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

Minutes

Wednesday 4 November 2015

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Andrew Brown, Joe Carlebach and Natalia Perez

Co-opted members: Bryan Naylor (Age UK)

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

Officers: Dr Ike Anya (Deputy Director of Public Health), Liz Bruce (Executive Director of Adult Social Care & Health), Sue Perrin (Committee Co-ordinator) and Dr Sarah Wallace (Public Health Trainee Registrar)

NHS England: Johan van Wijgerden

Hammersmith & Fulham CCG: Vanessa Andreae

Central London Community Healthcare: Professor Charlie Sheldon and Holly Ashforth

West London Mental Health Trust: Dr Nick Broughton and Sarah Rushton

29. MINUTES OF THE PREVIOUS MEETING

(i) The minutes of the meeting held on 14 September 2015 were approved as an accurate record and signed by the Chair.

(ii) The outstanding actions were noted.

(iii) It was noted that e-mails to Chelsea and Westminster Healthcare NHS Trust on behalf of Mr Naylor and by Mr Naylor, relating to the acquisition of West Middlesex Hospital had been ignored by the Trust. It was further noted that Councillor Brown's experience of the Trust had been different, and that he had met both the new Chief Executive and Chief Financial Officer.

30. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Hannah Barlow, Debbie Domb and Patrick McVeigh and from Councillor Joe Carlebach for lateness.

31. DECLARATION OF INTEREST

Councillor Vivienne Lukey declared an interest in that she is a trustee of Hammersmith & Fulham Mind.

Councillor Andrew Brown declared an interest in respect of consultancy work in relation to vaccinations.

Councillor Joe Carlebach declared an interest in that he served with the Chair of West London Mental Health Trust on the board of Arthritis UK and his wife is a trustee of Hammersmith & Fulham Mind.

32. FLU ACTION PLAN 2015/1016: UPDATE

The committee received an update on the work undertaken by NHS England (NHSE), Public Health and Hammersmith & Fulham Clinical Commissioning Group (CCG), both jointly and independently, to increase vaccine uptake and future action plans.

Councillor Vaughan queried the availability of data and how it would be monitored. Mr van Wijgerden responded that some preliminary data was available but this had not been validated. The early indications, compared with the previous year, were that performance was better in respect of the 65plus age group and pregnant women, but worse in respect of at risk groups and children (probably as a consequence of the temporary unavailability of the vaccine).

Councillor Vaughan queried the progress with the schools' vaccination programme and with a children's centre pilot. Mr van Wijgerden responded that Central North West London NHS Foundation Trust (CNWL), the provider for the immunisations for North West London, was liaising with all primary schools, in respect of years 1 and 2, and had started to organise sessions.

A national directive prevented CNWL from offering the vaccine to reception and nursery children. Mrs Andreae added that this group would be given the vaccine in GP surgeries and GPs would be expected to facilitate this by, for example, organising sessions after school.

Mrs Andreae stated that a children's centre pilot was still being discussed. There were a number of issues such as: clinical waste management; storage of the vaccine at the correct temperature; consent given by people for whom English was not their first language; and the possibility of repeating the vaccine because of the absence of medical records. Dr Anya added that a meeting with Children's Services had identified possible children's centres.

Councillor Perez queried which schools had not engaged with CNWL (paragraph 4.4). Mr van Wijgerden responded that he was not aware of any, but there might be an issue in respect of some schools being too small for the vaccine to be efficiently organised. Alternative arrangements would be made and parents informed.

Councillor Brown queried the supply issue with the children's nasal spray flu vaccine. Mrs Andreae responded that a batch had been deemed to not be of sufficient quality. Mr van Wijgerden added that the vaccine was manufactured in Britain, but the replacement batch had been from America.

Councillor Carlebach was aware of two schools, which had not been contacted by CNWL. Mr van Wijgerden would follow up with providers.

It was stated that CNWL is the provider for the immunisations and school nurses.

Post meeting note: It was clarified after the meeting that CLCH is the school nurse provider.

Councillor Carlebach emphasised the importance of providing the vaccine to children with disabilities. Mr van Wijgerden responded that for special needs schools, the vaccine was being offered to children of all ages.

Councillor Carlebach stated that some letters sent to parents referred to an injection. Mrs Andreae responded that whilst a template letter from Public Health had been sent to all practices, they could chose to send their own letter. Mrs Andreae agreed to arrange for the CCG to contact all practices to re-enforce the message that there was a need for clear communication, referring to immunisation, not vaccination, and would forward this message to Kensington & Chelsea CCG.

