London Borough of Hammersmith & Fulham

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

Minutes

Wednesday 3 June 2015

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Hannah Barlow (Vice-Chair), Natalia Perez Shepherd, Andrew Brown and Joe Carlebach

Co-opted members: Patrick McVeigh (Action on Disability)

Other Councillors: Councillor Vivienne Lukey (Cabinet Member for Health and Adult Social Care), Councillor Fennimore (Cabinet Member for Social Inclusion), Sharon Holder (Lead Member for Health), Ben Coleman (Cabinet Member for Commercial Revenue and Resident Satisfaction), Caroline Needham (Chair of Children and Education PAC) and Mark Loveday (Opposition Whip)

Expert Witnesses: Nandini Ganesh (Parentsactive) and Elleanor Allen (Co-opted Member of Children and Education PAC)

Imperial College Healthcare NHS Trust: Janice Sigsworth (Director of Nursing)

Chelsea and Westminster Hospital NHS Foundation Trust: Vanessa Sloane (Director of Nursing)

Officers: Liz Bruce (Executive Director of Adult Social Care and Health), Ian Heggs (Director of Schools), Alison Farmer (Assistant Director), Steve Buckerfield (Head of Children's Joint Commissioning) and Sue Perrin (Committee Co-ordinator)

1. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 29 April 2015 were approved as an accurate record and signed by the Chair.

Councillor Andrew Brown offered retrospective apologies for the 29 April 2015, when he had been on paternity leave.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Debbie Domb and Bryan Naylor.

3. DECLARATION OF INTEREST

Councillor Carlebach is a trustee of Arthritis Research UK, an ambassador for Mencap, a non-executive director of the Royal National Orthopaedic Hospital and he has served with the Chair of the Trust Development Agency on the Court of Newcastle University.

4. APPOINTMENT OF VICE-CHAIR

Councillor Vaughan stated that bi-partisan working had broken down on the key issue of health, and therefore he was nominating Councillor Hannah Barlow as Vice-chair.

Councillor Brown responded that the nomination breached the long standing convention of appointing a member of the Opposition as Vice-chair, and could be to the detriment of the PAC. Councillor Carlebach endorsed this.

RESOLVED THAT:

Councillor Hannah Barlow be appointed as Vice-chair.

5. APPOINTMENT OF CO-OPTED MEMBERS

RESOLVED THAT:

The following co-opted members be re-appointed for the municipal year 2015/2016:

Debbie Domb, HAFCAC
Patrick McVeigh, Action on Disability
Bryan Naylor, Age UK

6. PREPARING FOR ADULTHOOD: A REPORT ABOUT YOUNG PEOPLE AGED 14-25 YEARS WITH DISABILITIES

Councillor Vaughan commented that the report on transition from Children's Services to Adult Services was an important item in the Administration's manifesto. Transition should be a seamless process, led by professionals. The offer going forward should include health, education and adult social care. There should be person centred seamless provision of care for the young person and their families.

Liz Bruce introduced the report, which highlighted the challenges and opportunities for vulnerable young people in the borough regarding transition from Children's Services to Adult Services. The new 'Transition Service' would provide choice and control for the young person and their family, not available in the current provision.

Should a child have a Statement of special educational needs (SEN) or an Education, Health and Care Plan (EHC), it was good practice for the planning process to begin at age 14.

Mrs Bruce stated that there was limited provision within Hammersmith & Fulham. There was a narrow interpretation of who should be supported, largely young people with learning disabilities. The report set out the scope of the service and the current transition offer. Feedback from families was not very good.

The Children and Families Act, which was enacted in September 2014, had extended the age range of eligibility for a formal assessment and support plan for Education, Health and Care needs from 0-16 to 0-25 years.

In respect of Health, young people with complex needs would transfer from specific paediatric support to their local GP at age 18.

The report set out the key imperatives to improve and develop the transition experience for young people and their families and friends.

Ian Heggs stated that the replacement of a SEN with an EHC was a big change and the joint assessment needed to be co-ordinated in a more efficient way. Young people and their families had the right of referral to a tribunal.

There was now a requirement on local authorities to provide a high quality offer of specific courses and support for young people up to the age of 25 years. There was a need to develop and expand provision for young people 16-25 years. However, the budget remained the same.

