

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

Wednesday 2 November 2016

PRESENT

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

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

Other Councillors: Vivienne Lukey, Sharon Holder

Officers: Helen Banham, Strategic Lead, Professional Standards and Safeguarding, Harley Collins, Health and Wellbeing Manager, Mike Howard, Independent Chair, Safeguarding Adults Executive Board, Sarah McBride, Director of Partnerships, ASC

99. APOLOGIES FOR ABSENCE

Apologies for absence were received from co-optees Debbie Domb and Patrick McVeigh, and, Councillors Hannah Barlow, Sue Fennimore, Sharon Holder.

100. DECLARATION OF INTEREST

A declaration of interest was received from Councillor Joe Carlebach in respect of Agenda Item 3, in his role as Vice-chairman, of the Board of Trustees for the Royal National Orthopaedic NHS Hospital Trust.

A declaration of interest was received from Councillor Andrew Brown, in respect of Agenda Item 4, as a former member of the Safeguarding Adults Executive Board.

101. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

Councillor Vaughan welcomed Sarah McBride, Director of Partnerships, Adult Social Care and Harley Collins, Health and Wellbeing Manager, who provided a joint presentation. The joint report between the Council and the CCG set out the development details of the Joint Health and Wellbeing Strategy, 2016-21 and emerging priority areas including mental health, children, young people and families and long term conditions. The development process had been structured in three phases: The first, from January to March, involved a large-scale review of the evidence of need; the second phase, covering April-May, included a series of workshops with patients and stakeholders; the third phase has included a fourteen-week period of public consultation during July-October.

It was explained that consultation and engagement was a key principle throughout all stages of the work and had been an opportunity to share emerging thinking. During the public consultation, an online questionnaire was set up and sent to over 500 local organisations, details of which had been provided by Sobus. 40 responses had been received from a mixture of businesses and individual residents, and greater weight had been given to those from organisations. The responses indicated strong support for the four draft priority areas and for a preventative approach that sought to proactively keep people well rather than reactively treat people who were sick. There was support for a healthy diet and exercise, and, early identification and intervention for people with mental health disorders.

Co-optee Bryan Naylor thanked the presenters for the report and observed that there was no direct mention of older aged people. As a group that was increasing in number, many were users of health and adult social care services and the only inference was under the section on long term conditions. By extension, he expressed additional concerns about the lack of reference to elderly social isolation and loneliness in the strategy and about who had been consulted, reporting that the Older Peoples Consultative Forum had not been consulted. In response, Harley Collins acknowledged the lack of reference to older people and explained that an event had been held in RBKC which 142 people had attended, the details of which would be made available. It was noted that whilst older people were referenced under long term conditions, many of these, such as mental health, were not specific to any one group and that the aim had been to avoid isolating conditions as specific to, elderly people. Sarah McBride added that there was growing evidence indicating a link between social isolation, loneliness, and mental health issues, addressed in the strategy and that more detailed plans would be set out in the delivery and action plan in terms of how it would be tackled. Councillor Lukey and Harley Collins accepted an invitation attend the next meeting of the Older People's Consultative Forum, taking place at 10.30am, on 22 November.

Councillor Natalia Perez offered her congratulations on the draft strategy and whilst she appreciated it was work in progress, enquired whether consideration of welfare reforms informed the development of

recommendations within the strategy. Councillor Perez also asked, referring specifically to children families and vulnerable groups living in poverty who might be affected by benefit reform, if such concerns had been mentioned by mentioned by respondents. Harley Collins responded that this had not materialised in the responses given. The issue had been raised by organisations such as MIND, which had indicated that there were concerns about welfare thresholds in the context of seeking employment.

Councillor Joe Carlebach observed that there was no reference to community Health Champions, who were very good at accessing hard to reach groups such as those with learning disabilities. Concurring that health champions offered a strategic benefit, Harley Collins acknowledged that they could have an important role in facilitating health concerns and communicating information about services, throughout the community. This was the first year of the strategy and such issues could be further included.

Councillor Carlebach observed that a strategic communications plan should form a critical part of implementation and delivery plans. Cllr Carlebach illustrated the importance of sensitive communications highlighting as an example how letters from the National Child Measurement Programme, informing parents that their children had been categorised as 'obese', had caused great upset 'turned parents off' to important preventative messages. Mike Robinson, Director of Public Health, who had attended the meeting as an observer, was invited to respond. He explained that there was a need to engage in a non-threatening way and to learn from such experiences, encouraging and supporting healthy eating choices. Referring to the TCOT (Tackling Childhood Obesity Together) programme, he hoped that the letters achieved a balance between being clear but inoffensive and welcomed any suggestions that might assist. Mike Robinson confirmed that officers from the TCOT programme would contact Councillor Carlebach to discuss the way in which they communicated with parents.