Councillor Carlebach queried the number of at risk in-patients who had received the vaccination. Mrs Andreae responded that the vaccination was not given to patients whilst in hospital, but before admission or after discharge, either by their GP practice or CLCH for housebound patients. It was inappropriate to give to unwell patients in an acute hospital, which would not have access to GP records.

Councillor Lukey referred to the role of the Community Independence Service, which included both Imperial College Healthcare and Chelsea and Westminster Hospital. Mrs Bruce agreed to ensure that the service was aware of the target groups and to send information to the relevant Chief Executives. Mrs Andreae added that the Clinical Quality Groups would also be an appropriate forum.

Dr Anya stated that letters had gone to local hospitals from public health as part of the action plan.

Mr Naylor stated that there was anecdotal evidence that older people were reluctant to have the vaccination because in the previous year, it was perceived not to work, to give people flu and to make people feel ill. The message that the current vaccination was effective had not reached people.

In addition to the publicity set out in the report, Mr Naylor suggested that there should be information in places where older people gathered such as lunch clubs. There needed to be a lot more advertising and persuasion.

Members noted that the issue of some faith groups having difficulty in accepting the vaccine needed to be resolved. Dr Anya stated that Rabbi Abraham Adler from the Kashrus and Medicines Information Service, had issued a statement on the acceptability of the vaccine for Jewish people but there had not been a similar statement from a Muslim leader that had been published by Public Health England.

Mr van Wijgerden added that NHSE was engaging with all faith groups, and most appeared to be in favour of the vaccine. However, this was not always reflected at local level, where leaders were influential. Mr van Wijgerden considered that it would take longer than a year to change attitudes.

Mr van Wijgerden stated that the previous year's vaccine was a good vaccine, but did not work for one strain of flu. It would not be known until February if the current vaccine was successful in working against the prevalent strain of flu.

Councillor Perez queried how the open access service, which would enable GPs to vaccinate unregistered patients, was being promoted and whether the practices provider hubs would register unregistered patients. Mr van Wijgerden responded that the open access Service Level Agreement had been created at the request of GPs. The initiative had been piloted in the previous year. Members suggested that the hubs could be promoted at Foodbanks.

Mrs Andreae stated that people would be welcome to register with a GP at the three hubs.

Councillor Holder stated that the Council sat on the Patient Reference Group, and she would ensure that flu immunisation was on the agenda.

Mr van Wijgerden responded to a query that community pharmacies did not currently offer children's vaccinations.

Councillor Vaughan thanked officers for attending. The Committee welcomed and was encouraged by the work which had been undertaken, particularly the joint work, which could be a model for future co-operation. The three organisations had come together in a fragmented health system to work strategically. The Committee however noted that the challenge around changing attitudes remained.

Actions:

1. The schools contacted by CNWL to be confirmed.

2. The flu vaccination to be advertised in lunch clubs.

Action: NHSE/Public Health

RESOLVED THAT:

1. The report be noted.

2. An item on vaccinations generally be added to the work programme.

3. CNWL be invited to a future meeting.

4. The performance monitoring data be provided to Members.

5. An update report, at the end of the flu season be added to the work programme.

6. It was recommended that:

   (i) joint working should be expanded to a wider range of vaccination programmes; and
   (ii) more work should be done with acute providers.

33. CENTRAL LONDON COMMUNITY HEALTHCARE RESPONSE TO THE CARE QUALITY COMMISSION INSPECTION REPORT

The Committee received a report on the Care Quality Commission (CQC) comprehensive assessment of Central London Community Healthcare NHS Trust (CLCH) and subsequent action plan. Overall the Trust had been rated as 'good'. End of Life Care had been rated as 'Requires Improvement'.

Mr Naylor queried whether the tasks to address the criticism in respect of End of Life Care were achievable and when they would be achieved. Ms Ashforth responded that the tasks were outlined in the action plan, with the months in which they would be achieved. There were some longer terms tasks, such as

education and training throughout the Trust, which would be completed by the end of March 2016. The action plan was on track.

Mr Naylor considered that people wanting to die in their own homes was a questionable assumption. There was some indication that people wanted to be looked after and welcomed the opportunity for hospice care. Professor Sheldon stated that the Trust was commissioned to provide inpatient care only at the Pembridge Palliative Care Centre. The Trust collected data on patient's preferred place of death. An End of Life Care strategy was being developed.

Dr Anya noted that a Joint Strategic Needs Assessment for End of Life Care was in progress. National evidence indicated that people preferred to die at home. This needed to be explored locally. A joint strategy with commissioners would be developed in the following year. Organisations would be asked to input, and the steering group would include representatives from the voluntary sector, including Age UK.

Mr Naylor stated that the work done eight years ago had disappeared because of lack of progress.

Councillor Lukey noted that the CCG commissioned beds at St. Vincent's Care Home, and that there were different options in the provision of End of Life Care.

Councillor Vaughan asked the Trust to expand on where it had failed in End of Life Care and specifically the criticism in respect of nutrition, and how it planned to address these issues.

Professor Sheldon responded that the Pembridge Centre also provided outreach services, out-patient facilities and day care. The process of End of Life Care varied for different patients. The focus was on symptom control and patient comfort. Some of the criticism in respect of nutrition related to the Trust not using the recognised nutrition score. Staff had explained why they did things in a different way, but this had not been accepted by a panel of experts. A number of points raised by the CQC had been quickly addressed.

Professor Sheldon responded to a query that the Pembridge Centre had 13 beds and provided offender health and district nursing services.

The CQC had raised key issues in respect of: risk assessment; community health services for children, younger people and families; and the patient record system. At the time of the visit, there was a high vacancy rate and use of agency staff. The vacancy rate had subsequently been reduced and work was ongoing to reduce further.

The patient record system used within the Pembridge Palliative Care Centre, 'Crosscare', was being reviewed and quality and data would be bench marked with two other palliative care units.

RESOLVED THAT:

1. The report be noted.

2. The PAC congratulated the Trust on its 'good' rating and staff on their hard work.

3. It was noted that there were concerns around End of Life Care and that much of the action plan had been quickly implemented.

4. CLCH would be invited to a future meeting to update on the action plan.

5. End of Life Care, in a broader sense would be added to the work programme.

6. It was recommended that Age UK and other voluntary groups be consulted on the End of Life JSNA.

Councillor Vaughan thanked CLCH for attending the meeting.

34. WEST LONDON MENTAL HEALTH TRUST RESPONSE TO CARE QUALITY COMMISSION INSPECTION REPORT

The Committee received a report on the CQC inspection of West London Mental Health Trust (WLMHT) and the quality improvement plan. The Trust had received an overall rating of 'Requires Improvement' and 'Good' in respect of being 'Caring' and 'Responsive'. 12 regulatory requirements had been placed upon WLMHT.

The presentation set out the CQC judgement in respect of the Trust's strengths and the key areas for improvement. The recruitment and retention of trained nurses remained a major issue, and impacted on morale and safety. This was a particular London problem, linked to the cost of accommodation.

The presentation set out the key points in respect of transforming local services. Ms Rushton gave examples of some of the training needs, which were being addressed: staff did not understand what might be considered a 'restrictive practice', for example holding or a guiding arm for an elderly person; moving and handling techniques; and advocacy arrangements.

There were issues in respect of the physical environment. Some bedrooms did not have call bells. There were no seclusion facilities for female patients. Whilst work was ongoing to minimise the need for seclusion, if required for a female patient, a room on a male intensive-care ward had to be used. The longer term plan was to make some separate space, but this would mean losing bed space. To provide privacy and dignity, there needed to be some re-positioning of CCTV.

Whilst some issues were easy to resolve, there were also some which were longer term. WLMHT would work with community care leads to ensure that only the right patients were treated in secondary care.

Councillor Perez referred to the recruitment and retention of trained nurses impacting on morale and safety, and queried what this meant and what was being done to recruit and train staff to deal with difficult patients.

Dr Broughton responded that the Trust Board received a monthly report. Staffing every shift was dependent on bank and agency staff, and it was not always possible to provide the same quality of care. The CQC was concerned that the use of agency staff could not be considered safe and could increase the likelihood of things going wrong.

Ms Rushton stated that the Hammersmith & Fulham in-patient unit was fully staffed. There were a variety of initiatives to improve recruitment and retention including: developing strong links with local colleges so that students would want to stay at WLMHT after their training; career progression with training opportunities; conversations around affordable housing; greater staff engagement and influence at all levels; and quality improvements through latest methodology. There was evidence of improvements in recruitment and retention.

Councillor Carlebach queried whether the 'Requires Improvement' rating had occurred because the Trust's focus was split between community mental health services and a secure unit with the high profile of Broadmoor Hopital. Ms Rushton responded that the new clinical model was split into two directorates: high secure and forensic services including Broadmoor Hospital, and local and specialist services at Ealing Hospital. There were five service lines focusing on key areas: liaison and long term conditions; access and urgent care; primary and planned mental health care; cognitive impairment and dementia; and Children and Adolescent Mental Health Services and developmental services.

WLMHT would not be allowed to separate Broadmoor Hospital. Dr Broughton added that there were inherent advantages in pooling resources and skills across the two directorates. Experience of all mental health services was beneficial to career progression.

