

# Health and Adult Social Care Policy and Accountability Committee Minutes

Wednesday 22 March 2023

## **PRESENT**

**Committee members:** Councillors Natalia Perez (Chair), Patricia Quigley, Ann Rosenberg, Amanda Lloyd-Harris and Ben Coleman

**Co-opted members:** Victoria Brignell (Action On Disability), Jim Grealy (H&F Save Our NHS), Keith Mallinson (Healthwatch Representative), and Lucia Boddington

### **Other Councillors:**

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care)

### **Guests**

Dr Christopher Hilton (Chief Operating Officer - Local and Specialist Services at West London NHS Trust)

Helen Mangan (West London NHS Trust)

Jaime Walsh (CEO Healthwatch)

Carleen Duffy (Healthwatch)

Kristal Ramcharitar (Head of Acute Services, HF, WLT)

Dr Nick Hipkins (Clinical Lead for Acute MH Services, HF, WLT)

Peggy Coles (H&F's Dementia Action Alliance)

Merril Hammer (Hammersmith & Fulham Save Our NHS)

### **Officers**

Lisa Redfern (Strategic Director for Social Care)

Jo Baty (Assistant Director, Specialist Support and Independent Living)

Linda Jackson (Director Independent Living (Social Care) & Corporate Transformation)

David Abbott (Head of Governance)

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Genevieve Nwaogbe.

Apologies for lateness were received from Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care).

## **2. DECLARATION OF INTEREST**

There were no declarations of interest.

## **3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 25 January 2023 were agreed as an accurate record.

## **4. WEST LONDON NHS TRUST UPDATE**

Dr Christopher Hilton (Chief Operating Officer – Local and Specialist Services at West London NHS Trust) discussed the actions from previous meetings and the proposal to close the outstanding items and move some matters to a work plan to be included in future updates to the Committee.

### **Action log – recruitment and retention**

Jim Grealy (Co-optee) noted the recruitment successes in the report and asked what gaps remained. He also asked for staff turnover figures and what impact that had on team building and continuity of care. Dr Hilton said the Trust had its lowest vacancy rates for 12 months due to a focus on successful onboarding and several retention initiatives. He said he could share turnover figures outside the meeting.

**ACTION: Dr Hilton**

Lucia Boddington (Co-optee) asked how many vacant posts were left to fill. She also asked if the delays to mental health services meant that was a more challenging area to recruit to. Dr Hilton said their vacancy rate target was less than 14%. As of January, the vacancy rates across all disciplines was 18.2%. Mental health nursing was under particularly high pressure at 20% but there were initiatives targeted on that area.

Victoria Brignell (Co-optee) asked how accessible mental health services were for disabled people and if the trust had carried out a survey of its facilities. Dr Hilton said the Trust had worked to ensure there was some level of accessibility for all services. There was a programme on their work plan to map all premises and assess accessibility issues. In response to a question about the availability of personal assistants, Dr Hilton said he would provide a response outside of the meeting.

**ACTION: Dr Hilton**

Victoria Brignell noted H&F was very keen on co-production and asked if Disabled people were involved in the plans to improve accessibility across the Trust's facilities. Dr Hilton said he was sure their estates team would be happy to work in collaboration with Disabled people. Victoria Brignell suggested involving Action on Disability.

**ACTION: Dr Hilton**

Keith Mallinson (Co-optee) had concerns about the wellbeing of the workforce and asked if the Trust recorded the reasons for leaving when staff left the organisation. He felt it would be useful data to inform recruitment and retention work. Dr Hilton said they did record reasons for leaving through leaver interviews. He offered to provide further information on this in a future report if the committee felt it would be useful. Members agreed it would.

**ACTION: Dr Hilton**

**Action log – waiting list data**

Merril Hammer (Hammersmith & Fulham Save Our NHS) noted with concern that the average time from referral to appointment was 68.59 days against a target of 28 days. She also felt the target of 28 days was too long, as a patient in need might wait a month before being seen even if the target was met. She asked if there was any monitoring about what happened to patients while waiting for care.

Dr Hilton said the stabilisation of the Mental Health Integrated Network Teams was a top priority on their risk register. The target of 28 days was meant to be the maximum wait for patients. The intention was that some patients were triaged for a faster response based on need. The Trust was investigating the impact of wait times on patients and could share the findings of that report with the Committee. Members said they would like that to be included in a future report on the Mental Health Integrated Network Teams.

**ACTION: Dr Hilton**

Jim Grealy asked if there was a lot of young people on the waiting list. He was concerned that people would disappear from the waiting list if forced to wait too long. Dr Hilton said they did their best to segment the caseload into categories and those that required active regular monitoring and intervention would be seen first. They also tracked people who dropped off the list.

