



London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee Minutes

Monday 17 November 2014

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Elaine Chumnery (Vice-chair), Hannah Barlow, Andrew Brown and, Joe Carlebach

Co-opted members: Debbie Domb (HAFCAC), Patrick McVeigh (Action on Disability) and Bryan Naylor (Age UK)

Other Councillors: Sue Fennimore (Cabinet Member for Health & Adult Social Care), Vivienne Lukey (Cabinet Member for Social Inclusion) and Sharon Holder (Lead Member for Hospitals & Health Care)

Witnesses: Kamran Mallick (Action on Disability), Dawn Stephenson (Age UK) and Paula Murphy (Healthwatch (Central West London))

Officers: Liz Bruce (Executive Director for Adult Social Care & Health), Stella Baillie (Director for Provided Services & Mental Health Partnerships), Richard Biscoe (Project Manager, Adult Social Care), Helen Banham (Strategic Lead, Professional Standards and Safeguarding), Marc Cohen (Transformation Project Manager), James Cuthbert (Whole Systems Lead), Nick Marchant (People First), Sue Perrin (Committee Co-ordinator) and Paul Rackham (Head of Community Commissioning)

21. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 7 October 2014 were approved as an accurate record and signed by the Chair, subject to the following amendment:

17. 2015 Medium Term Financial Strategy (MTFS) – Update

Page 6, fifth paragraph, after first sentence add: 'Mrs Wigley stated that the Independent Living Fund would be ring fenced in full for the following financial year.'

The following were noted in respect of:

16. Hammersmith & Fulham Foodbank

Councillor Carlebach had arranged for the Foodbank manager to meet with the catering manager at Westfield, with a view to having a food station at the centre and developing a relationship with the restaurants.

Councillor Fennimore had arranged for the Foodbank manager to meet with the Chief Inspector.

Councillor Fennimore had met with officers to draft a Council policy.

It was noted that Waitrose now had a collection point for the Foodbank.

22. APOLOGIES FOR ABSENCE

There were no apologies for absence.

23. DECLARATION OF INTEREST

The following declarations of interest were made:

Councillor Hannah Barlow in respect of item 5, in that her employer has a contract with one of the named providers, Care UK.

Councillor Vivienne Lukey as Chair of Hammersmith & Fulham MIND.

Councillor Joe Carlebach was about to be appointed an ambassador for Mencap.

Mr Patrick McVeigh as Chair of the Trustees for Action on Disability.

Ms Debbie Domb is a service user.

Councillor Brown is an elected member of the Safeguarding Adults Executive Board

24. CALL FOR EVIDENCE ON ENGAGING HOME CARE SERVICE USERS, CARERS AND FAMILIES

The Chair introduced the 'Call for Evidence' on engaging home care service users, their families and carers', which was a key item in the Administration's manifesto, and welcomed Ms Murphy, Ms Stephenson and Mr Mallick.

Ms Paula Murphy introduced herself as the Director, Healthwatch Central West London (CWL), the independent consumer champion for health and social care. Healthwatch had statutory rights to 'enter and view' any public funded health and social care organisation, including home care across the three boroughs.

Since 2012, local residents, who had been DBS (Disclosure and Barring Service) checked had been trained as Dignity Champions to undertake a person led assessment of services and provide feedback to Healthwatch (CWL) and then report on their findings and make recommendations for improvements to the service. Following submission of the final report, Healthwatch would receive the provider's action plan.

Links to the reports on H&F Healthvision, H&F Sage Care and H&F Care UK had previously been provided.

The Homecare Project Group met on a quarterly basis with the Tri-borough Adult Social Care Commissioners to consider homecare provision and assist with service redesign to inform the current re-commissioning.

Ms Murphy stated that service user feedback was generally positive. However, peer research indicated that there were quite low expectations, focusing on for example, punctuality, nutrition, cleaning and personal needs. There were no expectations in respect of outcomes (at the time of the research). A quality service was being provided, but not for the higher needs of service users, which should continue to be set. Outcomes could be nebulous and subjective and therefore difficult to measure.

In respect of complaints, Ms Murphy commented that service users were reluctant to complain and links with advocacy could be explored further. There was no recognition of providers, with complaints being accumulated across different services. The recording of feedback from Adult Social Care was important. There needed to be a structured approach, not a tick box and qualitative measures.