Mr Heggs noted the development of provision at Queensmill Special School specifically for young people with autism.

Mr Heggs emphasised the importance of local services and supported housing. The Council was focused on taking on board the views of young people and their families and a person centred approach. The EHC assessment would take longer, in the region of 42 hours.

Mrs Bruce stated that there remained challenges in respect of the different services not working in silos and ensuring that the planning process with young people and their families was not an administrative process.

Nandini Ganesh stated in reference to the creation of a consultative forum, that Parentsactive existed. They had not been included in any of the surveys.

Mr Heggs agreed that Parentsactive should be included and this would be addressed.

Alison Farmer stated that the work of Parentsactive would have been covered in the feedback from Healthwatch. There had not been a joined up consultation with Adult Social Care. There had been feedback from schools, but not specific surveys. The PAC was part of the consultation process, which was at an early stage.

Ms Ganesh queried which young people had been invited to the workshops in respect of the design of future commissioned services. Ms Farmer responded that a few workshops had been held in special schools and advice was still being sought.

Members considered the report to be misleading, and asked for clarification of the process and the stage it had reached.

Action: Alison Farmer

Patrick McVeigh noted that the number of young people given in the report was small (75 young people with a learning disability and approximately 100 young people aged 16-25 with complex needs across the three boroughs) and requested that a set of metrics be developed to enable the committee to better understand how transition was working in LBHF. These metrics should include at least:

(i) Number of people awaiting EHC aged 14
(ii) Number with EHC by age group
(iii) Number with SEN by age group
(iv) Number of people awaiting assessments that are outside statutory timescales of 20 weeks
(v) Number of EHC reports underway
(vi) Number of transitions backed up for people aged 18+
(vii) Number of cases raised to the tribunal
(viii) Number of cases upheld at tribunal
(ix) Number of cases rejected at tribunal
(x) Number of further appeal escalations and legal cases in process
(xi) An analysis of content of SEN and EHC in terms of outcomes requiring psychology input, speEHC and language and occupational therapy for LBHF and NHS resource planning
(xii) Independent living – how many and when

Mr McVeigh referred to the client database, and queried how long it would take to populate manually and the number of people working on the project. Mr Heggs responded that this data was available and would be provided.

Action: Ian Heggs.

Mr McVeigh referred to the late involvement of the Transition Team leading to anxiety and anger for carers and parents, and quoted from the Care Act:

'Provision will continue throughout the assessment process until adult care and support is in place or until assessment indicates that adult care and support does not need to be provided.'
'These changes mean that there is no "cliff edge" when someone reaching the age of 18 who is already receiving support will suddenly find themselves without the care and support they need at the point of becoming an adult.'

Mr McVeigh understood that Andrew Christie allegedly told parents that 'however, we cannot change the fact that, once young people turn 18, they must transition to Adult Services.'

Mrs Bruce assured Members that there would be compliance with the Care Act and agreed to seek clarification from Mr Christie in respect of his alleged comment.

Mr McVeigh sought confirmation that speech and language and other provisions would continue beyond school age until the desired outcomes had been achieved. Mr Steve Buckerfield, Head of Children's Joint Commissioning for the three boroughs stated that subject to clinician recommendation, speech and language would be provided free of charge at the point of delivery to individuals deemed to require support. Ms Farmer warned that this requirement was potentially unfunded.

Members considered that the overarching issue for Health was not the need to increase the provision of specialist services currently on offer for young people once they became adults, but the consistency of services offered by GPs. There were considerable differences in the quality, capability and skills of GPs in respect of young people with complex needs. Whilst paediatric services were very involved in the early stages, this support fell away. The issue was how to improve access to the services currently available.

Mr Buckerfield responded that there were a number of concerns in respect of access to health services post age 18+, which it was planned to address.

Councillor Brown commented that the quality and experience of GPs could make a significant difference and that people needed to be signposted to the right services.

Mr Buckerfield responded that one of the key outcomes of the Connected Care project in Hammersmith and Fulham was the development of Community Champions, local volunteers who provided signposting for other residents across a range of health, housing and social care services.

Eleanor Allen queried the role of key workers. Ms Farmer responded that key workers would manage the transition process and support young people and their families to make choices. Providers would be expected to do this.

