting ended: 9pm

Chair

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