There was a low level of competitiveness and service users were reluctant to move from one provider to another. There was a need for more choice to allow service users to choose their own care worker and how tasks were performed.

There were concerns in respect of self funders. Currently there was a time limited approach. There needed to be provision of information and engagement with service users. Ms Murphy envisaged a service, where there were real options and a move beyond meeting basic needs.

A report from Age UK Hammersmith & Fulham was tabled. Ms Dawn Stephenson, Chief Executive, stated that Age UK did not have day to day contact with service users, but tended to see people when they were unhappy. Her evidence was therefore partly anecdotal. There was a committed and caring service but there were problems in terms of scheduling and length of visits, travelling time frequently infringing on the length of time, resulting in people feeling rushed and not receiving the care needed. There was concern that carers of people with medical needs such as dementia or stroke related conditions did not have the specialist training and support required.

There was an issue in respect of the poor pay of carers. They should be paid the London living wage, not the minimum wage.

There was a need for a continuity of care. Often older people receiving home care were allocated different carers.

Ms Stephenson outlined the ten key principles, as set out in the report, around which the approach to engaging home care service users, their families and carers should be built:

- the service redesign should involve those service users not normally involved in the process, for example, transport could be provided for those who could not otherwise attend.
- standards should be outcome focused.
- the work of lay assessors should be built into the contract monitoring process. the complaints procedure needed to be made simple to access, to reduce fear of 'reprisal' for service users, who were often reluctant to complain.
- there was a need for integration of care, which should involve service users.
- there was a need for re-ablement to reduce dependency.
- there should be more work in respect of prevention.
- there was a need for joint working and involvement of the third sector.
- services should be designed to meet the diverse and changing needs of older people and their carers.
- support should be provided to unpaid carers.
- transparency should empower people to hold services to account.

The report made a number of recommendations of which Ms Stephenson emphasised the payment of the London living wage, taking steps to eliminate zero hours contracts and scheduling visits to allow adequate time.

Mr Kamran Mallick, Chief Executive, Action on Disability tabled a report which looked into the provision of care service to users with a formal voice from three perspectives; the client viewpoint; what would really help; and how could this be delivered.

Mr Mallick stated that Action on Disability did not see service users on a regular basis, but had picked up a number of cases through its advocacy work. The number of complaints was low. Service users were often reluctant to complain. They were potentially vulnerable and fearful of reprisals.

The report recommended written and agreed standards to which providers should work (the Care Quality Commission standards were tabled). Service users should be assessed and outcomes set by individuals in partnership with Adult Social Care or other support team.

There should be transparency on care providers' methods of working, for example travel time.

Advocacy could be complemented by a helpline staffed with trained advocates, who could provide reassurance that the conversation would be kept confidential and by working with the Healthwatch Dignity Champions. In addition, existing groups could provide valuable peer support.

Mr Naylor raised points in respect of: contacting those people who were not receiving care but needed to receive care; support for home care issues not being joined up, although outcomes were complementary, not competing; the importance of the personal and sensitive relationship between the service user and the carer not being generally understood; and support for the majority of carers who were unpaid.

Councillor Carlebach noted the inter-related work of health and social care, and suggested that it was be worth approaching Mencap to provide evidence.

Ms Domb noted that the home care service provided only partial support and that it was necessary to apply for other support, and there could be issues around referrals.

Mr McVeigh suggested that there was an opportunity for whole system support, whereby, rather than just meeting clinical needs, holistic care was provided. Health and social care could also link with the voluntary sector.

Ms Domb queried training for Dignity Champions and whether service users were 'asked about or told' outcomes. Ms Murphy responded that Healthwatch (CWL) trained the Dignity Champions to undertake peer reviews to assess home care against ten principles for dignity and care. Healthwatch (CWL) had participated in events for home care workers, to try to inform the market testing. Homecare should be user led, with the service user being involved in both the care needs assessment and home care plan.

Ms Domb commented that home care appeared to be reverting to a prescriptive offer, with a set number of hours for a number of tasks, whereas personalisation had placed the service user at the centre. Ms Murphy responded that service users had a hierarchy of needs and people should be empowered to think about desired outcomes.

Ms Murphy responded to a query that there were approximately 80 Dignity Champions across the three boroughs. Home care visits were particularly resource heavy, as they required two people per visit.