ACTION: PUBLIC HEALTH

Councillor Carlebach further noted a lack of reference to medical advances in treatment, or innovative developments such as DNA sequencing. Harley Collins conceded that this had not been considered as part of the strategy.

Councillor Carlebach commented that he was aware of a reluctance by primary care physicians to refer to secondary and tertiary care, highlighting as an example how the Royal Marsden was a centre of international excellence for cancer and yet there were only very small numbers of borough residents who were referred there. Councillor Carlebach commented that there many cases where support or appropriate intervention at an early stage would have resulted in different or improved outcomes. Noting that a strategic communications strategy should be formulated as part of the delivery and action plan, Sarah McBride also acknowledged that access to healthcare needed to be made more obvious within the strategy. Mike Robinson confirmed that officers from the TCOT programme would contact Councillor Carlebach to discuss the way in which they communicated with parents.

ACTION: PUBLIC HEALTH

Councillor Brown welcomed the level of strategic detail included in the strategy, but requested more contextual data, that should be included in the strategy e.g. the 'population at a glance' table, which he thought was important. Specifically, Cllr Brown wanted data on air pollution (NO2 and particulate matter levels) included in the table and specific outcome measures that would allow the Health and Wellbeing Board to be held to account.

Cllr Brown observed that the transient nature of the Borough meant that up to 10% of the local population moved each year. The focus on vulnerable older people and young families with children, were less transient, offering greater opportunities for contact. Sarah McBride welcomed the comments and assured the Committee that these would be taken on board as part of the Committee's feedback. On a final point, Councillor Brown added that it would be helpful to have sections on, for example, housing, linked to related long term conditions, with overall aim to utilise different areas of the Council and drive forward engagement.

Cllr Brown also stated how he thought the strategy presented good opportunities to make improvements to the public's health through housing, environment, education, employment and the other 'wider determinants of health' and would like this to feature heavily in the delivery plans to follow.

ACTION: HASCSIPAC

Welcoming the draft strategy, Councillor Vaughan referenced the Public Health Annual Report 2015/16 (considered, at the 20th October PAC meeting) and how the data was sourced in that was used to set targets, enquiring what the Committee should be looking for in terms of improved outcomes. Mike Robinson responded that this was an important but difficult area of work. Public Health aimed to develop a trajectory of how they envisaged key outcomes changing over the next 5, 10 years. This also required long term investment, with programme and project outcomes predicted well into the future. He acknowledged that a more sophisticated model, factoring in the way in which trends and population movements were modelled would be helpful.

Councillor Vaughan commented that he looked forward to seeing how the strategy and corresponding implementation and development plans proceed. Noting that healthy living initiatives were cross cutting, he enquired if there was a broad understanding as to how the changes could be made and how this could be captured in targets to monitor behavioural changes. Mike Robinson explained that there were health and lifestyle survey undertaken where a sample group of residents were contacted and asked questions about their lifestyle and health choices. This formed part of routinely collected data and considered together with national data that could be locally applied. The aim was to ensure that the development plan could be orchestrated to address identifiable outcomes, to see how they can be measured and demonstrate if the policies and programmes are achieving hoped for results.

Sarah McBride commented that achieving small, behavioural changes was continually in the process of development, with our personal self-esteem impacting on the quality of our health. She observed that working with our community leaders and champions was one way in which this could be successful. Harley Collins highlighted how discussions with QPR about targeting health messages to captive demographic on match days was an example of how behavioural change could be affected locally. Councillor Sharon Holder observed that robust communication was essential for ensuring that the strategy captured the views of all, particularly through the consultation process.

RESOLVED

1. That comments from members of the Committee be included as part of the formal consultation and engagement process on the draft strategy;
2. That officers consider whether older people should be a specific priority;
3. That the Committee receive a further report to consider the draft development and action plans, when they have been formulated; and
4. That the Committee endorse the report and recommend the Joint Health and Wellbeing Strategy to Cabinet.

102. ANNUAL REPORT OF THE SAFEGUARDING ADULTS EXECUTIVE BOARD

Councillor Vaughan welcomed Mike Howard, Independent Chair of the Safeguarding Adults Executive Board (SAEB), and Helen Banham, Strategic Lead, Professional Standards and Safeguarding, Westminster City Council. The report presented the third annual report of the SAEB, which worked across the three boroughs. The key statutory agencies involved were: the local authority, police and health professionals including directors of public health, NHS trusts, including The Royal Marsden, Imperial, West London Mental Health Trust, Central and North West London and Central London Community Healthcare.

The SAEB was responsible for conducting Safeguarding Adult Enquiries (section 42) and reviews (section 44), stipulated under of the Care Act 2014 (CA, 2014) and offered guidance to employers on how to recruit staff safely. Safeguarding adults was a matter for all agencies and Mike Howard explained that they were fortunate in the high level of involvement and commitment offered by residents operating at the heart of safeguarding. Focusing on harm, neglect and scams, Trading Standards had a pivotal role in ensuring that residents are made aware of frauds targeting vulnerable adults. A key message was to ensure that the language used was simple and effectively communicated and connected with people. To illustrate, two consultation events were held, with feedback used to inform and develop the SAEB strategy. The role of community champions was also essential to ensure local input and were now represented on the SAEB.

Setting out the methods under which the SAEB conducted itself, Mike Howard explained that the aim was understand why a situation had developed, what

were the causal factors that resulted in harm or neglect. The SAEB had not yet experienced a situation where they have had to invoke section 45 of the CA 2014 because of the co-operative nature of the relationships with the organisations or agencies they worked with.

Councillor Carlebach welcomed the report and enquired about the role of the SAEB in relation to the Children's Safeguarding Board, with regards to children with Local Offers transitioning to adult support services, commenting that this group was particularly vulnerable and difficult to identify. Helen Banham confirmed that there were locally agreed protocols for working with local safeguarding committees. The main area of overlap was with children that were transitioning. Those under a Local Offer usually go on to have planned care. Those who do not for some reason move to receiving adult services, may become vulnerable at a later stage and come to the attention of ASC. It was important to note that there were no eligibility criteria for adult safeguarding.

Councillor Natalia Perez referred to an earlier comment regarding the simplicity of the language used and enquired what methods were used to ensure that information about adult safeguarding was fully communicated to black and minority ethnic groups or to those whose first language was not English. Mike Howard responded that the SAEB consultation events were open to all and confirmed that the Board relied on the operational capacities within individual organisations to ensure that the information was communicated in a variety of ways. He was aware that this was an area that required them to work more closely with the community and commended the work of community champions, whom they relied on to communicate key messages. Helen Banham added that there was also a website and printed information that was easy to read. Training sessions were also run to train managers and community champions.

Councillor Brown referenced his personal involvement with the work of the Board and commended work undertaken on highlighting incidences of pressure sores in the NHS. It was explained that the pressure sore protocol work was one area of work and that the theme this year was scams. Part of the criteria selecting areas of work to focus on was to establish which vulnerable groups were identified as being in most need of protection. They had recently dealt with three reviews of three deaths of individuals who were either homeless or lived in hostels and the SAEB role in responding to these deaths was treated as a priority. Another area of work was with the fire brigade, who had dealt with several incidences of death linked to cases of extreme hoarding (Earls Court).

Bryan Naylor commented that the Age UK Consultative Forum had received several presentations informing them about scams and thanked the Board for raising awareness about them. Highlighting examples of inappropriate sexual behaviour that had been brought to his attention, he enquired about the way in which the SAEB would proceed. Helen Banham explained that it would depend on individual victims as to how they wished to proceed and what their expectations were as to what they would like to see happen next. Additionally, they would need to establish if there was a public interest issue.

Councillor Vaughan commented that the report was relevant, easy to read and accessible although noted that the term 'safeguarding' was not one which was commonly used. He asked what mechanisms were used to ensure that they were aware of peripheral issues that were emerging and how these could be captured. Mike Howard responded that at a strategic level, he attended one meeting per annum of the Children's Safeguarding Board and the Violence Against Women and Girls Group. There was also a reference to human trafficking in the report. They were also working on creating stronger links with the borough commanders and strengthening the referral links for adult Multi-Agency Service Hub or "MASH". Statistics on the numbers of vulnerable adults without care and support (133,000) were circulated to the Committee for information. Safeguarding was a personal issue and the SAEB worked with adults aged over 18. To date, 55 safeguarding reports had been issued.

ACTION: HASCSIPAC

Councillor Vaughan thanked the presenters for the report and summarised several points including the difficulties of communicating with hard to reach groups, peripheral issues, priorities such as self-harm and neglect.

RESOLVED

That the report be noted.

103. WORK PROGRAMME

The Committee discussed the Older Peoples Housing Strategy and the Sheltered Housing Review reports recently considered by the Economic Regeneration, Housing and the Arts Policy and Accountability Committee (ERHA). It was agreed that both items would be circulated and members would discuss further at the next meeting of the Committee. Councillor Lukey suggested that this might form part of a joint PAC meeting with ERHA, to also discuss the strategy for people with learning disabilities. Councillor Andrew Brown asked that an item on tuberculosis be added to the Work Programme, and this was agreed.

ACTION: HASCIPAC

RESOLVED

That the report be noted.

104. DATES OF FUTURE MEETINGS

The Committee noted that the date of the next meeting will be Monday, 12th December 2016.

Meeting started: 7pm
Meeting ended: 9.25pm

Chair

Contact officer: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 5758
E-mail: bathsheba.mall@lbhf.gov.uk