Mr Naylor stated that a year previously, the Healthwatch dignity champions had visited the mental health unit at Charing Cross. They had submitted a report, but had received no feedback. Ms Rushton responded that a meeting had been arranged with Healthwatch in respect of this report and other issues.

Mr Naylor queried whether WLMHT was prepared for an expanded role in respect of the growing older population and increase in dementia and how it would work with elderly carers of dementia patients. Ms Rushton responded that WLMHT was working with Ealing and Hounslow Councils to progress plans, but Hammersmith & Fulham had decided to put the service out to

tender. The specification was similar to the service which WLMHT had been commissioned to deliver to Ealing and Hounslow. WLMHT would try to work collaboratively to get the right service delivered.

Councillor Brown queried whether there was anything with which the Council could help WLMHT. Ms Rushton responded that a meeting had been arranged with Councillor Lukey and Mrs Bruce and the CCG in respect of mental health planning in the borough. However, housing was equally important and WLMHT would welcome more discussion.

Councillor Lukey commented on a meeting between Housing and Adult Social Care at which both had brought their most difficult cases. The discussion had highlighted the need to get involved earlier. Councillor Lukey stated that the Council was committed to working with mental health partners and the voluntary sector.

Councillor Vaughan thanked WLMHT for attending the meeting.

RESOLVED THAT:

1. The report be noted.

2. The action plan be noted and specifically in respect of the regulatory requirements and recruitment and retention of staff issues.

3. The CQC rating of 'Requires Improvement' was disappointing.

4. It was recommended that the Council should work with WLMHT in respect of housing and other matters.

5. It was recommended that WLMHT should feedback to and work with Healthwatch.

6. The implementation of a model which prioritised local services was welcome, and an update report on its success should be added to the work programme. In addition, the report should include examples of a career model at WLMHT.

35. PUBLIC HEALTH UPDATE - FINANCE, COMMUNITY CHAMPIONS AND ORAL HEALTH

The Committee received an update report, which provided further detail in respect of:

- Finance - a summary of current consultations regarding in-year cuts to the Public Health budget and future funding allocation levels;
- Community Champions - a description of the commissioned services; and
- Children's Oral Health.

Dr Anya stated that the Department of Health had confirmed that the budget reduction would be 6.2% for 2015/2016, a saving of £200 million from the grant to local authorities across England.

Councillor Carlebach noted the lack of progress in respect of children having decayed teeth extracted. Dr Anya responded that there had been some concentrated work locally, including integrating oral health within healthy weight programmes. It was likely to take a while to see improvements as the programme had not been implemented consistently previously.

Councillor Carlebach noted the significant work of the Community Champions and queried what was being done to raise the profile of their work and to publish the evidence, and also to work with difficult to engage GPs. Dr Anya responded that Public Health was working more closely with CCGs and had specific Public Health campaigns. A Community Champions event was being held on 25 November and the work was publicised via conferences.

The Social Return on Investment Evaluation Report of the Community Champions would be provided.

Action: Dr Anya

Councillor Brown referred to the reduction in funding and queried the statutory requirements and the amount of discretion regarding the funding allocated. Dr Anya responded that certain priorities were statutory requirements such as sexual health services and NHS Health Checks, whilst others such as reducing smoking rates and substance misuse were not statutory requirements, but had significant impact on the health and wellbeing of the local population.

Mrs Bruce added that Child Obesity was included as a priority on the national agenda. The Public Health strategy included shared priorities in addition to the national priorities and there was also a local Hammersmith & Fulham priority of reducing the health inequalities associated with childhood poverty. Education in respect of sugary food and drinks would be a high priority and would be supported by the Child Obesity work.

Information would be provided in respect of the national priorities, indicating whether they were mandatory or discretionary.

In respect of 'Keep Smiling', the names of the five schools in which the programme was delivered in 2014/2015 and the five schools in which it would be delivered in 2015/2016 would be provided.

Action: Dr Anya

RESOLVED THAT:

1. The report be noted.

2. The Committee recommended that the work in respect of Child Oral Health and Obesity should be a higher priority and there should be more joined up work with Public Health England, and also more work with Education.

3. A report on the work of Community Champions be added to the work programme.

4. An update report be added to the work programme.

36. WORK PROGRAMME

Councillor Vaughan stated that the Healthcare Commission Report and the Safeguarding Adults Report would be taken at the December meeting. The other items shown on the work programme would be deferred in order to allow adequate time for discussion.

Councillor Fennimore suggested that a report on the Co-commissioning work be added to the work programme.

37. DATES OF FUTURE MEETINGS

2 December 2015
2 February 2015
14 March 2016
18 April 2016

Meeting started: 7.00 pm
Meeting ended: 9.35 pm

Chair .....

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