Councillor Brown considered that unpaid carers were not necessarily a bad thing and that there needed to be a discussion as to how the community could be more involved. Ms Stephenson considered that there should be more support for carers, some of whom might have unrecognised support and health needs.

Councillor Brown suggested that zero hours contracts could be appropriate in some circumstances, and queried the impact of the London living wage on the Adult Social Care budget.

Ms Stephenson stated that carers frequently worked for more than one agency, juggling visits, which might be only 15/20 minutes, in order to increase pay.

Councillor Lukey responded in respect of the London living wage that this would help to attract and retain employees, who with proper training and support would derive greater job satisfaction. Adult Social Care had budgeted for the London living wage, which would be included in the tender. There was currently one contract for zero hours, which was coming to an end.

Ms Murphy responded to Councillor Holder's query in respect of examples of good providers, that these tended to be the organisations providing holistic support and links to the community. People felt valued and knew who to contact.

Councillor Chumnerly noted the importance of service users and their families having the confidence to complain, and queried how this evidence was captured. Ms Stephenson responded that there an issue in respect of language, whilst service users found it difficult to make a complaint, they should be encouraged to provide feedback. Mr Mallick considered that there should be a continuous feedback process. Ms Murphy suggested that care workers were often aware of issues but were unable to feed it into the organisation.

Councillor Barlow stated that she completely objected to zero hours contracts, and queried what could be done at a local level in respect of quality standards. Ms Murphy suggested support for people to self-manage their own care, the development of resources for integrated access to health and social care and a charter of rights. In addition, the national standards should be developed for application at a local level, working with commissioners, stakeholders and service users.

Ms Murphy responded to Councillor Barlow's subsequent query that providers were held to account through an action plan submitted to commissioners and fed into the Care Quality Commission inspection. Mr McVeigh added that outcomes for an individual receiving care needed to be understood and applied to personal care.

Councillor Vaughan stated that the evidence had given members a lot to consider and highlighted the importance of resolving issues as they arose. The discussion had highlighted a number of issues in respect of service user feedback:

- providers needed to work in such a way that simple feedback is acted upon;
- people were nervous about feedback to carers or organisations; they were nervous about the impact on the relationship;
- there needed to be a process for obtaining feedback; and
- Healthwatch and service users needed to feed into the process, with joined up work on engagement, to include all those voices which needed to be heard.

Councillor Vaughan invited the witnessed to make any final comments.

Ms Murphy emphasised the importance of jointed up feedback, with a framework across the services from entry to exit. Feedback needed to be encouraged and broken down to consider the options. Provider performance should be shown against the service specification.

Ms Stephenson noted the importance of resources to ensure that the information was used. It should be joined up and integrated at the time of the commissioning framework.

Mr Mallick stressed the importance of maintaining funding and support to groups providing advocacy to service users.

25. INDEPENDENCE, PERSONALISATION AND PREVENTION IN ADULT SOCIAL CARE AND HEALTH

Mrs Bruce introduced the report, which explained the Adult Social Care plans for a new home care service, which would move away from a time-and-task service towards personalised care that helped people to live as they wished. An 'enabling service' would help and encourage people to look after themselves and provide safe, quality care when they could not.

Personalisation was based on the principles of flexibility, providing choice and outcomes focused.

The new model of home care was based on a local 'patch' approach that helped agencies ensure that customers consistently saw the same care worker. There would be an integrated approach with health services to reduce the number of visits and the number of different people who came into a house. There was an emphasis on workforce development, including recruitment and training.

During the tender, providers would be asked to give a price and to explain how they would meet the service specification. Mrs Bruce would check if the tender included the requirement to pay the London living wage.

Action: Liz Bruce

Mr Rackham stated that the procurement was at the invitation to tender stage and therefore the specification could be shared with the committee..

Action: Paul Rackham

Mr McVeigh asked for examples of outcomes. Mr Cuthbert responded that the assessment would be outcome focused and that providers would be asked to say how they would achieve the specific outcomes, which would have been agreed with the service user.

Ms Domb queried the split between quality and cost, and the difference between a care plan and support plan. Mrs Bruce responded that the cost was approximately 50-50. Whilst a care plan was a formal document, a support plan was owned and designed by customers, with services being

largely delivered in the ways they wanted. Mr Potter added that the support plan could be changed if the customer no longer wanted something which had been included.

Ms Domb queried whether direct payments would increase if the cost of the new service was higher. Mrs Bruce responded that service users would have to receive adequate resources to purchase the services which they needed.

Councillor Barlow queried the cost of the new service. Mr Rackham responded that there was a financial model but prices were not yet known. Adult Social Care anticipated an increase in cost, but the new enabling service should mean that customers did not need the service for so long.

Councillor Carlebach queried the partnership with health. Mrs Bruce responded that lower level health tasks not requiring qualified nurses were being identified, so that a joined up service could be offered with the home visit. The Community Independence Service would provide out of hospital care for people with complex needs.

Mr Naylor queried communications with service users. Officers responded that there had been a big education campaign for providers and people who delivered care, and also conversations with organisations which delivered care. Consultation with service users had not yet started. Implementation of the new service was likely to begin in April 2015. It was hoped that the process would be clearer and made simpler to understand what service users could expect, in simple clear language,

Councillor Chumnery queried the continuity of staff. Mr Rackham responded that staff moving over to the new service provider would depend on who won the tender and which services users said that they really wanted. It was thought that because of the different way in which service were being contracted, TUPE would apply only for some carers. To mitigate the impact of possible loss of staff, officers would work closely with the new team to phase in the service. Contracts would be separate by borough and patch, and if they did not meet the standards they could be terminated.

Councillor Brown queried whether the London living wage had been built into the financial model. Mrs Bruce responded that payment of the London living wage had been based on the fact that re-ablement and the Community Independence Service would provide out of hospital care and there would be a reduced need for services. The move from a time and task service to an enabling service would result in less input over a period of time. The model had built in risk and change.

Councillor Holder queried the monitoring process. Officers responded that the contracts would be monitored with information collected from a variety of sources, including real time information from the provider. Investment would be made in a home care electronic monitoring system, which would indicate which carer had made the visit and for how long, resulting in paying only for the care actually delivered. Healthwatch would be more involved in the new

contract monitoring regime and would be the main representative of customers and carers. There would also be the traditional complaints system.

Mrs Bruce emphasised the innovative nature of the service. The new contracts were designed to encourage a local workforce and officers were working with colleges to prepare skills training. Home care workers who lived near their customers were more likely to provide a much better care service and outcomes.

Councillor Vaughan noted that the discussion had clearly indicated the need for a change of mind set for both service users and providers, for example to understand how the care plan would look in practice, as opposed to a list of things which people would do, when service users would be informed and how articulated.

Councillor Vaughan thanked the witnesses and officers.

RESOLVED THAT:

The committee recommended that:

1. Officers seek legal advice in respect of TUPE rights of carers.
2. Service users be involved in the tender process.

26. SAFEGUARDING ADULTS EXECUTIVE BOARD: ANNUAL REPORT 2013/2014

Ms Banham introduced the inaugural report of the Safeguarding Adults Executive Board, which had an independent Chair. The report showed progress in consolidating the governance of adult safeguarding in the three boroughs to meet the requirements of the Care Act, 2014. It required local authorities to;

- make (or cause to be made) enquiries if a person is at risk of abuse and neglect, and unable to protect themselves;
- establish a Safeguarding Adults Board; and
- arrange for there to be a review of a case where the Safeguarding Adults Board knows or suspects death, or serious harm, resulted from abuse or neglect.

The single client information system for Adult Social Care across the three boroughs was being redesigned to accommodate the requirements of the Act. This was also in line with 'Making Safeguarding Personal'.

The report set out the headline findings in Safeguarding Adults Return 2013-2014 against the Board's safeguarding outcomes, giving comparisons with Inner London, Outer London and London.

Ms Banham highlighted:

- The total number of people for whom a safeguarding referral was made across the three boroughs was 1,250 in 2013-2014, equivalent to 271 referrals per 100,000 population aged 18 and over, slightly higher than the average for London.
- More investigations had led to safeguarding.
- More people had access to an advocate.

Councillor Brown suggested that, in addition to statistics, some elements of safeguarding and prevention should be looked at in greater detail. Ms Banham responded by referring to the work with the Quality Care Commission on the maintenance of standards and with Healthwatch and providers themselves. Ms Banham noted the importance of early warning when things were going wrong.