Councillor Carlebach stated that consideration of GP services should not be restricted to Hammersmith and Fulham, as the borough was also served by GPs from Kensington and Chelsea and other neighbouring boroughs.

A member of the public described his family's experience. His child had not been treated as an individual and they had lost the case to keep him at home, as a one year extension had been refused. They had lost all respite care when their child reached age 18 and speech and language therapy was no longer provided. There had been not been regular transition meetings.

Councillor Vaughan stated that clarification was required in respect of: whether speech and language therapy funding stopped at age 18 or whether it could go forward as part of the EHC; and responsibility for co-ordinating the input to transition meetings from young people and their families across a range of services.

Mr Heggs responded that whilst SENs needed to be transferred to EHCs, it was not possible to do this for everyone. The focus of the EHC was on outcomes by the end of the next key stage and greater independence. Education would fund the continuance of speech and language therapy, if it helped to deliver the agreed outcome. Ms Farmer added that there was no additional funding to provide services to age 25. As an interim measure, some of the New Burdens Fund could be used. An additional full time speech and language therapist had been provided in schools. The Council was working towards the provision of a clear statement of the services young people and their families could expect.

Mrs Bruce responded that work was underway to bring about a culture change, including a review of the transition team model. The different services needed to work in partnership; there were currently too many interfaces and limited provision.

A member of the public who had a 19 year old daughter with complex disabilities spoke of her positive experience at Chelsea and Westminster Hospital and also of the situation where she had been told that the SEN she had in place was to be transferred to an EHC and she would need to apply for an EHC assessment. The requirement for an EHC assessment was subsequently rejected. In addition, the panel's decision had not been conveyed in an appropriate manner.

The member of the public emphasised the importance of a co-ordinated approach to transition and the involvement of health professionals. In addition, better training was required, and specifically in respect of placements. There was a lack of provision. There needed to be a holistic approach to residential accommodation.

Councillor Fennimore commented that the member of the public had had to fight every step of the way to ensure that she got the services she needed for her daughter with high level complex needs.

Mr McVeigh was concerned that SEND Code of Practice (9.4) was being ignored:
'During the transition period local authorities will transfer children and young people with statements onto the new system…. No-one should lose their Statement and not have it replaced with an EHC plan simply because the system is changing.'

Mr Heggs accepted the need to improve communications and agreed to investigate this case.

Action: Ian Heggs

Councillor Perez Shepherd commented on the effectiveness of personal stories and endorsed the proposals for a more person centred approach and to consider transition models from other boroughs.

Councillor Needham commented on the importance of professional careers advice and the involvement of the young people in decisions, and the need for support for young people who moved away from home to attend university.

Mrs Bruce responded that there would be a review of the services in which the Council was investing, with a focus on learning disabilities. There were a range of groups who needed support.

Councillor Vaughan summarised the key points of the discussion:

1. Issues had been identified in respect of communications and how providers communicated and worked with young people and their families, and the need for sign posting to the right services.

2. There needed to be clarity in respect of the provision of speech and language therapy.

3. It was key for professionals in Adult Social Care, Children's Services and Education to engage in an appropriate way and for there to be joined up working. The process needed to work properly whilst retaining the focus on outcomes.

RESOLVED THAT:

It was recommended that a joint task force be established with the Children and Education PAC to take forward in more detail the transition from Children's to Adult Services, in conjunction with expert witnesses.

Councillor Vaughan thanked the members of the Children & Education PAC and the parents for attending and contributing to the meeting.

7. IMPLEMENTING THE RECOMMENDATIONS FROM THE FRANCIS REPORT: IMPERIAL COLLEGE HEALTHCARE NHS TRUST AND CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST

Professor Janice Sigsworth presented the update on Imperial College Healthcare NHS Trust's (ICHT) implementation of the recommendations from the Francis Report. Of the 290 recommendations, some 50/60 had been applicable to ICHT.

There had been some quite fundamental changes arising from the Francis Inquiry, which had been embedded as part of the existing work streams. In addition, these changes had been reflected in the recent CQC inspection.

In the first year, 44 actions had been completed. The report set out the four areas where ICHT wanted to do more work: feedback and learning from complaints; nurses/midwives to be in a supervisory capacity; clinical audit, mortality and efficacy of treatment; and feedback from students and trainees.

Ms Vanessa Sloane presented the update on Chelsea and Westminster Hospital NHS Foundation Trust, which set out the responses to the recommendations.