Councillor Lloyd-Harris was concerned about the most vulnerable who might be lost. She asked if there was capacity to import experts from other Trusts to address the waiting list. Dr Hilton said they worked with other organisations to learn from their experiences and implement best practice. Regarding importing additional capacity, he said there were limited opportunities outside of the more common mental illnesses like anxiety and depression.

The Chair asked if the Trust was working on reaching out to minority communities, given the disparity in the waiting list figures. Dr Hilton said that disparity may be due to the high number of people on the waiting list whose ethnicity was not yet known. He also noted that the Trust was working with outside organisations to improve their reach and the nature of their services to make them more appropriate for different communities.

Lucia Boddington said wait times have been high for the past 12 months and didn't appear to be going down. She asked how the Trust planned to reduce them to the 28 day target. Dr Hilton said all patients were subject to clinical triage and duty services were used to address people whose needs were escalating. There had been a stabilisation of caseloads since the new operating model had been introduced. Those most in need of intensive interventions were prioritised. There was also a significant update to IT systems planned which would improve reporting and the way the team worked.

Linda Jackson (Director Independent Living (Social Care) & Corporate Transformation) suggested the Committee look at quality as part of the outcome of the consultation on the mental health beds. Dr Hilton said he welcomed the idea of looking at whole patient pathways together.

Jim Grealy asked if the Trust was looking at the mental health of those groups most affected by the ongoing cost of living crisis – particularly single mothers. Dr Hilton said they did explore contributing factors like financial status, housing etc. but he wasn't sure it was recorded in an easily reportable way. Jim Grealy asked if it could be built into reporting going forward, given the importance of the issue. Dr Hilton said he would take it away and discuss with colleagues.

**ACTION: Dr Hilton**

Keith Mallinson noted that one of biggest problems affecting mental health was housing. He asked if the Housing department, social services, and the Trust get together to look at ways to prevent the onset of mental health issues. Dr Hilton said he would welcome being part of those conversations. The Chair noted that the Council was looking at the cost of living crisis and there were links to be made there.

### **Action log – CQC actions and recommendations**

The Chair asked for regular updates on the implementation of the CQC actions and recommendations until the Trust moves out of its 'requires improvement' rating.

**ACTION: Dr Hilton**

### **Ealing mental health beds**

The Chair suggested, given the importance of this issue, that the Committee hold an extraordinary meeting on 26 April to discuss it with partners in more detail. Dr Hilton and members of the Committee supported the proposal.

**ACTION: David Abbott**

Councillor Lloyd-Harris noted that the report referred to meetings being convened in Hammersmith and hoped that included Fulham too. Dr Hilton confirmed it was a typo and should have said Hammersmith & Fulham.

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care) questioned why the process had not been aligned with similar closures in Westminster and Kensington and Chelsea given they impacted on each other. Dr Hilton said they did work collaboratively with neighbouring Trusts, though each Trust had been working independently on their own estate reconfiguration.

Councillor Coleman said Westminster had considered closing the Butterworth Centre but they had H&F residents in the facility who would require support and beds elsewhere. He felt the Trusts should be working closely together, especially given that they would eventually be working in an integrated system. Dr Hilton said they had committed to work with Central & North West London Trust going forward. He noted they had held a Board-to-Board meeting recently. He said they were happy to work with partners to understand the impact of the changes proposed.

Jim Grealy suggested the Trust's Board meetings be open to the public, to enhance public scrutiny of their proposals. He also noted that many people lived on one borough but were treated in another and the Boards should recognise that reality. Dr Hilton said he would take the suggestion about meeting in public to the Board.

**ACTION: Dr Hilton**

Merril Hammer said the response from the Trust to H&F Save Our NHS (HAFSON) about the strategy raised a number of issues, but key was the fact that the strategy was based on data from 2015 and given the changes since the pandemic and the economic situation she felt there needed to be an updated basis for developing plans. The Chair said the meeting on 26 April could incorporate questions from HAFSON and the Trust's responses.

Lisa Redfern (Strategic Director for Social Care) said removing poor quality beds and losing beds entirely seemed to have been conflated in this process. She also noted that there was a need for high quality community provision if it was supposed to replace beds. A lot of expertise and input was needed to make that happen and she had not seen financial data or a business case to support that. Dr Hilton thanked Lisa Redfern for the letter from the Council, and he said he welcomed the challenge. He said there were financials that demonstrated the changes made and reinvestment in crisis provision. He added that the Trust was working through errors they may have taken in their approach to this but were keen to think through how to achieve the best outcomes within the constraints they had.