Councillor Holder noted that the police, who were a key stakeholder, were not included in the membership of the Safeguarding Adults Board. Ms Banham responded that the police were very involved, but because of a change in personnel, had not made a submission. There was good engagement with the police in respect of case work, but development work was challenged.

Mr McVeigh queried whether any of the applications for authorising deprivations of liberty were inappropriate. Ms Banham responded that there was an assessment of mental health to determine capacity and of best interests, and gave an example of a Court of Protection decision in respect of a person in supported care, who did not want to be in a restricted situation. The person returned home for three months before returning to supported care.

Councillor Vaughan queried how the process would be managed in view of the projected ten-fold increase in the number of applications for authorisation under the Deprivation of Liberty Safeguards in 2014-2015, and the impact on resources. Mrs Bruce responded that, in view of the impact on people's lives and financially of making the wrong decision, it might be necessary to allocate more resources.

Mr Naylor queried the role of Adult Safeguarding in respect of sex trafficking and in respect of historical child abuse to ensure that it could not be repeated. Ms Banham responded that Adult Safeguarding was very involved with the police in respect of domestic violence. There were also a number of other agencies involved. Historical child abuse was not an issue which would be picked up locally, unless a person approached Adult Social Care and was eligible for services. It was intended to work more closely with the Children's Safeguarding Board, and look at a shared agenda.

Councillor Chumnerly queried whether any training was offered to voluntary organisations and whether there would be significant differences if there was a Hammersmith & Fulham Safeguarding Board. Ms Baillie responded that the tri-borough was a comparatively small area, with a lot of shared hospitals and services.

It was agreed that a local report on safeguarding adults would be added to the work programme.

Action: Committee Co-ordinator

Ms Banham responded in respect of voluntary organisations, that Healthwatch was a member of the Adults Safeguarding Board and that work was ongoing with providers through community engagement groups. The work of the Executive Board was carried out through four work streams: Community Engagement; Developing Best Practice; Measuring Effectiveness; and a safeguarding adults review. The Community Engagement work stream hosted a 'Training for Trainers Safeguarding Adults programme, which had been taken up by twenty third sector-organisations. This had substantially increased the capability and capacity of organisations in the three boroughs to train their staff on recognising, reporting and preventing abuse.

The Chair proposed, and it was agreed by the committee, that the guillotine be extended to the earlier of either the conclusion of item 27 or 10.30pm.

Councillor Vaughan queried how outcomes were measured. Ms Banham responded that the Measuring Effectiveness work stream measured the extent to which outcomes were delivered. Measures included surveys, an annual audit and peer audit.

RESOLVED:

That the Annual Report be noted.

27. ADULT SOCIAL CARE INFORMATION AND SIGNPOSTING WEBSITE - PEOPLE FIRST

Mr Potter introduced People First, a signposting and information site for the residents (or friends, family, carers etc) of the three boroughs, which would meet the requirements of the Care Act 2014. The site also had links to more detailed sources of information.

The site was up and running at Westminster and Kensington and Chelsea. The Committee was invited to view the site (www.peoplefirstinfo.org.uk) and e-mail any questions or comments.

Mr Naylor commented that some older people needed help to become competent with technology. Mr Potter responded that information in respect of cheap/free courses was available, in addition to in-house sessions.

In response to Mr Naylor's comment regarding the marketing of the product, Mr Biscoe stated that the product had been demonstrated to various groups and the feedback taken on board. The product sat on a corporate website, with users being automatically redirected.

Council Fennimore referred to the digital inclusion work across the borough, which she would bring back to the committee.

Mr McVeigh queried how the content would be updated Mr Biscoe responded that this would be done partly by avoiding the duplication of information and signposting to other sites and the secondment of Adult Social Care practitioners three days a week.

Members suggested that the product could be promoted through newspapers, community centres and voluntary organisations.

Councillor Vaughan queried how the Hammersmith & Fulham cost of £170,000 compared with Westminster and Kensington & Chelsea. Mr Biscoe responded that the Hammersmith & Fulham cost was lower because of economies of scale. The software costs were cheaper and a lot of the work has already been completed.

RESOLVED THAT:

The report be noted.

28. WORK PROGRAMME

The work programme was received.

29. DATES OF FUTURE MEETINGS

3 December 2014
January 2015: date to be confirmed
4 February 2015
13 April 2015

Meeting started: 7.00 pm
Meeting ended: 10.30 pm

Chairman

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