Councillor Carlebach considered that there had been a significant improvement in communications at ICHT but that there continued to be a lack of response from the executive team at Chelsea & Westminster Hospital. A response to correspondence initially sent on the 28 April in respect of a Changing Place remained outstanding, despite being chased.

Councillor Carlebach referred to the comments made by the CQC in respect of the Lead Nurse for Learning Disabilities not being a specialist, and additional time not being allocated for this work. In addition there were issues in respect of easy to read leaflets; 'Consent to Treatment' leaflets not being available; and care for people with Learning Disabilities not being audited. The web site did not name the Board Level Lead for Learning Disabilities.

Ms Sloane stated that work on the Changing Place would begin that month and a Changing Place would be incorporated in the Accident & Emergency Department development.

The Lead Nurse for Learning Disabilities now worked full time four days a week in this role, and was working with local police, GPs, families and the voluntary sector.

Ms Sloane stated that an IT solution was needed in respect of the patient audit and accepted the need for a patient leaflet.

300 staff had been recruited.

There was ongoing work in respect of learning disabilities, around transition and support for young people and their families. There had been a stand at

the Open Day, with families participating. Ms Sloane was the Lead Executive for Learning Disabilities

Councillor Brown queried staffing levels, the reliance on agency cover and nurse training across North West London.

Professor Sigsworth responded that ICHT currently had 170 vacancies. A senior nurse for recruitment and retention had been appointed. The Board had approved the recruitment of general nurses in Europe and neo-natal nurses in Australia, for which there was a national shortage. To encourage staff retention, rotation with other hospitals was being offered.

There were a reasonable number of nurses in training, but in North West London they were not coming through quickly enough and generally wanted to move around hospitals.

Councillor Brown queried whether flexibility in pay was an option. Ms Sloane responded that this was possible for Chelsea and Westminster as a foundation trust, but would result in other hospitals being priced out of the market. Education, training and support were more effective retention measures.

Professor Sigsworth responded that there had been a pay freeze for a number of years, and the cost of living and housing was particularly high in London. The London supplement was in the region of £2/3,000. Whilst local staff were preferable, the Trust did recruit from the Philippines, the Commonwealth and Europe.

Imperial had invested in midwives in preparation for the additional births consequent on the closure of Ealing maternity unit. There would be a recruitment day the following Saturday. 70/80 midwives had been recruited in the previous few months. There had been additional funding for the increased staffing.

Councillor Vaughan queried whether action had been taken to bring about a change in culture in respect of whistle blowing and incident reporting, and whether staff were confident to speak out.

Professor Sigsworth responded that there was a weekly review and annual report to the Trust Board. People were probably more confident to speak out, and it was hoped to reach the position where every member of staff felt confident to speak out.

Ms Sloane responded that in addition to the formal process, informal concerns were investigated and feedback given. Senior nurses were back on the floor in uniform every Friday.

Councillor Carlebach noted findings from the Chelsea and Westminster staff survey of bullying from members of the public, working additional hours and discrimination. Ms Sloane responded that staff were given the choice of working additional hours and might do so to support their colleagues. Bullying

and violence was a real concern and the trust was working with the police and staff. Training was provided in conflict resolution to prevent escalation and a security system was in place.

Councillor Vaughan summarised the key issues from the discussion.

1. There were concerns in respect of the responsiveness of Chelsea and Westminster to issues raised.

2. There was a need for more nurses and overseas recruitment.

3. London issues in respect of housing and salaries of nursing staff impacted on recruitment of nursing staff, and there needed to be a national strategy.

4. There needed to be a culture change to encourage people to speak out.

8. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST: CQC ACTION PLAN

Ms Sloane stated that the overall rating for Chelsea and Westminster had been 'Requires Improvement', with 13 areas of outstanding practice recognised. A comprehensive action plan had been put in place including the recruitment of permanent nurses and midwives.

There were two different IT systems in the Trust, which it was planned to integrate as part of the West Middlesex acquisition.

The Trust was working with Central North West London Trust to place mental health patients within an appropriate environment in a much shorter time.

Access to IT systems had been provided for agency staff.

24 hour senior nurse and consultant cover was being put in place.

A peer review had been undertaken to provide internal assurance and demonstrate progress since the CQC inspection. This had provided some assurance but there was still work to be done.