### **Healthwatch engagement project**

Helen Mangan introduced Jaime Walsh (CEO Healthwatch), Carlene Simms (Healthwatch HF), Kristal Ramcharitar (Head of Acute Services, HF, WLT), and Dr Nick Hipkins (Clinical Lead for Acute MH Services, HF, WLT) to discuss an engagement project Healthwatch undertook with patients on the acute wards in the two Mental Health Units, Hammersmith & Fulham Mental Health Unit and Lakeside Mental Health Unit on the West Middlesex site. The Trust wanted to work with Healthwatch as an independent organisation to

gain an honest appraisal from the service users' perspective of their experience of their stay.

Councillor Lloyd-Harris asked if, when asking for volunteers, considered they could trigger their own issues - and if so, were they given ongoing support. Kristal Ramcharitar said both patients and the experts by experience were prepared for this piece of work and there were contingencies in place. The volunteers were briefed and de-briefed. They were asked about any potential triggers, so staff could look out for them.

Councillor Lloyd-Harris asked if there were physical activities on offer and Kristal Ramcharitar said there were both indoor and outdoor activities available.

Jim Grealy expressed concerns about the reported unavailability of staff and unplanned absences. Kristal Ramcharitar said on each shift there was a set number of resources. Sometimes staff cancelled their shifts for personal reasons like sickness or childcare issues. Where possible they would redeploy staff across services to meet demand. There was a robust leadership structure in place and any gaps would be escalated to them for 'safety huddles' to take place. Then they could reprioritise tasks to release resources to be with patients. She said since the report was written they had responded to the feedback and made significant improvements.

Lisa Redfern applauded the Trust on being so transparent and inviting Healthwatch. She asked how the implementation of the improvement plan would be monitored and suggested an independent external auditor should do it. She was also interested in how patients were chosen to be interviewed given they may be acutely ill and the skill level of the people undertaking those interviews.

Helen Mangan (West London NHS Trust) agreed that an external auditor was an interesting idea and could add to the internal audit process overseen by members of the Board.

**ACTION: Helen Mangan**

Helen Mangan said the project was so valuable that they were considering extending it for a further year and they were also thinking about expanding into other areas of the Trust.

Regarding how patients were chosen, Carleen Simms explained the experts by experience would speak to anyone who was willing and able to speak to them.

Jo Baty (Assistant Director, Specialist Support and Independent Living) stressed the importance of dignity in these services and asked partners to reflect on the issue of dignity given that many patients will feel that their freedom and control was taken away from them for a time. She also noted that there was an opportunity around co-production. The Council was working with the Trust, through a mental health campaign, to secure a lead for co-production. Regarding the experts by experience, she said it was valuable to involve people with lived experience, but it came with risks. She suggested a

larger piece of work looking at developing a robust co-production infrastructure that could better support conversations with residents. She envisioned a network of experts by experience, supported by the Council and the Trust, that could be used to gather feedback across the whole system.

Councillor Coleman said he was not convinced the Trust had owned the comments made in the report. He endorsed Lisa Redfern's suggestion for an independent assessment on whether the necessary improvements had taken place. Dr Hilton said he supported the suggestion. He added that any external assessment would supplement the Trust's own internal listening and feedback exercises. Dr Hilton said he would put forward the suggestion to their Audit Committee.

**ACTION: Dr Hilton**

Dr Nick Hipkins said he would be happy to follow up on this with the Committee. He wanted to reassure members that dignity had to be the central tenet of work with patients.

The Chair asked if it was possible to go back to the patients who were interviewed to see how they felt about the issues they raised now, and to know their feedback had been considered.

Carleen Simms said they had shared changes at community meetings so some of the interviewees had been made aware. Dr Hilton noted they had a 'you said we did' engagement process but he wasn't sure if there was a mechanism to follow up with specific individuals. He said he would discuss it with colleagues in planning meetings.

**ACTION: Dr Hilton**

The Chair thanked officers, members, and guests for their valuable contributions.

## **RESOLVED**

1. That the Committee noted and commented on the report.

## **5. WORK PROGRAMME**

The following items were suggested by members:

- Annual complaints and complements report
- Long Covid
- GP Services
- Palliative care

The Chair said a full list of items would be sorted into themes and circulated to members for comment after the meeting.

**ACTION: David Abbott**

## 6. DATES OF FUTURE MEETINGS

The Committee noted the dates of future meetings and the extraordinary meeting scheduled for 26 April 2023.

The Chair took a moment to thank Bathsheba Mall for her hard work and dedication supporting the committee since April 2016. She wished her well in her new role working on the Council's cost of living crisis initiatives.

Meeting started: 7.00 pm  
Meeting ended: 9.30 pm

Chair .....

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