In addition, the Trust Development Agency had arranged an independent desktop review to gain assurance about processes.

Questions on this item were taken after the following item.

9. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST: INTEGRATION WITH WEST MIDDLESEX HOSPITAL

Ms Sloane updated on the integration of Chelsea and Westminster with West Middlesex University Hospital NHS Trust, which was expected to be

completed on 1 September 2015. There had been a number of meetings with Monitor and the Trust Development Agency (TDA).

The two hospitals were working closely, and had jointly appointed three divisional nurses. Several of the Board directors had worked at or were seconded from Chelsea and Westminster.

Members registered their concerns at the lack of substantive members of staff on the Board.

Ms Sloane stated that transition monies would fund a bespoke Electronic Patient Record (EPR) system which would help drive service integration of the two hospitals, and would provide additional assurance in safety, quality and consistency of services for patients.

Ms Sloane stated that there was good staff engagement. There had been a number of engagement events with members of the public and staff and 'constituency events' in the boroughs. In addition, a Clinical Summit had been held in Brentford, focusing on clinical innovation to support patient care.

Both hospitals would remain as major acute hospitals, with Accident & Emergency services being provided on both sites. It was expected that specialist services would be developed in bariatric surgery, ophthalmology, orthopaedics and cardiology.

Councillor Carlebach queried a number of issues; the CQC's concerns in respect of the security of drugs on wards; the information from recent Trust Board papers that a deficit of £7.5million was forecast for 2015/2016 and that the acquisition of the West Middlesex was important in ensuring the long term financial viability of the Trust; patient safety; staff morale; and the lack of substantive board level post holders at the West Middlesex.

Ms Sloane responded that there was some low morale. There were however significant differences between the hospitals. Whilst staff at the West Middlesex tended to be local and users of the hospital, very few staff at Chelsea and Westminster lived locally. There had been a high turnover at West Middlesex, but there was currently real leadership at the Trust.

Ms Sloane stated that the financial case including the PFI was sound.

Members stated that a full report including the financial aspects was required. Ms Sloane responded that this information was available and agreed to arrange for a report to be provided.

Action: Chelsea and Westminster

Ms Sloane responded to a query that the two hospitals were six miles apart and that there was a shuttle bus.

Councillor Vaughan commented that the EPR system remedy was some time away. Ms Sloane responded that the Emergency Department had moved to

'SystemOne', the system used by GP practices. 'Lastword' was used trust wide. There remained some paper records and these were being scanned into the digital record. Approximately a quarter had currently been scanned. A multi-disciplinary group was considering the requirements of a future system.

Councillor Holder emphasised the importance of patient involvement. Ms Sloane responded that patients were being involved, including through the constituency events. She would check if one had been held in Hammersmith & Fulham.

Action: Chelsea and Westminster Hospital

Ms Sloane noted other public participation including the hospital experience of young people aged 12-17. Young people who were making the transition from children's to adult services across the site were the focus of a piece of work. West Middlesex Hospital had been requested to participate.

The Trust's Open Day in September would have a stand featuring the acquisition with staff from both sites.

RESOLVED THAT:

1. Chelsea and Westminster Hospital was requested to attend the next meeting of the PAC on 7 July.

2. Chelsea and Westminster was asked to provide a full report, in respect of the detailed acquisition plan, the financial position of both hospitals and the implications for local services.

3. The PAC had some serious concerns in respect of the acquisition of West Middlesex Hospital and specifically in respect of the potential effect on the Accident & Emergency and Paediatric Units.

4. It was recommended that there should be patient involvement in the EPR multi-disciplinary group.

10. WORK PROGRAMME

The work programme was noted. It was agreed that the following items would be included on the agenda for the next meeting:

Hammersmith & Fulham Foodbank: Update

Chelsea and Westminster Hospital acquisition of West Middlesex Hospital

GP Networks and Enhanced Opening Hours

It was agreed to add an item about mental health to the work programme.

11. DATES OF FUTURE MEETINGS

7 July 2015
14 September 2015
4 November 2015
2 December 2015
2 February 2106
14 March 2016
18 April 2016

Meeting started: 7.00 pm
Meeting ended: 10.00 pm

Chair .....

Contact officer: Sue Perrin
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk